



## **NHS Lanarkshire Care Homes Protocol Group**

### **Care Home Prescriptions - Good Practice Guide**

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## **Care Home Prescriptions - Good Practice Guide**

**A robust medication ordering system for care home residents will ensure that the correct medicines are supplied in a timely manner to meet their needs with minimum waste.**

**Care home staff, GP practice staff and community pharmacy staff all have their part to play to ensure a smooth process and, ultimately, the best care for patients.**

**This guide outlines the ordering process, addresses key areas that can be problematic and details Good Practice Points for each discipline to aid a more efficient process and accurate medicines supply for care home residents.**

### **1.1 Ordering repeat prescriptions**

In view of the number of repeat prescriptions issued for care homes patients each month, it is important that the practice, care home and pharmacy have good procedures in place and that these procedures are reviewed and discussed regularly. This is important to avoid over-ordering and to save professionals' time by avoiding numerous phone calls between practice, home and pharmacy to address problems.

The care home should have a written procedure for ordering prescriptions which should be reviewed on a regular basis. A trained nurse or carer (and a deputy) should be responsible for ordering and control of medication in the home, but other staff should be familiar with the procedures in order to cover leave/sickness.

**Prescription requests should always be initiated by care home staff and not the supplying community pharmacy.**

Medication should be ordered at 28 day intervals. Allow sufficient time for prescriptions to be issued, checked, dispensed and delivered (see appendix 1 – flowchart of monthly prescription ordering process).

**Stock levels of medication, in particular 'as required' (PRNs) and topical products, must be checked before they are re-ordered, so that items are not ordered unnecessarily (see appendix 2 - Re-ordering guidance for care homes).**

**Carry forward quantities of any medicines that can still be used. For example – a box of 5 ampoules of Hydroxocobalamin injection prescribed for three monthly injections, where the box should last for 15 months. Record the quantity carried forward on the MAR sheet for the next 28 day cycle. (See appendix 2)**

Care home staff must see the NHS prescription forms before they are sent to community pharmacy to be dispensed, and should check the prescriptions against the record of the order, taking account of any recent changes, to check for discrepancies. Staff should ensure for each resident that all medication ordered has been correctly prescribed, that discontinued medication has not

been supplied and that any unexpected items have not been prescribed in error.

The Care Inspectorate advises that care home staff keep copies of the signed prescription form. This provides an audit trail and is evidence of the authorisation to administer medication.

Discrepancies should be queried with the GP practice within 24 hours where practical. **An item that is prescribed on a GP10 prescription but is not required can be scored through with a line and marked 'ND' (not dispensed).** If incorrectly prescribed items are to be scored off a prescription form, the GP practice must be informed so that electronic records can be updated. It may often be more practical to send a list of discrepancies to the GP practice, noting if items have been scored off the prescription (see appendix 3 – sample Prescription Discrepancy form). Ensure that patient identifiable information is sent to a secure fax.

## **1.2 Medication Administration Record (MAR) sheet orders**

MAR sheets detail all of a care home resident's current medication and other non-medicine items and are used to prompt staff in the administration of medication and to record each administration of medication. MAR sheets are also used to aid stock ordering in the care home.

Some types of MAR sheets can be used as an alternative to the normal GP practice 'tick list' to complete the monthly drug order in the care home. MAR sheet ordering aids communication between the care home, the GP practice and the community pharmacy, as well as reducing risk of errors, providing an audit trail and potentially reducing waste.

Medication can be requested in number of days on a MAR so outstanding shortages e.g. for mid-cycle changes can be requested here and the reason annotated.

It should be noted on the MAR whether a particular medicine is to continue or has been discontinued by the prescriber. The reason why the medicine has to be removed from the MAR should be written on the MAR e.g. discontinued by GP or finished course.

It should be noted on the MAR if a medicine is to continue but no supply is required (this means it will continue to be printed on the MAR sheet by the community pharmacist but no prescription is required). This avoids unnecessary supply and reduces waste.

**Some GP practices invite a member of care home staff with responsibility for ordering medication to the practice on a monthly basis. They work through the MAR sheet medication order with a member of clerical staff, ensuring that medication records are up-to-date and that only required items are prescribed. This has proved efficient for both care home staff and practice staff and has reduced over-ordering and discrepancies.**

### **1.3 Electronic prescription ordering**

If a GP practice has subscribed to Vision Online Services or EMIS Access, they may choose to give a care home online access for their residents so that monthly repeat prescriptions can be ordered electronically. However, online service accounts are patient-specific and so care home staff would need to obtain consent of residents or their legal proxies.

