

Medicine Matters

Medicines information for care staff in a social setting

Spring 2017

Homely remedies

The NHS is frequently looking to consider how cost of prescribing of medicines can be reduced. Recently there have been a number of national and local discussions regarding the prescribing of medicines that people can access as “self-care”, in particular regarding over the counter medicines for headaches, occasional aches, upset stomach, antihistamines, sun creams, cough and cold remedies, heartburn and indigestion.

In care homes, people are often prescribed medicines as “when required” medicines to enable the care home to be able to respond to minor ailments without requiring the doctor to visit and subsequently prescribe. However, as a result of this, homes often find that they have large quantities of medicine stocks in the cupboard that do not get used and sometimes are disposed of as a result.

An alternative to having some of these prescribed as “when required” medicines, often referred to as “PRN” medicines (Latin term; pro re nata) is to consider the introduction of a homely remedy process within a care home setting.

A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in a care home (with and without nursing) for the short-term management of minor, self-limiting conditions, e.g. headache, cold symptoms, cough, mild diarrhoea, occasional pain

Homely remedy products are purchased by the home and held to allow access to products that would commonly be available in any household. It is advised that the manager discusses the use of homely remedies with the resident's own GP or Pharmacist .

Most homes have an agreed list of medicines that they stock as homely remedies and hold a written record of authorisation to indicate which resident may receive homely remedies. Medicine frequently included in a homely remedy policy are paracetamol (tablets and/or liquid), cough remedy such as simple linctus and indigestion remedies.

Care homes considering the use of homely remedy should have a process in place which includes;

- Name of the medicine and what it is to be used for
- Which resident the homely remedy can be used for (this is usually defined by a completed authorisation form, signed by the person's GP or pharmacist but an alternative arrangement or agreement process may be in place)
- The dose and frequency to be given
- The maximum daily dose
- How and where to record administration
- How long to give the dose before referring to the GP for further advice
- Staff must be trained and competent in the implementation of the process

The implementation of a homely remedy policy should be considered for residents who require the **occasional dose** of a medicine rather than as a frequently used “when required” medicine . Introduction of a homely remedy policy can help to reduce unnecessary stock holding whilst still enabling a dose to be available when needed

If a person usually uses an “over the counter medicine” that is not included in the homely list, this needs to be discussed separately with the GP or pharmacist for further guidance on how this is managed within the home.

If a homely remedy policy is introduced in a care home, it is essential that the staff are trained and competent in the process, are clear when it is appropriate to implement the policy, how to record administration and when to refer for advice.

Further information is available from;

<http://www.nationalcareforum.org.uk/documentLibraryDocument.asp?ID=264>

CAUTION; Ensure consideration is given to the regular and when required medicines prescribed for an individual to ensure that there is no risk of duplication of dose if a homely remedy policy is in place

NECS Medicines Optimisation website:

<http://medicines.necsu.nhs.uk/resources/care-homes/>

Lessons Learnt

The incident:

A resident residing in a care home had been prescribed Warfarin with changes to the dose being communicated via the GP surgery.

Changes in Warfarin dose had been communicated to the care home for a number of months without any issues however there had been a recent breakdown in communication resulting in the patient receiving the total weekly dose, daily for three days.

The subsequent investigation concluded that the medication error had been as a result of ambiguous communication between the GP surgery and the care home. The communication had been in terms of the weekly dose however the care home had taken this to be the daily dose.

The patient suffered a gastrointestinal (GI) bleed resulting in a hospital admission; the hospital medical team felt it highly likely that the INR issues would have caused the bleed. The GP surgery took immediate measures to ensure that the communication of warfarin levels would be very clear, highlighting daily dose on a standard written format.

Root causes identified in this case included:

- The faxed information sent to the care home by the GP practice to confirm the warfarin dose did not clearly specify whether the dose stated was to be administered daily or weekly.
- The care home did not obtain (in writing) a dosage instruction that clearly stated both the dose & frequency of administration of warfarin.
- The care home misunderstood the written information given by the GP practice.

Lessons learnt:

For prescribers; When advising a care provider of a dose confirmation of warfarin, (e.g. a dose change or continuation of previous dose), ensure that this is sent in writing (fax and/or letter) and clearly states the dose (in milligrams) that is to be given on each day of the week. This will prevent any ambiguity in dosage regime.

For care homes; when requesting a dosage confirmation of warfarin from a GP practice or INR clinic, ensure that you obtain this in writing and it clearly states the dose (in milligrams) that is to be given on each day of the week.

Use of insulin safety needles

Recently there have been a number of admissions to hospital with complications of diabetes which have been linked to poor injection technique when using insulin safety needles, resulting in part of the insulin dose being lost on the surface of the skin .

Examples of safety needles include: BD Autosield Duo, NovoFine Autocover, Mylife Clickfine AutoProtect

When using these needles, if the pressure on the delivery button eases during administration, the needle will sheath and the rest of the dose is lost above the level of the skin .

TAKE CARE

- Do not hesitate or relax after the initial injection;
- For larger doses the pressure needs to be maintained.

General advice for insulin injection when using safety needles:

4, 5 and 6mm needles are suitable for all people regardless of BMI

For 4 mm needle length: Hold the needle vertically at an angle of 90 degrees, without creating skin fold (for very slim adults and when injecting into the thigh, forming of a skin fold may prove necessary)

For 6 mm and 8 mm needle length: Inject at an angle of 90 degrees with a skin fold or 45 degrees without a skin fold.

The individual should count slowly to 10 before withdrawing the needle.

Using needles of shorter length (**6mm or less**) helps to prevent inadvertent IM injection of insulin.

- IM injection of all human insulin should be avoided as unpredictable blood glucose levels and severe hypoglycaemia can result
- If leakage of insulin occurs with shorter needles, injection technique should be reviewed.
- If the patient complains of discomfort with using short needles: consider reviewing the injection technique
- If doses of more than 60 units are to be given, the dose could be split and given at different sites.
- All needles are for single use only

Your feedback is important to us.

This is the fourth edition of Medicine Matters that has been distributed to care homes across the North East and Cumbria area.

We would like to know what you think of it and how we can improve it to keep it relevant to you and your colleagues working in care homes.

Please can you spare a few moments of your time to complete our questionnaire hosted by "Survey Monkey".

<https://www.surveymonkey.co.uk/r/GQL9BCV>

This will help us to ensure that the newsletter is informative and useful to you and we will update you on the feedback in a future edition.

We will keep the survey open until the end of June 2017

Thank you for your support

Future Issues: If you have an idea for an article to be included in a future issue, please contact your local Medicine Optimisation Care Home Team

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