Partners in improving local health

Medicine Matters

North of England Commissioning Support

Medicines information for care staff in a social setting **Winter 2018/19**

Homely Medicines in Care Homes

The NHS is frequently looking to consider how the cost of prescribing of medicines can be reduced. Over recent years there have been a number of national and local recommendations regarding encouraging people to consider treating time limited conditions as "self-care" rather than visiting the GP. In addition, Guidance for Clinical Commissioning Groups (CCGs) on conditions for which over the counter medicines (OTC) should not routinely be prescribed in primary care was published in March 2018.

In care homes, people are often prescribed "when required" medicines often referred to as "PRN" medicines (Latin term; pro re nata) to enable the care home to be able to respond to minor ailments without requiring the doctor to visit and subsequently prescribe.

An alternative to having some of these prescribed as "when required" medicines, 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. Medicines frequently included in a homely remedy policy are paracetamol (tablets and/or liquid), a cough remedy such as simple linctus and indigestion remedies.

Can Over the Counter (OTC) medicines be used in a care home?

All purchased medicines must be checked for potential interactions with prescribed medicines with an appropriate healthcare professional before use.

People (or their relatives) may provide their own OTC products following consultation with the GP or Pharmacist. In a care home setting these are not for general use and must remain specific to that person. In all care settings receipt should be documented. If the care staff are responsible for administration, this should be recorded on a MAR chart and good practice should be followed.

All OTC products purchased on behalf of the resident or brought into a care setting should be checked, to make sure they are suitable for use, in date and stored according to the manufacturer's guidance and in the original purchased container.

We would suggest that the home records the advice provided by the pharmacist to support the use of an OTC medicine for a resident within the service.
We have a developed a template "Good Practice Guidance: Recommendation for a self-care product" that could be used to record this encounter which may be accessed via our website: https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/
More information and guidance on these issues is available

- https://www.cqc.org.uk/guidance-providers/adult-social-care/treating-minor-ailments-promoting-self-care-adult-social-care
- https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/

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 homely remedies or OTC medicines are introduced

Do not over order medicine supplies

You may be aware of concerns raised regarding medicine supplies in the event of a "No deal Brexit".
UK health and social care providers – including hospitals, care homes, GPs and community pharmacies have been asked **not** to stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions. Local stockpiling by UK health and social care providers is unnecessary and could cause shortages in other areas, which would put patient care at risk. **Do not request repeat medication earlier than normal.**
As usual, if you have any concerns about your medicine supplies, please contact your supplying pharmacy who will link with your prescribers to address any shortage or supply issues that may occur.

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: Transdermal fentanyl patches – accidental exposure

There continue to be reports of unintentional opioid toxicity and overdose of fentanyl due to accidental exposure to patches.

The Medicines and Healthcare products Regulatory Agency (MHRA) has recently (October 2018) published advice for healthcare professionals:

This included the importance of:

- not exceeding the prescribed dose
- following the correct frequency of patch application, avoiding touching the adhesive side of patches, and washing hands after application
- not cutting patches and avoiding exposure of patches to heat including via hot water (bath, long shower)
- ensuring that old patches are removed before applying a new one
- following instructions for safe storage and properly disposing of used patches or those which are not needed
- ensure that patients and caregivers are aware of the signs and symptoms of fentanyl overdose and advise them to seek medical attention immediately (by dialing 999 and requesting an ambulance) if overdose is suspected
- report any cases of accidental exposure where harm has occurred or suspected side effects via the Yellow Card Scheme

Further information: Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children

Risks in care homes include:

- Not removing the old patch before applying a new patch
- Staff not noticing that patches have become dislodged or removed by the resident
- Lack of appropriate rotation of placing on different sites on the body (always check manufacturers guidance regarding application of patches)

Considerations for care homes

Consider using a Transdermal (Patch) Administration Chart to record accurately the **application** and **removal** of patches. Ideally the chart has a **body map** to indicate where the patch has been sited and may also be used to demonstrate checks that the patch is still in place (for those that are left on the same site for more than one day)

Note: always reference the use of the patch chart on the main Medicine Administration Record (MAR) chart and don't double record on both.

An example of a patch chart is available: https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/

Emollients: risk of severe and fatal burns

The MHRA have issued (December 2018) new warnings about fire & burns risk with emollients. The new warnings state that **ALL emollients may pose a risk of severe and fatal burns** – regardless of paraffin content or concentration.

The MHRA provide the following advice for healthcare professionals:

- there is a **fire risk with all paraffin-containing emollients**, regardless of paraffin concentration, and it also *cannot be excluded with paraffin-free emollients*. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days.
- when prescribing, recommending, dispensing, selling, or applying emollient products to patients, instruct them **not to smoke or go near naked flames** because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite.
- ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimise the risk.
- be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but not totally remove it.

For further information: https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients

Safety Alerts

Are you registered to get alerts from the Medicines and Healthcare products Regulatory Agency

If not register herehttps://www.gov.uk/drug-device-alerts.

Other recent alerts of relevance to care homes:

Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler

Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects

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!