

British National Formulary For Children

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The BNF-C was launched in September 2005 as the first publication nationally and internationally to cover all licensed and unlicensed medicines in use for neonates to adolescents (0-18 years). It has replaced Medicines for Children, a Royal College of Paediatric and Child Health (RCPCH) publication, which politically highlighted the lack of information available to paediatric practitioners, whilst offering the first national paediatric formulary. Unfortunately this publication was not financially viable to continue and BNF-C has built on its' success in a collaboration between the British Medical Association, RCPCH and the Neonatal & Paediatric Pharmacists' Group. The data has been put together by an extensive network of paediatric advisors and thorough editorial system. This robust set up, in conjunction

with the Department of Health's distribution in the four home countries, has helped ensure its future and success.

The BNF-C has a similar lay out to the BNF – working in body systems, unlike all previous formularies that worked on an alphabetical layout. This is likely to frustrate many paediatric practitioners as they turn to the index and find multiple reference pages for many drugs. There is also some criticism that some cutting edge practices, especially in neonatal and paediatric intensive care, are missing. This may in part be due to the rigorous editorial process, ensuring there was some evidence base or at least consensus to back up all entries. Unlike the BNF the BNF-C has brought issues, such as what effects a drug may have during pregnancy or breast-feeding, into the main monograph text

rather than being an appendix. This emphasises the significance of medicines in the unborn baby and the importance of understanding all aspects of drugs in breast milk. BNF-C also gives sound advice on prescribing and supplying medicines to children, highlighting the risks involved and how to enhance good clinical governance. There are multiple yellow cards for identifying adverse drug reactions. The emphasis is for all suspected adverse drug reactions (serious or minor) to be reported for the under 18's. It is essential that this happens whether or not the medicine is being used within its licence or not.

By trying to cover all medication available for the entire neonatal and paediatric population in every care setting, the first edition of BNF-C was never going to be all things to all people. It is however a fantastic start at providing peer-reviewed medicines data on children to all practitioners. Adult practice does not rely purely on the BNF and it is unreasonable to expect more of the BNF-C at this stage. It does however define the base line of medicines practice – something we have never had in practice before..

Stephen Tomlin

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