### **1.4 Medication ordering planner**

Community pharmacists often produce a year planner of the medication ordering cycle for a care home. It would be useful to share a copy of this document with the GP practice so all parties are aware of the timescale for medicine supply.

## **2. Interim prescriptions/mid-cycle changes**

If a new repeat medicine is started during the medication cycle, the GP should provide a prescription for the remainder of the current 28 day cycle, as well as a further 28 days' supply if the monthly medication order has already been placed.

If a dose is increased, a prescription should be provided to ensure that sufficient supplies are available until the end of the month, as well as a prescription for the next 28 day cycle if necessary.

If a dose is decreased, a new instruction can be recorded on the MAR sheet by the GP or by a nurse/senior carer. A new prescription is not always necessary. The previous entry and any remaining space for recording of administration

should be scored through and a new entry added. **Changes should not be made to an existing entry on a MAR sheet.**

If a GP writes on the MAR sheet this becomes a written direction signed by the prescriber. To allow a member of care home staff to write the instruction on the MAR, the GP should provide the care home with some other form of written direction for change (as per NMC guidance) e.g. a faxed instruction. If an instruction is given verbally, the care home must have a robust verbal communication procedure in place. The NHS Lanarkshire Medication Dosage Amendment forms (Appendices 5 and 6) can be used to document verbal instructions.

When a change is made to a prescription, e.g. when a resident is discharged from hospital or seen by an out of hours GP, care home staff can make hand-written entries on a MAR sheet but these must always be dated, clearly written and identify who has written the amendment, including their designation, and also reference to the prescriber who authorised the change. The entry should be written in capital letters and full directions should be used e.g. write 'when required' **not** 'PRN'.

Amendments to MAR sheets should **not** be made using dispensing labels supplied by the community pharmacy. Labels can become 'unstuck' thus rendering the entry incomplete.

A new printed MAR sheet from the community pharmacy is not always required for newly prescribed medicines, as detailed above, and can cause excess paperwork and discontinuity of audit trail.

If the instruction on the MAR chart is different from the instruction on the dispensing label, then the information on the MAR should explain why. The dispensing label can be annotated 'dose changed – see MAR sheet' to avoid dosing errors.

**Further advice for care home staff can be found 'Guidance about medication, personal plans, review, monitoring and record keeping in residential care services': Care Inspectorate 2012.**

Practices may need to provide prescriptions to cover the remainder of a 28 day cycle retrospectively, particularly where changes are made by Out-of-Hours GPs.

**It is important that all changes to medication are recorded on the GP prescribing system at the practice as soon as possible and always within 24 hours. N.B. Once a new/amended prescription item has been recorded on Vision it must be queued to print (i.e. either an acute or a repeat ticked and the print button pressed once) before it will show in the Emergency Care Summary (ECS). It is not necessary to actually print the prescription if it has already been handwritten at the care home.**

### **3. Shortages**

When medicines are dropped or spilled, or refused by a resident and requested later on, care home staff may need to request further prescriptions to cover the shortage in the month's supply. Requests for such prescriptions should be made promptly and before the end of the medicine cycle so that the resident does not run out of medication, but, if these requests are frequent, care home staff may consider making such requests on a weekly basis in order to reduce calls to the GP practice.

The GP may wish to consider whether a medicine needs to be continued if a patient is missing or refusing it on a regular basis.

### **4. New admissions to the care home**

When a new resident is admitted and they have a supply of medicine e.g. patient's own drugs or hospital discharge drugs, **care home staff should use a blank MAR sheet (supplies of which can be made by the community pharmacy) and transcribe the information about the medicines from the dispensing label on each item.** Where possible, staff should seek to corroborate the information on the dispensing label from another source e.g. verbal feedback from a relative, information from the community pharmacy,

hospital discharge letter, copy of prescription, written authorisation from the GP.

Staff should make sure there is a record of the name of the person who transcribed the information and anyone who checked the transcription (this can be noted on the reverse of the MAR). Make sure all of the person's details are written on the header including the start date of the record and fill in the dates the record is going to cover. The quantity of each item received should be recorded.

