Partners in improving local health

Medicine Matters

North of England Commissioning Support

Medicines information for care staff in a social setting **Spring 2018**

Hay fever season

Despite the recent long winter, some of us may be experiencing hay fever once again!

Hay fever is caused by an allergy to grass or hay pollens, and depending on which type of pollen sufferers are allergic to, can last from March until early autumn.
The pollen season separates into three main sections:

- Tree pollen - late March to mid-May.
- Grass pollen - mid-May to July.
- Weed pollen - end of June to September

Common symptoms of hay fever include: runny, itchy and / or blocked nose, sneezing, itchy or watery red eyes and itchy throat

It is impossible to totally avoid pollen, but symptoms can be less severe if exposure is reduced when the pollen count is high (above 50).
· Stay indoors and keep windows and doors shut
· Avoid large grassy spaces
· Wear wrap-around sunglasses when you are out
· Shower and wash hair after being outdoors, especially after being in the countryside.
More information about hay fever can be found at https://www.nhs.uk/conditions/Hay-fever/

Once hay fever is diagnosed, it can be fairly easily treated using a variety of medications, depending on which symptoms are displayed. These treatments include:

- antihistamine tablets
- liquid, nasal sprays (usually steroids) and
- eye drops

If you suspect undiagnosed hay fever, contact your residents' GP or discuss with your pharmacist. As the medications usually used to treat hay fever, and are readily available as "over the counter" (OTC) medicines, your home may be recommended to obtain a course of treatment on behalf of the resident. Please ensure the symptoms and treatment options are discussed with the pharmacist and ensure that the home has clear instructions regarding the recommended dosage, frequency and treatment duration.

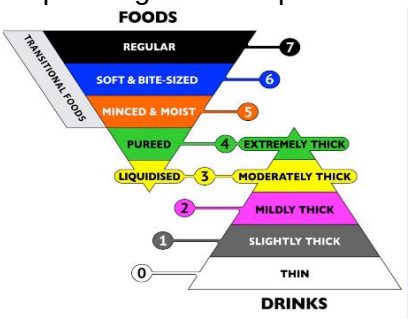
Consider completing a "**when required medicine protocol**" to give further information regarding the symptoms that the medicine helps to manage (these are likely to different for individuals so don't just write "for hay fever") and how often the doses are to be offered.

Also remember to request that hay fever treatments are reviewed and stopped when no longer required i.e. at the end of the season for that individual.

New terminology for food modification

There is now global terminology that can be used to describe the modification of food texture and fluid consistency for people with dysphagia, for all ages, in all care settings and across all cultures.

Changes to this new descriptor began from April 2018. Instead of descriptors such as pureed and "fork-mashable" food and stage 1, 2 or 3 thickened liquids there will be a single continuum of eight levels, identified by numbers, text labels and colour codes. Each level will also have detailed descriptors and simple measurement methods that can be used by people with dysphagia, caregivers, clinicians, food service professionals and industry.



Please contact your local Speech and Language Therapy (SALT) services for further information on changes in the terminology and how this relates to the products being used in your area.

Also ensure that any changes to instruction from the SALT team are reflected in your resident care plans

The Medicines Optimisation Website

Information, guidance documents and various medicine related tools are accessible via our website. These can be downloaded and many may be adjusted to suit your needs.NECS Medicines Optimisation website: https://medicines.necsu.nhs.uk/category/resources/care-homes/

Lessons Learnt: Effective Audit

When working closely with care home managers and their teams, we often find that although there are medicine checks and audits in place in a care home, they are not always being carried out routinely or effectively. As a result, weaknesses in areas of medicine management or record keeping within the home are not being identified, sometimes leading to more significant issues or errors later.

Processes where we often find that would benefit from a **robust** monitoring or audit include:

- Completion of Medicine Administration Record charts
  - no gaps in recording of regular medicines
  - consistent use of non-administration codes
  - handwritten entries being checked and counter signed
- Consistent use and reference to supporting documentation such as
  - Topical MAR charts
  - Transdermal patch application/removal records
  - Yellow booklet (warfarin/INR records)
- Controlled drugs – regular stock balance check

In order to carry out an effective audit, consider the following issues:

- Is it clear what is being audited?
- Who carries out the audit?
- How is the audit evidenced?
- How are "**issues**" identified and recorded?
- Does the record show that the "issues" have been **resolved** and any further action taken?

Sometimes, an audit will identify an error or a "near miss" with medicines – in which case this may then require further investigation, following the care home's medicine incident process.

On other occasions there are learning points to share with the whole team to ensure that there are improved ways of working.

Please be wary if all the audits appear 100% compliant when carried out – it is likely that the audit process is not sensitive enough or not being carried out thoroughly.

Reminder: advising patients on fire risk of paraffin-based emollients

Healthcare teams have recently been asked to remind people of the risk of fire posed by paraffin based skin emollients.

Products such as emulsifying ointment, white soft paraffin and a number of other emollients when in contact with clothing or dressings are easily ignited by a naked flame. The risk is greater as these products are often frequently applied to large areas resulting in clothing and dressings getting soaked in the products.

Patients should be advised not to smoke, use naked flames (or be near people who are smoking or using naked flames), or go near anything that may cause a fire while emollients are in contact with their medical dressings or clothing.

Patients' clothing and bedding should be changed regularly—preferably daily—because emollients soak into fabric and can become a fire hazard

Further information is available https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk

Guidance for management of controlled drugs in care homes

We have recently updated our guidance documents regarding management of controlled drugs (CDs) in care homes which includes a list of commonly used CDs and the storage requirements.

These can be found at: http://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us on Tel: 0191 2172558 where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!