

Care About Medicine

Medicines information for staff in a social care setting

Welcome to issue 10 of the **Care About Medicine** newsletter.

This newsletter aims to provide useful information and guidance about medicines that may be helpful to anyone working within a social care setting.

Please contact us if you have any problems or issues concerning medication including safe storage, handling and administration, as well as advice on documentation, policies and procedures. We can also offer advice on medicine training issues and competency assessments. You can get in touch by contacting:

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NICE National Institute for Health and Care Excellence

Eyes on Evidence

NICE produces a monthly e-bulletin that highlights interesting new evidence. One of the topics in December 2014 's edition was **Reducing hospital admissions from nursing homes for older people'**

Older residents in nursing homes may experience acute health problems. More than 18,000 care home residents in England had an emergency admission to hospital in 2012–13. However, older people admitted to hospital may be exposed to infections, complications of treatment, and psychological harm.

In England in 2012–13, more than half a million people aged 65 and over had an emergency hospital admission that could have potentially been avoided. These admissions were for conditions such as pneumonia and urinary tract infections, which could be treated in primary care.

Reducing the number of hospital admissions from care homes for older people could therefore improve care and save money.

This article can be viewed at:
www.nice.org.uk/news/nice-newsletters-and-alerts

Electronic prescription service (EPS) and care home residents

Care home residents are often taking a considerable number of medicines which may be liable to change at any time following a hospital admission or visit by a GP or Health Care Professional.

Care homes are advised by the Pharmaceutical Society that it is best practice to order residents medication directly from the GP practice and to check the printed prescriptions themselves before submitting them to the dispensing pharmacy to ensure that the medication is correct. This added security step is lost with EPS.

Therefore, it is advisable that if your GP surgeries use EPS for residents' prescriptions you should ask them to provide paper copies from the EPS system (known as prescription tokens).

A factsheet is available via the following:

<http://systems.hscic.gov.uk/eps/library/prescriptokfac.pdf>

New Shared Medicines Management Team Website

The Shared Medicines Management Team have developed a website for all things to do with medicines. Resources on the website include a social care section including relevant policies and guidance e.g. fentanyl patches. We aim to populate this further over the coming months with medicines management resources for you to use. The website address is:

www.nottinghamshireremedicinesmanagement.nhs.uk

Please take a look!



Homely Remedies

Many care homes use homely remedies. A homely remedy is another name for non-prescription medicines available over the counter in community pharmacies, that are used in a care home for the **short term management of minor, self-limiting conditions**, e.g. toothache, mild diarrhoea, cold symptoms, constipation, cough, headache, occasional pain, etc. Each home must have a written procedure which includes the following:



- Which homely remedies are to be stocked by the home. This should be agreed between the care home and the resident's GP.
- Homely remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose GP has agreed to their use. A record of that agreement should be made.
- Homely remedies should not be used for more than an agreed period, which should be stated in the policy. It is recommended that administration should not continue for more than 48 hours before consulting the resident's GP.
- The home should consider how they will respond to minor ailments in residents who are unable to make decisions about their care.
- Administration of homely remedies should be recorded on the MAR chart and a stock check performed on a regular basis
- Homely remedies should be stored within the medication storage area, but separated from prescribed medication. They should not be labelled for individual residents. Expiry dates should be checked regularly and only small packs/bottles of each item should be held in the home.
- Care should be taken to ensure that residents are not taking non-prescribed medicines that they have purchased or have been given, **in addition** to the homely remedies being administered by the home's staff.

Application of Medicated Patches

Following visits to many care homes across Nottinghamshire County over recent years it is clear that there are still issues regarding the application/removal and documentation of patches.

Important Points to remember:

- Ensure that the information leaflet is consulted to obtain information on where the patch should be applied and how long before subsequent patches can be applied to the same site. For some patches it isn't appropriate to just keep switching shoulder applications e.g. rotigotine and rivastigmine patches cannot be placed in the same area within 14 days
- Details of where the patch is to be sited and frequency of changing must be documented in the care plan and on the MAR chart—preferably a specific Patch/body map chart
- It is good practice to cross through the days on the MAR chart of when the patch is not to be changed
- Ensure the home has a procedure in place for staff to follow with regards to applying patches (including controlled drug patches)
- Ensure staff receive adequate training and are proven competent to apply patches



We have produced guidance on CD patches which can be found on our website (see over the page for details)

What's out there!

Treating a Minor Head Injury: Leaflet for Residential Homes

Nottinghamshire County Council has produced a Minor Head Injury advice leaflet for Residential Homes. This has involved clinical input from GPs in its development.

As long as a head injury is minor and there is no loss of consciousness you don't need to visit the GP, ask the GP to visit or go to the hospital for treatment.

If a resident's consciousness has been affected, even briefly, they may have had a severe head injury and need to be treated in hospital.

The leaflet can be viewed on our website (social care section – see over the page for details)

