

Potassium Permanganate for topical use - Summary Guideline

Reference No:CG-CLIN/4098/22

Potassium permanganate is occasionally used in the NHS as a dilute solution to treat weeping and blistering skin conditions. Supplied in concentrated forms, the products require dilution before use as a soak (topical solution / cutaneous solution). Only prescribed by dermatologists.



These concentrated forms resemble an oral tablet and, if ingested, are highly toxic.

National patient safety alerts published in both 2014 and 2022 have created specific requirements for the prescribing, dispensing & labelling, handling (clinical areas).

Additionally any planned use for outpatients or discharge requires a documented risk assessment.

- **All patients who may benefit from potassium permanganate should be referred to dermatology prior to commencing therapy.**
- **The decision to prescribe potassium permanganate must be made by a dermatology consultant/registrar.**

Outpatients

Outpatients	Prescribe as:	Notes:
<p>Dermatology Prescribers only</p> <p>All patients require Risk Assessment prior to prescribing (example RA in appendix 1 of full guideline)</p> <p>Document risk assessment and decision in notes</p>	<p><i>Potassium Permanganate 0.01% topical solution</i></p> <p>Add frequency (e.g. once per day) and course length</p> <p>Add soak duration and any other directions to follow e.g. applied after or applied to dressings etc</p> <p>Annotate with:</p> <p><i>Risk Assessment complete*</i></p> <p><i>To prepare a 0.01% topical solution: Dilute one tablet (400mg) in 4 litres of water.</i></p>	<p>Prescribe in whole pack quantities (30 tabs per pack)</p> <p>Supply a BAD Patient Information Leaflet & counsel patient</p> <p>Patients who require District Nurse or formal carer support post-discharge – Derm service to liaise directly to with DN service or carers to discuss feasibility and any additional risks in the home/care setting</p>

*Pharmacy will not be able to process any outpatient or discharge prescription without confirming the specialist has completed a risk assessment

Inpatients (electronic prescribing systems)

- The dermatology team should prescribe themselves (requesting the derm registrar support this if the consultants do not have ePMA access).

However, providing the decision is clearly documented, the dermatologist may request that an inpatient medical team complete a prescription if they – or a dermatology colleague - cannot access the ePrescribing systems. **In this scenario the dermatologist should refer the non-specialist prescriber to section 4.1.3 of full guideline to follow the prescribing requirements.**

Inpatients	Prescribe inpatient prescription as:	Is patient for discharge on potassium permanganate?
<p>Dermatology should prescribe directly in to the ePrescribing system (for consultants without EP access, request a derm registrar supports or support non-derm prescriber to follow requirements in this guideline)</p>	<p><i>Potassium Permanganate 0.01% topical solution</i></p> <p>Default order in ePMA is for once daily at 10am (intentionally scheduled outside of routine drug round times).</p> <p>Prescriber can then further annotate with any soak duration / anatomical areas / dressing requirements.</p> <p>Using this default template will ensure pre-populated directions are included in the system.</p> <p>Default administration directions in the system are:</p> <p>To prepare a 0.01% solution: Dilute one tablet (400mg) in 4 litres of water.</p> <p>Default additional comments state:</p> <p><i>Dermatology must complete BAD risk assessment for outpatient and discharge prescriptions.</i></p>	<p>Complete risk assessment (RA). Document risk assessment in notes with decision (see example RA in appendix 1 of full guideline)</p> <p>Liaise with ward prescriber to ask them to add the inpatient item to discharge medications including duration/follow up plan. They can update prescription/TTO to confirm RA complete by dermatologist so that pharmacy can provide discharge supplies.</p> <p>If needs DN support post discharge, speak to nurse in charge to ensure this is included in discharge referral planning.</p>

Pharmacy Guidance

Reviewing prescriptions for potassium permanganate

	Requirement prior to clinically screening (verification)	Resolution if not clear
Outpatient	The prescription must be from a dermatology specialist	If in doubt, contact prescriber to confirm.
	The prescription or accompanying information must confirm a risk assessment (RA) has been completed	Contact prescriber to confirm.
Inpatient	Medication must have been prescribed or recommended by dermatology	Check all notes/annotations on ePrescribing system or consult medical notes and prescriber to confirm. Note that other prescribers may occasionally be asked to prescribe on dermatology recommendation as per 4.1.1 of full guideline
Discharge	As above – must be prescribed/recommended by dermatology. CHECK there is an explicit plan from dermatology to continue at discharge. Course length should be defined or a plan in discharge letter for dermatology follow-up (note: GPs cannot continue).	As above
	The prescription, discharge letter or medical notes must confirm a risk assessment (RA) has been completed	If in doubt, request medical team to document this (they must liaise with dermatology if they are uncertain of the plan). Supplies of potassium permanganate should not be given to a patient at discharge until this is confirmed.

The British Association of Dermatologists (BAD). **Recommendations to minimise risk of harm from potassium permanganate soaks.** Access via [British Association of Dermatologists \(bad.org.uk\)](https://www.bad.org.uk)

BAD. Potassium Permanganate Solution Soaks – [Patient Information Leaflet](#). April 2022
Access via [British Association of Dermatologists \(bad.org.uk\)](https://www.bad.org.uk)