Partners in improving local health

Medicine Matters

North of England Commissioning Support

Medicines information for care staff in a social setting

Spring 2019

Improving diagnosis and management of UTIs in older people in Care Homes

"To Dip or Not To Dip Pathway"

Antimicrobial resistance poses a significant threat to public health especially because antimicrobials underpin routine medical practice. Overuse of antibiotics risks the development of antimicrobial resistance which will impact on routine medical practice in the future. About 80% of antimicrobials (prescribed for humans) are prescribed in primary care and approximately a third of these are for treatment of possible urinary tract infections (UTIs).

Antimicrobial drug resistant superbugs causing UTIs are increasing and are a national cause for concern. The NHS has been tasked with reducing a particular UTI referred to as gram negative blood stream infections, caused by E.coli bacteria (most UTIs), by half by 2020, and also to reduce inappropriate prescribing for UTIs and all antibiotic prescribing.

Urinary tract infections are frequently seen in primary care and what may seem a simple diagnosis, can be quite complex which can result in hospital admission. Many areas are encouraging care and nursing homes to access training to help improve the diagnosis and management of UTIs in older people living in care. Some areas, such as North Cumbria, are adopting a whole health economy, patient centred approach to improve the management of UTIs in care homes called the "To Dip or Not To Dip" pathway. Accurate diagnosis helps to reduce inappropriate antibiotic use. National guidance for diagnosis and management of UTIs (PHE, NICE, SIGN) states that urine dipsticks are not appropriate to diagnose UTIs in older people (>65yrs) because frequently there is always a low level of bacteria present in the gut and urinary tract of these people. Instead a UTI assessment tool which focuses on the signs and symptoms of the patient should be used to help to improve diagnosis. The pathway also aims to improve hydration, which benefits both physical and mental health.

Training across the UK in some care homes on 'To Dip Or Not To Dip' has seen a change in practice resulting in:

- a reduction in antibiotic prescribing for UTI.
- a reduction in hospital admissions UTI and dehydration.
- a reduction in hospital admissions for superbugs (E.coli bacteraemias).

For more information it may be useful to watch a video developed following a project with care homes in Bath and North East Somerset which explains "To Dip or not to Dip" and WHEN and HOW to use an example of a UTI assessment form.
It is well worth a watch (about 15 minutes long)!
https://www.youtube.com/watch?v=rZ5T1Cz7DHQ&feature=youtu.be (Beech E, Slatter M. To Dip or Not To Dip – a patient centred approach to improve the management of UTIs in the Care Home environment)

National guidance regarding UTIs:

- Public Health England: https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis
- NICE Guidance on antimicrobial prescribing in UTIs https://www.nice.org.uk/guidance/ng112 https://www.nice.org.uk/guidance/ng109
- Scottish Intercollegiate Guidelines Network (SIGN) https://www.sign.ac.uk/assets/sign88.pdf

For other guidance for care homes on prevention and detection of UTIs and also on hydration: https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/

Controlled Drug Legislation changes April 2019

Gabapentin/ pregabalin

From 1 April 2019, gabapentin and pregabalin have been reclassified as Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971. They are exempted from the safe custody requirements under the Misuse of Drugs (Safe Custody) Regulations 1973 and do not need to be recorded in the CD register. Although, some care homes might choose to store securely and record in a controlled drugs register. This will help to keep a tighter control on them and for audit purposes.

A CD update edition of Medicine Matters was distributed in April giving further information on the impact of these changes for care homes and also an updated list of commonly used controlled drugs in care homes for information.

Further guidance is also available from CQC: https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-pregabalin-gabapentin

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: Insulin Administration

A resident in a care home with poorly controlled diabetes was found unresponsive in the early hours of the morning following an error in insulin administration and inadequate monitoring

The resident had a complex prescribed regime including:

- a daily long acting insulin dose that could be varied according to response
- a fast acting insulin dose that could be administered in case of hyperglycaemia.

The pharmacy had printed a MAR chart for both insulins.

The incident:

The nurse on duty in the morning had administered the daily dose of long acting insulin.

Later in the day, a blood glucose test hit the trigger for the administration of the fast acting insulin, on this occasion the **incorrect** insulin was administered and recorded (resulting in a second administration of the long acting insulin).

At handover a second nurse was made aware of the insulin administration and tested the residents blood within the two hours prescribed, when finding the resident still had hyperglycaemia, administered the fast acting insulin as prescribed (unfortunately she failed to notice there was no signature recording the administration earlier). The resident went to bed before they had their blood glucose tested.

On this occasion the incorrect dose of the daily long acting insulin, together with the dose of fast acting insulin resulted in hypoglycaemia.

Fortunately good care in the care home identified the sleeping resident was infact unresponsive and quickly acted to administer glucose and brought the resident back to consciousness.

Lessons Learnt.

- Regardless of what medication you are administering, **always** check the previous administration record, if it is not as you would expect, seek advice prior to proceding with administration.
- When a resident has two types of insulin, make sure it is clear which insulin to use and when
- Have a clear care plan for blood testing, record time of testing, time of last meal as well as the reading.
- **Test blood sugars two hours after administering fast acting insulin**.
- Make sure individual vials of insulin are clearly labelled .
- Make sure you add a expiry date as you open and remove the insulin from fridge storage (we have sometimes found that when residents only need the fast acting insulin occasionally it has been kept outside the fridge for 28 days, this potentially destabilises the insulin making it inactive).

Insulin dosage; Handwritten MAR charts

We have a recent example where a handwritten MAR chart for insulin, intended as 8 units was written as *"8u"* which, due to the poor handwriting, could have been interpreted as either 80 or 84 – potentially 10 times the intended dose of insulin.

CQC advises "When prescribing, transcribing or recording insulin do not abbreviate the word 'unit'. Always write it in full. Abbreviations (such as 'u') can be confused with a zero (particularly if handwritten). This could have serious consequences"

https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-insulin

Consider the use of a separate insulin administration chart if the MAR chart does not provide sufficient space to accurately record dosage and administration

NOTE: Handwritten medicine and dosage information on MAR charts and care plans should **always** be clearly written avoiding any abbreviations or latin terms

Reminder about Rivastigmine patches

CQC insepctors have advised us that they continue to find that care homes do not have clear records for the application and removal of transdermal (patch) medication.

Of particular note is regarding rivastigmine patches that should **not be reapplied to the exact same skin location within 14 days to minimize the potential risk of skin irritation**

Always check the manufacuters information leaflet which provides more information about how and where to apply patches.

It is also good practice to check that a patch is still in place for those that are left on for more than one day

Our website has a number of guidance documents and templates that may be useful to care homes to address issues raised in this edition of Medicine Matters including:

- Insulin Administration Charts which can be used to personalised to include the insulin regime.
- Examples of our transdermal application record charts
- Information regarding management of Controlled Drugs in care homes and a list of commonly prescribed CDs in care homes
- Current and past editions of Medicine Matters

Please use this link to our website: 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!