

Caring for Care Homes

Issue 19, December 2016 Newsletter for Care Home staff, General Practitioners and Community Pharmacists



Always notify pharmacies of urgent EPS prescriptions



Did you know that pharmacies can only see basic information about a prescription before it is downloaded (patient name, time prescription arrived in pharmacy)? They will not be able to see any messages that have been added to flag the prescription as urgent.

With a lot of prescriptions now being sent electronically it is important to consider how urgent acute prescriptions or mid-month medication changes are flagged to the pharmacy. Any messages eg "Urgent" are **not** visible on the list of prescriptions at the pharmacy. This is particularly important where a 'hub' pharmacy that dispenses for a large number of care homes is used. An acute item will not be easily identified from the long list of prescriptions waiting to be dispensed.

To ensure medication is dispensed and reaches the resident within the required time frame it is recommended that the presence of any new or urgent prescriptions is promptly communicated to the pharmacy via an agreed method of communication (telephone, fax etc). Consideration should be given to confidentiality policies when transferring information between organisations.

Have your COPD residents been reviewed?

Residents who have Chronic Obstructive Pulmonary Disease (COPD) may be prescribed a COPD rescue pack by their GP or nurse. It is important that care home staff, who administer medication, are aware of the purpose of these packs and know when they should be used.



COPD rescue packs will contain a short course of two standby medications, an antibiotic and a steroid. These medications will have been carefully selected for the specific resident and should never be borrowed for use by another resident.

Normally COPD rescue packs will be packaged separately from regular medication and clearly marked with an expiry date. Care homes should ensure this medication is date checked along with other medications.

COPD rescue packs should only be started if the resident is having a flare up of their COPD. The individual resident's COPD management plan will detail the symptoms to look out for and the steps you should take. It also details when emergency medical attention is required. If the resident does not have a current COPD management plan, you can contact the resident's GP or nurse to obtain one.

When the COPD rescue pack has been started it is extremely important that the GP is contacted as soon as possible to inform them that the medication is in use. Also a new prescription must be requested to replace the COPD rescue pack.

A blank copy of a COPD management plan and a range of COPD rescue pack information leaflets can be found at the NHS NEW Devon Website, type **COPD** into the search bar to find this information.



When does disguising medication become 'covert' administration?

There has been some confusion about the definition of covert administration. Covert administration is the term used when medicines are administered in a disguised format, eg in food or drink **without the knowledge or consent** of the person receiving them.

If the resident is aware that you are disguising their medication in food eg to mask the taste, then this is **not** covert administration. If the patient has full knowledge that they are taking their medication but in a different way then this is not classed as covert administration. This may apply to adults with learning disabilities who find it difficult to swallow medication easily but who understand they are taking medicines. Any changes made to administration of medicines should be detailed in the resident's care plan.

You should always consult your pharmacist before altering any medicine prior to administering to residents and this will include crushing or dissolving any medication in food or drink to ensure it is appropriate. If you are administering medication covertly then please refer to our Guidance Sheet 23 that has been reviewed.

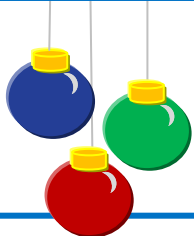
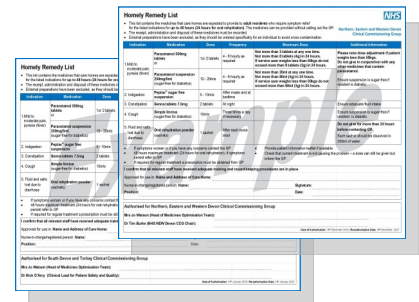
'Tis the season for coughs and colds..fa la la la la, la la la la

With the cough and cold season upon us we would like to take this opportunity to remind GP practices, care homes and pharmacies to utilise the locally agreed homely remedies list. Our locally agreed list includes paracetamol and simple linctus that may be purchased and stored for residents' use on a short-term basis not exceeding 48 hours. A prescription is not required for these items; they should be purchased by the care home for the use of all the residents in the care home.

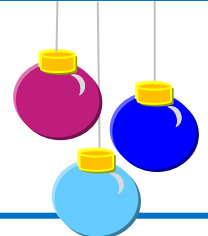
Our guidance sheet 21: Homely remedies, fully explains how to implement use of the list in a care home and what restrictions apply.

Based on this information care homes should not be requesting paracetamol, simple linctus or the other remedies included on the list from their GP practice for short-term use (not exceeding 48hrs).

If you would like a copy of the homely remedies list please contact the Caring for care homes team at the email address provided at the bottom of this newsletter.



Merry Christmas and Happy New Year from the Caring for care homes team



Updated Guidance sheets

Please remember to replace your old copies within your care home

Covert Administration
v2_2016

Using the Medication Administration
Record (MAR) effectively v2_2016

Homely Remedies v2_2016

Caring for Care Homes AKI special

What is Acute Kidney Injury (AKI)?

Acute kidney injury, often referred to as AKI, is a sudden and recent reduction in a person's kidney function. Acute kidney injury can be caused by a number of things such as:

- 1 Stress on the kidneys due to illness or infection
- 2 Severe dehydration
- 3 Damage to the kidney
- 4 Side effects of some drugs when a person is unwell

AKI is common, serious and harmful; however, you can take steps to prevent it by understanding what it is and what you can do to reduce the risk.

Who is at risk of AKI?

Some residents are at higher risk of getting AKI. The risk factors include:

- People with acute illness, such as sickness and diarrhoea
- People aged 75 or over
- Those with medical conditions such as heart failure, diabetes, chronic kidney disease and dementia

How to spot AKI?

In the early stages there may be no real symptoms or signs; a blood test is needed to detect it. However, a resident with AKI can deteriorate quickly. When assessing residents check for the following:

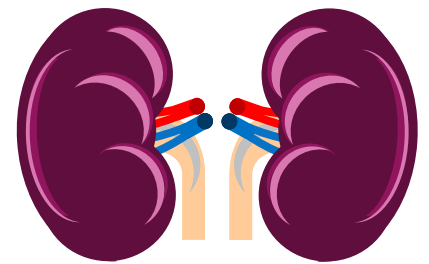
- Have they passed any dark urine? ✓
- Do they show signs of dehydration? ✓
- Do they have any risk factors for AKI? ✓

If a resident is ill with sickness and/or diarrhoea they may need to temporarily suspend some of their medications. Discuss with the person in charge, they will need to contact a GP.

What can you do to help avoid AKI?

Staff working in care homes can play a vital role in the early detection, treatment and management of people who may be at risk of AKI.

Dehydration is the underlying cause of many common conditions, particularly in the elderly. Support your residents to stay hydrated by encouraging drinks and fluid-rich foods. Help the resident choose a suitable cup to make drinking easier, some may prefer a straw. Keep an eye on urine output and colour and know when and how to report changes.



Remember to encourage fluids when giving care both during the day and at night.

Symptoms of dehydration

- | | | | | | | | |
|----------------------------|--------------------|---|--------------------|--------------------|-------------|----------|----------|
| Thirsty | Irritable | Raised heart rate | Cool hands or feet | Low blood pressure | Sunken eyes | Confused | Headache |
| Passing little or no urine | Passing dark urine | Remember: use a urine colour chart, this will give you an idea of whether the resident is drinking enough. | | | | | |