A Centralised Information and Guidance Resource for Management of Medicines in Care Homes

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Aims

- To develop a useful and accessible centralised suite of guidance tools
- •To develop an agreed process for development, approval and review of medicines related guidance for care homes
- To engage with stakeholders in the process
- •To disseminate access to this resource through care homes, GPs and other healthcare professionals
- Where are we now?
- 73 documents identified initially (increasing as new documents are identified)
- First wave of approved documents published on Website
- National guidance documents relating to care homes accessible via the website
- Second wave of documents to be published by end of April 2015

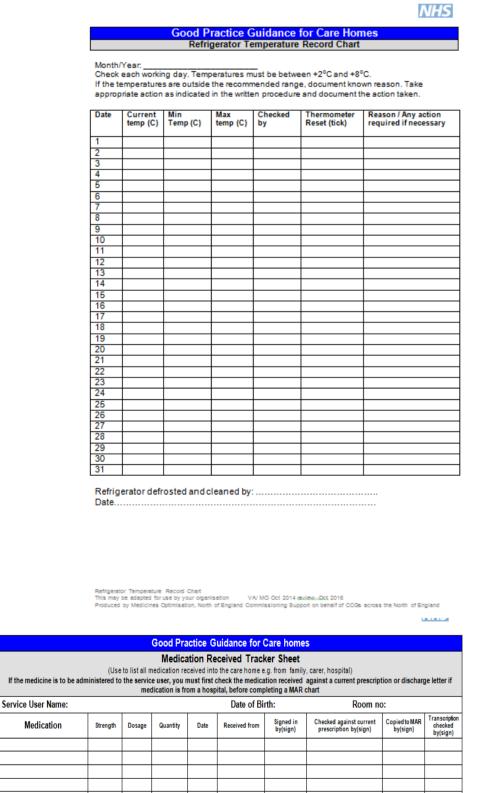
Who will this be useful for?

Customers;

- CCGs safeguarding leads
- GPs/practices
- Care Homes
- Community pharmacy

Internal to NECS;

- Medicines Optimisation team across NECS
- Medicines reviews in care homes



you under the Medicines Act (1968) to administer the medication

Good Practice Guidan Medicines Administration Rec			
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MAR charts form an essential element. In determining whether p the prescriber instructed. Number of MAR charts to be sampled			
Workplace Address:	Date o	f assessr	nent
Name of resident (initials only)	Checks	ed by:	
(Please tick)	Yes	No	Comments
is the person's name clearly identified?			
is the print or handuriting legible and in ink?			
Are handwritten entries cross-referenced to daily notes / care plan?			
are handwritten entries checked and double signed by a trained member of staff?			
Does the chart show the date including the year?			
Does the chart look Used, an indication that it was completed at each medication administration?			
Are there gaps in the records? If so, do these need to be investigated further?			
Can the reader identify exactly what has been given on specified dates, for example when the dase is one or two labeles?			
is there sufficient information to enable care workers to give its required medicine safely?			
is there a guide to the codes used to explain, why medicine, has not been given?			
Can the reader confirm that the records are valid, for example by checking whether the number of signatures recorded for the administration of an artibiotic such as amoxicilin are consistent with the quantity supplied.?			
is there evidence of stock control menagement including corrying forward balances to next medicine cycle?			
in care homes, can you cross reference records for controlled drugs in both MAR chart and CD register?			
Any additional comments			

Guidance Topics;

- Medicine systems (ordering, receipt, storage, discharge, leave, disposal)
- Medicines Administration
 Record (MAR) charts
- Audit within the care home
- Self-administration of medicine
- Covert administration