## **5. Respite patients**

For residents admitted for respite care before returning home from hospital with a supply of hospital discharge drugs, the advice for new admissions applies (see section 4). For planned respite, use the patient's own drugs as in section 4, or, consider requesting a prescription in advance from the resident's GP to cover the period of respite, which can then be dispensed by the care home's usual community pharmacist. For planned respite, medication arrangements should be made timeously to ensure that stock is available and that any queries can be dealt with in advance.

## **6. Good practice points for GPs and practice staff**

- Good communication and co-operation between GP practices, pharmacies and care homes is essential. It is useful to have a named contact at the practice and at the care home for prescription enquiries.
- To aid workflow, practices can agree a set time for the care home to contact the surgery each day rather than the surgery getting calls from different units or different staff about the same issue.
- Prescriptions for care homes are normally for 28 days' supply.
- Prescription quantities should be aligned to 28 days' supply to avoid unnecessary calls mid-month for further supplies of medication.



- Interim/mid-cycle prescriptions should be made for a quantity that will bring the new medicine in line with the current medicine cycle and for a further 28 days if the next month's supply has already been requested.
- Annotate new prescriptions with a review date, stop date, number of days' prescribed or long-term prescription status to reduce the incidence of inappropriate requests for repeats of acute prescriptions.
- The repeat prescription list should only contain those medications which are taken on a regular daily basis and those "as required" medications which are needed on a frequent basis.
- Avoid adding to the repeat prescription list dressings, topical steroids and other items that may be subject to frequent review.
- Duplicate or inactive drugs on a patient's repeat list should be removed to avoid inadvertent prescribing/administration of discontinued medicines.
- Regular medication and compliance review to ensure appropriate prescribing for care home residents will ensure that unnecessary prescriptions are not being generated and so reduce waste.
- **Update changes to medication on Vision within 24 hours.** Remember to queue the prescription to print so that the information appears on ECS.

## 7. Good practice points for care home staff

- Good communication and co-operation between GP practices, pharmacies and care homes is essential.
- The care home should have a written procedure for managing changes to medication.
- The care home should track all stages of the ordering and receipt of medication. Records should be kept for each stage to provide an audit trail.

- Discrepancies in the monthly order should be communicated to the community pharmacy/GP immediately (see Appendices 3 and 4 for sample forms).
- If an item on the monthly prescriptions is not required or has been prescribed in error, this can be scored off by care home staff. This must be documented and communicated to the GP so electronic records can be updated.
- Prescription requests can take up to 48 hours to process at the GP practice. Ensure that GP practice staff are fully aware when a request is urgent.
- Acute prescriptions should be started by the resident as soon as possible and at least within 24 hours. Contact your community pharmacy to ensure that supply can be made within this timeframe. If your regular community pharmacy cannot make the supply then you should seek supply from an alternative community pharmacy. If no pharmacy can make the supply you must let the GP know so that an alternative can be prescribed.
- If a medication supply for a resident does not arrive as expected always check with the community pharmacy whether they have received the prescription, especially when the GP practice has faxed the prescription in an emergency.
- Communicate any information about expected prescriptions or delays to supply at each shift change.
- Let other staff know when you have contacted the GP practice or community pharmacy about a prescription query so that multiple calls are not made about the same query.
- Prescriptions may change when a resident is discharged from hospital or is seen by an out of hours GP. Communicate any changes to medication to the GP and to the regular community pharmacy.
- Let the community pharmacy know when items are discontinued so that the items can be removed from the next MAR sheet.

## 8. Good practice points for community pharmacy staff

- Good communication and co-operation between GP practices, pharmacies and care homes is essential.
- Share a copy of the care home medication ordering planner with the GP practice.
- Acute prescriptions should be commenced within 24 hours. Make sure care home staff are aware if there will be a delay in supply. For long term shortages ensure that care home staff and the GP are aware so an alternative may be prescribed.
- When a prescriber has annotated a review date, stop date or noted the number of days' prescribed on the prescription, this information should appear on the MAR sheet.
- Liquid formulations are often prescribed for care home residents. The GP prescribing system does not always flag up when a 'special' is being prescribed. Ensure the GP is aware when they are prescribing an unlicensed product.
- Discontinued medicines should be removed from a resident's MAR sheet to avoid inadvertent prescribing/administration.
- Ensure that care home staff are aware of opening hours/delivery schedule and what they should do if they require a supply of medication outwith normal delivery times e.g. they can present at the community pharmacy with a prescription or at another community pharmacy if necessary.
- The pharmacist should let the care home know if they can issue medicines out of hours via the national PGD and of any other extended hours pharmacies in the area which can do this.
- Care home staff should be directed to a palliative care safety net pharmacy if this would allow a more timeous supply of an urgent prescription.

