

# Medicine Matters

## Medicines information for care staff in a social setting

Winter 2020/21

### Vitamin D in care homes

In early 2021, all care homes in England will receive four months' worth of vitamin D supplements. Find out more about the government's announcement;

<https://www.gov.uk/government/news/at-risk-groups-to-receive-free-winter-supply-of-vitamin-d>

Further information has recently been published regarding supplies of Vitamin D for care homes:

<https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups>

The main points of this document are summarised in the Medicine Matters Bulletin 5 distributed with this edition

Deliveries will be free of charge, starting in January, and will provide 4 months' worth of supplements to last people through the winter months. The supplements will support general health, in particular bone and muscle health. This is particularly important this year as these individuals are more likely to have been indoors for extended periods due to measures introduced to stop the spread of COVID-19.

The vitamin D will be supplied as a food supplement. This will allow providers a choice of where this is recorded, examples could be food / fluid balance charts, daily notes, or medicines administration charts.

Care homes should be able to account for the administration of vitamin D products as with any medication or supplement that may be given to people in their care.

It would be considered good practice to ensure that there is a robust audit trail describing:

- Amount of stock received
- checks including expiry date of the products
- records of administration
- records of any doses placed for disposal
- there should also be a record of suitability of use for individuals from a healthcare professional, such as a GP or pharmacist.

Consideration should also be given regarding how to support people to continue to take vitamin D when the free supplies end.

For further information about managing medicines as homely

remedies or over the counter medicines:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

### Urgent or interim orders: continued problems

In previous editions of Medicine Matters (2019), we have described scenarios whereby interim prescriptions such as for antibiotics or changes to current medicines have been sent to the pharmacy electronically but, as no-one informed the pharmacy that this item was required urgently, supplies have been included in the monthly medicine cycle for that care home rather than being supplied more urgently. This has sometimes ultimately resulted in the person not receiving their medicines in a timely manner as intended. It has come to our attention that this continues to be a repeated problem.

If an acute or interim prescription is prescribed, this will most likely fall mid-cycle. It is the responsibility of the home to manage mid-cycle ordering. This will be a similar process for new medicines being prescribed, changes of doses as well as for a new resident or an existing resident returning from another healthcare setting (hospital).

If an urgent acute prescription is ordered, it is the responsibility of the care home to ensure it is received in a timely manner depending on the urgency of the prescription.

### Therefore for interim, acute or urgent medicines please review your communication processes to:

- Ensure the care home staff inform the pharmacy that a prescription has been issued and clarify the urgency of the medicine
- The GP practice may be able to provide the tracking number for the urgent prescription – this will make it easier for the pharmacy to locate
- Be aware of cut off time for same day delivery – alternative arrangements may necessary
- Ensure that the care home follows up the whereabouts of the medicine if it has not arrived as expected
- If there is a shift change during the process, ensure that the handover includes information regarding any ongoing outstanding medicine issues for urgent medicines

### 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: Paracetamol

We have been made aware of a number of similar medicine incidents involving the administration of doses of paracetamol in excess of the daily maximum recommendation.

**Example 1:** Resident was administered 2 Paracetamol tablets on 7 occasions when the prescribed dose was 1 tablet every 4 hours, maximum 4 tablets in 24 hours. This was picked up by another member of staff who noticed the quantity given did not agree with the dose on the MAR chart when she next administered the medicine.

**What went wrong:** Staff have given 2 tablets automatically as this is the more usual dose without checking the MAR or the label on the medicine container.

**Example 2:** Resident had been given 3 doses of a “when required” (PRN) dose of paracetamol but continued to be in pain due to a recent fracture. GP had been contacted and changed the prescription to a regular four times a day administration. To reflect the changes, a new entry on the MAR chart was written and the PRN discontinued. However, staff proceeded to give 3 further doses of paracetamol 4 hours apart resulting in 6 doses being given in a 24 hour period.

**What went wrong:** staff did not check the full MAR chart to identify that previous PRN doses had been given within the 24 hour period.

### Lessons learnt:

Ensure staff always check MAR chart and label to ensure correct dosage is administered and to guard against complacency

Note: Frail elderly and malnourished patients and those with a low body weight are particularly susceptible to paracetamol toxicity and therefore often prescribed a lower dose of paracetamol

Ensure staff always check previous doses of medicines before proceeding with medicine administration. This may include PRN medicines as identified in example 2.

Ensure that recent changes of medicine doses are clearly recorded on the MAR chart and shared with relevant team members as part of the handover process.

### Covid-19 Outbreaks: Animated guides

Health Education England with NHS England and NHS Improvement have produced a series of animations aimed at social care staff to help explain what to do during a Covid-19 outbreak, including getting to and from work, test and trace, and what to wear

[https://workforce.adultsocialcare.uk/card/070a8d6e-24e4-47ab-adf8-16b21efdec63?section=hero&variant=recommended&src=new\\_resource&id=338384c2-cc29-4fe4-8641-3b498bf9f882](https://workforce.adultsocialcare.uk/card/070a8d6e-24e4-47ab-adf8-16b21efdec63?section=hero&variant=recommended&src=new_resource&id=338384c2-cc29-4fe4-8641-3b498bf9f882)

### Generic opioid patch patient leaflet

News from the Patient Safety Sub-Group

A generic opioid patch patient leaflet has been published on NHS Health A–Z within their fentanyl and buprenorphine entries. The leaflet was the result of joint working by members of the Patient Safety Sub-Group in conjunction with Guy’s and St Thomas’ Hospitals NHS Foundation Trust. The links to the leaflets can be found below:

<https://www.nhs.uk/medicines/fentanyl/>

<https://www.nhs.uk/medicines/buprenorphine-for-pain/>

### New link for proxy access suite of documents

New step-by-step guidance from the NHS and the Local Government Association explains how GP practices, care homes and pharmacies can set up care staff with proxy access to a resident’s GP online account.

<https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>

### Thank you for your continued support

We would like to offer our appreciation to our colleagues in care homes and other social care settings for your endurance during the unprecedented recent months in continuing to provide care and support to the people in their care.

If you have any specific learning or areas of new ways of working regarding medicine management in your home or with healthcare partners that you would like to share, please contact the team and we will use Medicine Matters to disseminate your experience to other services.

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!*

---