CD	Brand names	Legal Requirements
Morphine	MST	 Store in a CD cupboa
	Zomorph®	 Record in the CD regi
	Sexredol®	1
	Oramorph®	** Oramorph oral solution
	Concentrated oral	10mg/5ml is not a control
	solution	drug. However, CD storage
	100mg/5ml **	CD records are a good pract
	MXL	recommendation.
	Cyclimorph®	1
Dexamphetamine	Dexedrine®	1
Diamorphine		1
Діріралопе.	Diconal®	1
Rethidine.		1
Methadone	Shyseptone®	1
Methylphenidate	Ritalin®, Egyasym®	1
, ,	Concerta®	
Fentanyl	Duragesic®	1
	Actig. Lozenges®	1
Hydromorphone.	Palladone SR®	1
Lisdexamtetamine	Elvanse®	1
Oxycodone	Oxynom®	1
•	Oxycontin®	1
Schedule 3		
CD	Brand names	Legal Requirements
Buprenorphine	Jamgesic®	Buprenorphine and Temaze are required to be stored in
	Bu-Trans Patch®	cupboard and as good pract
	Transter, Patch®	care homes are advise to re
Temazepam		them in the CD register
		Other schedule 3 controlled
Rentazocine	Exactad®	do not need CD storage or recorded in the CD register
Phenobarbital		lecorded in the CD register
Midazolam***	Hxpopxel ®	***Exempt from storage and
	Buccolam®	keeping - store and record
Tramadol	Zydol®, Zamadol®	"non CDs"
Schedule 4:		
CD	Brand names	Legal Requirements (as a schedule 2 and 3)
Diazepam	Valium®	 Script is valid for 28 d
Zaleplon	Sonata®	 Script is valid for 28 of
Zopiclone	Zimovane®	 Script is valid for 28 of
	Zimovane®	

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	UD	serva	uon o	i Med	lication	i Adi	ministi	atio	n snee	t	
Staff Name:					P	sition					
Staff qualifications					0	tc:					
Care Home Name:					0	bserve	i by:				
Name of resident	receMng	medica	ton (inti	als only):						
Medication type(s) i Note that all administration	/ adminis	tration t	echnique in he senta	s obser	ved as adm Vgozable) be	inister observe	ed (Please diduning that	tick bax	when obse	rved).	
	Oral table		Oral liquid		Disperable Soluble' Efferences		Inhalara		Cream Folin patch	ment i geli	Suche
Observed (desarte)											
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	Eya, ear, o drope/oil		Earonnas	al apray	Scalp appl	ation	Enteral feet	(PEG)	interior ag suppositor		Coner
Observed (femalis)											
Used correctly?	Y	N	Y	N	Y	N	Y	N	Y	N	Y
	Dist the	Other M	ambar?						Please T		
			ember?			Ye	s No			lok I/ar Camm	ents
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Observation of Madiche Administration Sheet
This may be adapted for use by your organisation KT/ MO October 2014 neview October 2016
Produced by Mediches October North of Snoland Commissioning Support on behalf of CCGs across

Background Medication errors are one of the leading causes of harm to hospital patients.

Dose frequency, formulation and route of the medicines listed

Jp to 60% of patients will have at least one discrepancy between the medications take

A list of medicines currently prescribed, including those bought over the counter

Medication Administration Records (MAR) – make sure these are appropriately numbered (e.g. 1 /4 ,2/4,3/4,4/4). Particularly important if additional MAR charts have

medications should be written clearly and attached to the above documentation

In most cases do not send any medication with the resident. The reason for this is that the hospital staffage, NOT allowed to administer medicines that are repackaged from original

esidents with swallowing difficulties) . A phone call to the hospital pharmacy will establish

e hospital pharmacy may not stock certain psychiatric medicines or other medicines

After the resident has been admitted to hospital you must notify the supplying pharmacy. Ask them not to dispense or send any prescriptions they have for the resident until you can send

ou should send these medicines in with the patient.

Keeping the community pharmacy informed

he most accurate way to provide this information is to supply either original or photocopies

Access this information via the medicines optimisation website;

http://medicines.necsu.nhs.uk/

Or contact us; Kathy.thornton@nhs.net sue.white14@nhs.net