**References:**

Royal Pharmaceutical Society of Great Britain. The Handling of Medicines in Social Care. 2007.

Royal Pharmaceutical Society of Great Britain. Principles of Safe and Appropriate Production of Medicine Administration Charts. February 2009.

Royal Pharmaceutical Society, Scotland. Improving Pharmaceutical Care in Care Homes. March 2012.

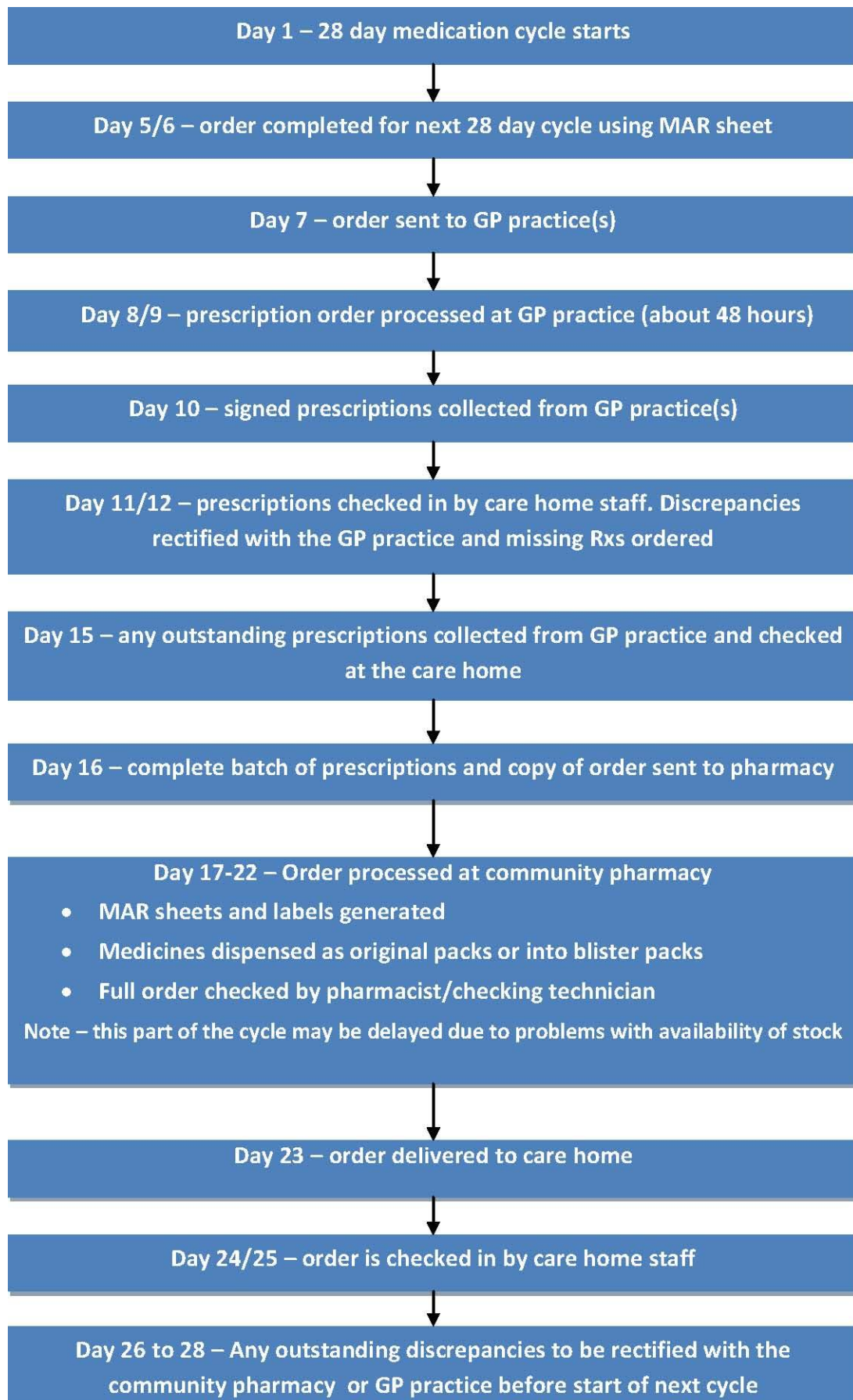
Care Inspectorate. Guidance about medication, personal plans, review, monitoring and record keeping in residential care services. 2012.

