

# Care About Medicine

*Medicines information for staff in a social care setting*

Wishing you all a  
Merry Christmas and  
a very Happy New  
Year



Welcome to the sixth issue of **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:

**Coral Osborn (Senior Prescribing & Governance Advisor)**

Tel: 01623 673028 or email: [coral.osborn@mansfieldandashfieldccg.nhs.uk](mailto:coral.osborn@mansfieldandashfieldccg.nhs.uk)

**Lisa Ryley (Governance & Social Care Technician)**

Tel: 01623 673537 or email: [lisa.ryley@mansfieldandashfieldccg.nhs.uk](mailto:lisa.ryley@mansfieldandashfieldccg.nhs.uk)



## Covert medication

We have visited a number of homes recently where there has been some confusion around the management of covert medication. We've therefore included below the main considerations and actions that homes need to undertake to ensure a correct process is followed.

### What is it?

Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them. For example medication may be placed in food such as jam or porridge, or dissolved and put into drinks. Administering medication covertly should always been seen as a last resort, as every effort should be made to obtain consent.

### What do you need to do?

Covert administration of medicine must only take place in exceptional circumstances. It must also only take place within the context of existing legal and best practice frameworks. This ensures that the resident receiving the medication is protected as well as the care home staff administering the medication.

Each home needs to ensure they have a covert medication procedure, as part of their medication policy. This must clearly document staff responsibilities and staff should be regularly competency assessed to ensure they understand it. The procedure should include the following:-

- Clear documentation to demonstrate an assessment of mental capacity has been undertaken
- Arrangement and documentation of a best interest meeting, with the family, carers, GP, community pharmacist and other representatives.
- A clear record of why mental incapacity has been decided
- A proposed treatment plan, clearly documented in the residents care plan
- Record of discussion of the treatment plan with the family, carers, GP, community pharmacist
- Record of agreement of reviewed need for covert administration.
- Clear documentation on the residents MAR chart, that the resident is having medication covertly, which medications it applies to and what form it is being disguised in i.e. what food or drink.

It is particularly important to ensure you contact your local community pharmacist as part of the process. These will advise you on what drinks and food the medication can be disguised in, as these may differ between medications. They will also advise you if medication can be crushed or not as some medications e.g. controlled release medications are not able to be crushed.

## Flamazine

Silver Sulphadiazine 1% (Flamazine) cream is an antibacterial cream used to prevent and treat infections of the skin. Flamazine cream comes in either:

20g tube (£2.91)  
 50g tube (£3.85)          Prices taken from  
 250g Jar (£10.32)        BNF 66  
 500g Jar (£18.27)

Due to infection control these products have a short life once opened. It is important therefore to note the following:

Tubes should be discarded **7 days** after opening.

Jars should be discarded **24 hours** after opening.

Due to this it is important to ensure the most appropriate size is ordered for residents when requesting prescriptions from the GP practice to limit the amount of waste. It is therefore recommended that in most cases ordering the 50g tube will ensure a sufficient supply



## Helpful links

The following websites can provide information for carer's and service users.

For what's happening around the county, visit the following websites:

- [www.mansfieldandashfieldccg.nhs.uk](http://www.mansfieldandashfieldccg.nhs.uk)
- [www.newarkandsherwood.nhs.uk](http://www.newarkandsherwood.nhs.uk)
- [www.nottinghamnortheastccg.nhs.uk](http://www.nottinghamnortheastccg.nhs.uk)
- [www.nottinghamwestccg.nhs.uk](http://www.nottinghamwestccg.nhs.uk)
- [www.rushcliffeccg.nhs.uk](http://www.rushcliffeccg.nhs.uk)
- [www.bassetlawccg.nhs.uk](http://www.bassetlawccg.nhs.uk)
- [www.nottinghamcity.nhs.uk](http://www.nottinghamcity.nhs.uk)

For information on medication issues please contact your local community pharmacy.

For advice on specific conditions visit:  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

For the latest information and guidance for care issues: [www.cqc.org.uk](http://www.cqc.org.uk)

## Emollient Formulary

The Nottinghamshire emollient formulary has recently been reviewed and updated.

As many care home residents/ home care service users are prescribed emollients for various skin conditions the formulary provides excellent guidance notes on which emollient to use and the reasons for this. It also includes how to apply emollients and general skin care advice. This information is very useful to ensure your residents/service users get the best outcomes from their skin care regime. The emollient formulary can be accessed at:

[http://www.nottspct.nhs.uk/images/stories/My\\_PCT/How\\_we\\_work/areaprescribing/emollient%20formulary.pdf](http://www.nottspct.nhs.uk/images/stories/My_PCT/How_we_work/areaprescribing/emollient%20formulary.pdf)

Nottinghamshire Emollient Formulary					
For mild dryness		For moderate dryness		For severe dryness	
Divi lotion <sup>1</sup>	500ml	Emolbase <sup>2</sup>	500g	Hydromol cream <sup>3</sup>	200g
Emolbase <sup>2</sup>	500g	Carbamol cream <sup>4</sup>	500g	EmolSofting ointment <sup>5</sup>	200g
Avanico cream <sup>6</sup>	100ml	Hydromol Intensive <sup>7</sup>	100g	WSP/SP 20/20 <sup>8</sup>	200g
Derinol cream <sup>9</sup>	500g	Emolite lotion <sup>10</sup>	250ml	Emolite cream <sup>11</sup>	100ml
Derinol 600 lotion <sup>12</sup>	500ml	Emolite <sup>13</sup>	75g	Emolite <sup>14</sup>	200g

**Guidance notes for selecting an emollient**

For mild to moderate dryness	For moderate to severe dryness
<p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p> <p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p> <p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p>	<p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p> <p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p> <p>Emollients are used to prevent and treat dryness of the skin. They are most effective when used regularly and in sufficient quantities to keep the skin moist. They are also used to prevent and treat itching and to prevent the formation of cracks and fissures.</p> <p>Emollients are available in a variety of forms: lotions, creams, ointments, gels, and sprays. Each form has its own advantages and disadvantages.</p>

Please ensure that staff who apply emollients have access to a copy of this information.

## Self-Administration

Whenever possible residents/service users should be encouraged to look after their own medicines. This will promote independence and dignity.

Self-administration of medicines is not an 'all or nothing' scenario. Residents/service users may wish to remain independent by doing certain aspects e.g. applying creams. It is important to remember that medicines are the property of the person for whom they are prescribed and can not be automatically removed from them.

Care homes/ providers must ensure:

- the resident/service user has reasonable memory, physical ability, desire for independence, motivation and a good understanding of the medicines they take prior to self-administering. Compliance aids may be available to support them if necessary.
- there is a robust risk assessment carried out where residents/service users wish to self administer and this is reviewed regularly.
- a record should be made of what medicines are to be self administered and how to monitor usage which is agreed and signed by the resident/service user.
- a record of all the medicines the resident takes should be made in case they are admitted to hospital.
- staff do not need to fill in the administration section of the MAR chart just highlight on the MAR chart that the medicine is self administered.
- provide a lockable drawer or cupboard for medicines to be stored in (taking into account any medicines that require specific storage e.g. fridge).