

# Caring for Care Homes

Issue 16, March 2016

Newsletter for Care Home staff, General Practitioners and Community Pharmacists

## Making your monthly ordering a success

**It is essential to get the prescription ordering process right** to guarantee that residents receive their medication without delay. We have recently had a number of incidents reported in which residents have almost missed doses of medication due to a delayed medication delivery to the care home. The care home, GP surgery and the pharmacy will all need to work together to ensure that this process runs smoothly every month.

**GPs** please make sure that you process and generate prescriptions for care home residents in a timely manner; they may be needed earlier than usual in advance of bank holidays.

**Pharmacies** please make sure that you have protected time to prepare the care home medication. Please ensure that every resident's medication is ready and delivered allowing enough time for the care home staff to check the order before the residents are due to start their next cycle.

**Care homes** please make sure that you take responsibility for ordering the medication in a timely manner. The GP surgery will need 48 hours to generate the prescriptions and check with your pharmacy how long they will need to order, dispense and deliver the medication.

## Do not delay urgent prescriptions



Recently we have been aware of a number of incidents where prescriptions for urgent medications have been delayed in reaching residents. It is important that when an urgent prescription is required for a resident this is clearly communicated between the GP, pharmacy and care home to ensure that the medication gets to the resident as soon as possible. To ensure there is no delay in receiving urgent medication we would recommend the following:

- ✓ Confirm that the prescribed medication is needed urgently
- ✓ Use paper FP10 prescriptions for urgent medication

Due to their nature it is recommended that urgent or acute prescriptions are still printed as FP10s and not sent electronically. This is particularly important where an urgent prescription is required out of hours or where a resident has nominated a 'hub' pharmacy for their repeat medications.

### If the GP issues a handwritten prescription whilst visiting the care home:

- The care home should contact the pharmacy to let them know that they have an urgent prescription, and discuss the most efficient way of getting this to them (eg collection or delivery or fax).
- It should be confirmed that the prescription can be delivered within the required timescale, so that alternative arrangements can be made if necessary.

### If the GP issues the prescription from the practice:

- The GP should inform the care home that an urgent prescription has been issued for a resident.
- They should provide the resident name, the reason for treatment and how soon this should be started. The preferred pharmacy should be confirmed with the care home.
- The care home should contact the pharmacy to discuss whether they can deliver the medication within the agreed timeframe - and this should be clearly recorded.
- Care home staff should know to expect the prescription and take appropriate action if the medication does not arrive within the expected time.

# What is the meaning of reconciliation?

Medicines reconciliation occurs on a daily basis in care homes. However, many people have reported they do not understand what this term means.

Simply, medicines reconciliation is the process of coordinating an accurate listing of all the resident's medication. This list will need to include the name of the medicine, its strength, form, dose, timing and frequency of administration.

There are three steps in the medicines reconciliation process:

- **Collecting** - taking a medication history and collecting other relevant information about the resident's medicines eg repeat medication slips, discharge documents, information from the resident's GP practice or community pharmacy.
- **Checking** - ensuring the resident's details, known allergies, medication and doses prescribed are correct.
- **Communicating** - changes to the resident's medicines (eg following an admission to hospital) are documented, dated and communicated to other people involved in the care of the resident.

Reconciliation is particularly important when a resident is transferring from one healthcare setting to another (eg hospital to care home). People recently discharged from hospital are known to be a vulnerable group.

Remember to include the resident, their family and carers in this process.

See the guidance sheet 15: **Medicines reconciliation** for further details. Following feedback received from care homes we will change the title of our guidance sheet on its next review to: **Accurately listing a resident's medicines (medicines reconciliation)**.

## Fentanyl patches: learning from incidents

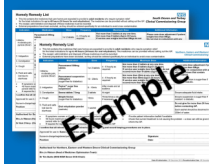
Following reports by NHS Wales of life-threatening reactions and deaths from fentanyl patch overdoses here is a summary of recent incidents and tips on how to avoid them. For further information please download guidance sheet 3: **Analgesic patches**.

Incident	How to reduce the risk
Failure to remove an old patch before applying a new fentanyl patch	It is important that staff know where a patch is placed to be able to remove it or to check it is still in place. Use a body map and add a code to the MAR chart.
Exposure of the patch application site to a heat source (eg hot water bottle, hot bath, electric blanket etc) or increased body temperature (eg fever) causing increased absorption of the drug from the patch.	Do not apply patches immediately after a hot bath. Residents with fever should be observed for sign of toxicity.
Accidental ingestion of fentanyl patches.	Dispose of an old patch by folding it in half and sticking it together, before disposing of it via your usual pharmaceutical waste disposal method.
Poorly stuck fentanyl patches transferring to another person.	Check and sign on a daily basis to ensure the patch remains firmly stuck in place.

## New homely remedy lists available now!

The **homely remedy** lists for all adult care homes that sit in the NEW Devon and South Devon & Torbay CCG areas are now available.

To receive a copy for your area, contact us at the email address below. Please include your care home address so that we can send you the correct list.



For more information on the homely remedy lists, please download guidance sheet 21: **Homely Remedies**

## Warfarin vs. NOAC's

**Warfarin** is the most commonly prescribed anticoagulant (an anticoagulant medicine makes the blood take longer to clot making the blood flow more freely around the body) and, when used appropriately, it is an effective way of preventing strokes and heart disease.

The **Novel Oral Anticoagulants** (NOACs) are a new class of anticoagulant drugs. Most patients can be stabilised on warfarin. However, patients who experience problems while taking warfarin, may be considered suitable for a NOAC.



**Patients who are stable on warfarin should not be considered for switching to a NOAC**

## Updated guidance sheets

- ▶ 08 Medication reviews of antipsychotics
- ▶ 09 Methotrexate & other cytotoxics
- ▶ 10 Administration dilemmas
- ▶ 11 Topical medication
- ▶ 19 Using Bisphosphonates: Osteoporosis medication explained
- ▶ 20 Just in case medication
- ▶ 27 Using barrier products (New)