**Risk-Assessment: Potassium Permanganate Concentrate {Tablets For Cutaneous Solution}  
[Complete If Patient needs treatment with Potassium Permanganate at Home]**

If a patient needs treatment with a potassium permanganate solution in their own home, the prescribing healthcare professional, experienced in the use of potassium permanganate concentrate {tablets for cutaneous solution} must complete this risk-assessment document to ensure that the medicinal product can be safely used and safely stored. This should be done either at the time of discharge from secondary care, on initiation in primary care, or when a repeat prescription is requested bya healthcare professional (experienced in the use of potassium permanganate). Hospital or GP practice staff should liaise with community nursing colleagues who should follow their local standard operating procedures to ensure treatment can be managed.

File the completed risk-assessment in the patient notes and give a copy to the patient. Record the outcome clearly in the patient’s clinical records, discharge summary and/or outpatient letter.

Name of patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| 1. | The patient, and/or the carer, can, and will, **safely** use the potassium permanganate concentrate {tablets for cutaneous solution} in their home. **Potassium Permanganate Soaks (Permitabs® or EN-Potab®)** | Y | N |
| 2. | The patient, and/or the carer, can, and will, **safely** store the potassium permanganate concentrate {tablets for cutaneous solution} in their home, separately to other medicines, and out of reach and sight of children or vulnerable adults. | Y | N |
| 3. | The patient, and/or the carer, know that they, a family member, or a regular visitor to their home **MUST NOT** swallow/ingest potassium permanganate concentrate {tablets for cutaneous solution} or the resulting solution following dilution. | Y | N |
| 4. | The patient, and/or the carer, can dispose of the diluted solution safely and return any excess potassium permanganate concentrate {tablets for cutaneous solution} to their local pharmacy. | Y | N |
| 5. | Confirm any care home staff/carers supporting the patient are aware of the additional safety requirements as detailed in the. [*British Association of Dermatologists (BAD) guidance*](https://www.bad.org.uk/pils/potassium-permanganate-solution-soaks/)*)* and will inform their managers of these requirements. | Y | N |
|  | Name of carer(s)/patient representative(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| Decision/outcome of risk assessment  (delete as appropriate) | Next steps |
| 1) *Patient/carer can manage treatment and store safely* | Follow guidance in **option 1** overleaf. |
| *2) Patient cannot self-manage (or no carer); but can store safely* | Follow guidancein**option 2** *overleaf.* |
| *3) Patient cannot self-manage or store safely* | Follow guidance in **option 3** *overleaf.* |

1. ***If the patient/carer can manage treatment and store safely****:*

* Potassium permanganate concentrate {tablets for cutaneous solution} should be prescribed and dispensed for the named patient. If treatment was initiated in secondary care, this supply should be sent home with the patient on discharge.
* The patient and carer should receive all appropriate information.

1. ***If the patient cannot self-manage (or no carer), but can store safely****:*

* Hospital staff and GP practice staff will need to liaise with community nursing colleagues to ensure continuity of treatment.
* Potassium permanganate concentrate {tablets for cutaneous solution} should be prescribed and dispensed for the named patient. If treatment was initiated in secondary care, this supply should be sent home with the patient on discharge.
* The patient and carer should receive all appropriate information.

1. ***If patient cannot self-manage or store safely****:*

* The patient **MUST NOT** be issued with a supply of potassium permanganate concentrate {tablets for cutaneous solution} as the risk of ingestion is significant. The need for initiating/continuing treatment should be reviewed by the prescriber.

Note: potentially, a personally tailored care plan enabling safe storage may be a possible (e.g., provision of a lockable cupboard only accessible to home care staff or providing treatment at another location).

* Hospital staff and GP practice staff will need to liaise with community nursing to communicate the identified risks and agree an appropriate personally tailored care plan where possible, to ensure safe use and safe storage.

**Risk Assessment Completed By:**

Prescriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role and Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Agreement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) understand the information given to me and agree to safely store and handle potassium permanganate in the way described above:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Carer/patient representative Agreement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Carer/patient representatives name) understand the information given to me and agree to safely store and handle potassium permanganate in the way described above:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_