



# Medicine Matters (SC)

Summer 2022

## Medicines information for care staff in social care settings

### Welcome to our newsletter.

Welcome to our newsletter aimed at social care services across the North of England.

Medicine Matters newsletter has been produced for a number of years by our team of pharmacists and pharmacy technicians within the Medicine Optimisation team at North of England Care support (NECS) who specialise in supporting care homes in the management of medicines. More recently, our work has diversified, and we now support and advise a number of other social care services including care at home, reablement and independent living services.

We have therefore decided to produce a medicine focussed bulletin every 6 month for our customers and colleagues in the other care settings and alternate this with our care home bulletin.

The aims of the newsletter are to:

- Provide a regular resource of information specific to medicine issues in social care settings
- Deliver a short, informative bulletin that care staff find useful and educational
- Inform managers and staff of current issues regarding medicine management in social care settings
- Identify and advise on commonly occurring problems regarding medicines in social care settings
- Provide anonymous examples of recent "Lessons Learnt" as a mechanism for services to reflect on their practice and improve processes
- Provide access to specialist advice regarding medicines in social care settings.

We intend that the electronic newsletter format will enable the widespread sharing this newsletter. Ideally, we would like service managers to distribute the newsletter to all staff within their social care settings and teams and raise awareness of the key issues at staff meetings or communication forums.

Our advice and guidance is based on national resources such as:

- NICE Guidance; Managing medicines for adults receiving social care in the community published 2017 [Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#)
- CQC guidance; Medicines information for adult social care services [Medicines information for adult social care services - Care Quality Commission \(cqc.org.uk\)](#)

### Medicine Optimisation Pharmacists and Technicians

The Medicine Optimisation service has a team of specialist pharmacists and pharmacy technicians in advising on management of medication in care homes and social care settings, such as advice on storage, use of Medicine Administration Record (MAR) charts, administration or disposal. The team work closely and collaboratively with Providers and Local Authorities, Care Quality Commission, safeguarding teams, community pharmacy services and GP surgeries and have a wide experience in supporting providers in the local community in the safe management of medicines.

### Managing medicine incidents

Medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines. Enabling people to raise any concerns about their medicines and managing medicines-related problems effectively when they happen are important to minimise harm and guide future care. When social care providers have responsibilities for medicines support, they should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person-centered, 'fair blame' culture that actively encourages people and/or their family members or carers and care workers to report their concerns ([Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#) )

Recently, a new procedure for reporting medicine related incidents concerning controlled drugs (CDs) has been introduced for care homes and other social care support settings. This reporting pathway is to work **alongside** the usual reporting mechanisms that providers follow and will provide information to the Controlled Drug Local Intelligence Network (CD LIN) which has oversight into CD management across all health and social care settings.

For further information on reporting issues regarding CDs please refer the [letter](#) produced by the Regional Controlled Drugs Accountable Officer (CDAO) or seek advice from the Medicine Optimisation CD support team:

[england.cumbrianortheast-cds@nhs.net](mailto:england.cumbrianortheast-cds@nhs.net)

If you have any specific learning or areas of new ways of working regarding medicine management in your service 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

**NECS 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

[:https://medicines.necsu.nhs.uk/category/resources/care-homes/](https://medicines.necsu.nhs.uk/category/resources/care-homes/)

# Medicine Matters: Summer 2022

## Care for vulnerable people in heatwave conditions

Severe heat is dangerous to everyone, especially older and disabled people. During a heatwave, when temperatures remain abnormally high for longer than a couple of days, it can prove fatal. The latest UK government risk assessment on climate change suggests summers are going to get hotter in the future.

**Guidance was recently issued for residential social care services, however most advice will also be relevant information for people receiving social care in the community**

### Heat-related illnesses

The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. Additionally, there are specific heat-related illnesses including:

- Heat cramps
- Heat rash
- Heat oedema
- Heat syncope – dizziness and fainting, due to dehydration, vasodilatation, cardiovascular disease and certain medications
- Heat exhaustion – is more common. It occurs because of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse, and is present when the body temperature is between 37°C and 40°C – left untreated, heat exhaustion may evolve into heatstroke
- Heatstroke – can become a point of no return whereby the body's thermoregulation mechanism fails and leads to a medical emergency, with symptoms of: confusion, disorientation, convulsions, unconsciousness, hot, dry skin and core body temperature exceeding 40°C for between 45 minutes and 8 hours, which can result in cell death, organ failure, brain damage or death.

At-risk groups include:

- Older people, especially those over 75 years old, or those living on their own and who are socially isolated
- Those with chronic and severe illness, including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson's disease, or severe mental illness
- Those on medications that potentially affect renal function
- Those who are unable to adapt their behavior to keep cool, including those with Alzheimer's, disabilities, or who are bed bound

**Make sure you know who is most at risk and record it in their individual care plans.**

**Whatever the underlying cause of heat-related symptoms, the treatment is always the same – move the person to somewhere cooler and cool them down.**

Identify / Create cool rooms or cool areas within the home. Ideally every home including nursing and residential should be

able to provide a room or area that maintains a temperature at 26°C or below.

Consider use of fans and water sprays if available – install indoor thermometers in each room in which vulnerable individuals spend substantial time (during a heatwave, indoor temperatures should be monitored regularly). Electric fans may provide some relief, if temperatures are below 35°C (note, above 35°C fans may not prevent heat-related illness).

Check that water and ice are widely available – also have a supply of oral rehydration salts, orange juice and bananas to help maintain electrolyte balance for those on diuretics. Arrange for cold drinks to be available and encourage more fluid intake than usual. Regularly sprinkle or spray cool water on exposed parts of the body. Arrange cool showers or baths, if possible.

Check that residents have light, loose-fitting cotton clothing to wear.

Ensure that service users / residents most at risk are identified and protocols are implemented to monitor and to provide additional care and support if needed.

Be aware that plastic pads and mattresses can be particularly hot during a heatwave.

Keep curtains and windows closed while the temperature outside is higher than it is inside. Make the most of cooler night-time temperatures to cool the building with ventilation.

Watch for any changes in behavior, especially excessive drowsiness. Watch for signs of headache, unusual tiredness, weakness, giddiness, disorientation or sleeping problems.

### Emergency treatment

If you suspect someone has heatstroke, call 999.

While waiting for the ambulance:

- Take the person's temperature.
- If possible, move them somewhere cooler.
- Cool them down as quickly as possible by giving them a cool shower, sprinkling them with water or wrapping them in a damp sheet, and using a fan to create an air current.
- Encourage them to drink fluids if they are conscious.
- **Do not** give them aspirin or paracetamol.

Further information can be found The Heatwave Plan for England:

[Supporting vulnerable people before and during a heatwave: for health and social care professionals - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107127/Supporting_vulnerable_people_before_and_during_a_heatwave_for_health_and_social_care_professionals_-_GOV.UK.pdf)  
([www.gov.uk](https://www.gov.uk))

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 via [necsu.moadmin@nhs.net](mailto:necsu.moadmin@nhs.net) where you will be forwarded to the most appropriate member of the team

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