NHS Lanarkshire Prescribing and Polypharmacy Guidelines. February 2012.

**Appendices:**

1. Care homes monthly prescription ordering - flowchart
2. Reducing Medicines Waste - Re-ordering of medicines in care homes
3. Sample prescription discrepancy form (to GP)
4. Sample medication discrepancy form (to community pharmacy)
5. Generic medication dosage amendment form
6. Warfarin dosage amendment form
7. Insulin dosage amendment form

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### Appendix 1 – example care homes monthly prescription ordering – days may differ locally

## Reducing Medicines Waste

### Re-ordering of medicines in care homes

Medicines waste accounts for almost £2million a year in NHS Lanarkshire. You can help to reduce unnecessary waste in your care homes by following some simple advice when re-ordering medicines:

- **Do not routinely clear drug cupboards at the end of the month and order new stock.**
- Do not dispose of a medicine at the end of a cycle unless it has been dispensed in a Monitored Dosage System, has been discontinued by the prescriber, or has reached the manufacturer's expiry (see packaging and be aware of any special instructions e.g. "use within xx days of opening").
- Check quantities remaining and if there is enough left for the next 28 days before reordering. Do not reorder 'PRN' or 'when required' medicines if there is already an adequate supply. Ask the GP to adjust the quantity supplied if there is an overstock.
- Carry forward quantities of any medicines that can still be used, for example, 'when required' or in original packs. An example would be a box of 5 ampoules of Hydroxocobalamin injection prescribed for 3-monthly injections where the box should last for 15 months. Record the quantity carried forward on the MAR chart for the next 28 day cycle.
- 'PRN' medication should be dispensed in original packs. MDS packs only have an 8 week shelf-life and should be discarded after this time.
- Creams and lotions can be used until the manufacturer's expiry date and so do not need to be reordered automatically every month. (\*N.B. Eye drops, eye ointments and some nasal products should be discarded 28 days after opening-check the label.)
- Liquid medicines can usually be used up to the manufacturer's expiry date but some have short expiry dates e.g. antibiotics, Oramorph. Always consult the label and do not use the medicine past its expiry date or "use within xx days of opening" date.
- Ask the GP to add extra instructions to short term prescriptions, e.g. 'acute' or 'review in 4 weeks', so that they are not reordered in error.
- Ask the GP to remove any discontinued medicines from the repeat portion of the prescription. This helps prevent discontinued medicines being ordered in error.
- Ask the community pharmacist to remove discontinued medicines from the MAR sheet. This also helps prevent discontinued medicines being ordered in error.
- Keep a copy of the medicines order and check this against prescriptions before sending to the pharmacy for dispensing. Clarify discrepancies with the GP practice.
- If a medicine is ordered in error, contact the community pharmacy as soon as possible to advise them not to supply. Medicines returned to the pharmacy cannot be re-used in any circumstance and are destroyed.







General Medication Dosage Amendment Form

**This form should not be used for Warfarin or Insulin Dosage Amendments**

Instruction for dosage amendments for medication can be given verbally or by fax

NB Verbal instructions to change a prescription can only be done in the following circumstances

- a) To discontinue a medication
- b) To increase or decrease the dosage of a current prescription

**Verbal instructions cannot be taken for a new prescription or for any changes in controlled drug prescriptions**

**All verbal instructions must be witnessed by 2 staff members**

**NAME OF RESIDENT**

**CHI**

Date	Time	Name of Medication	Current Dose	New Dose	Method of Instruction	Name of person verbal receiving verbal instruction of fax	Name of witness to verbal instruction

**Appendix 5**

Warfarin Dosage Amendment Form

Instruction for dosage amendments for warfarin can be given verbally or by fax

NB Verbal instructions to change a prescription can only be done in the following circumstances

- a) To discontinue a medication
- b) To increase or decrease the dosage of a current prescription

Verbal instructions cannot be taken for a new prescription

All verbal instructions must be witnessed by 2 staff members

NAME OF RESIDENT \_\_\_\_\_

DOB/CHI \_\_\_\_\_

Date	Time	Current Dose	INR	New Dose	Repeat INR Interval	Prescriber/GP	Method of instruction	Name of person receiving verbal instruction or fax	Name of witness to verbal instruction

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**INSULIN DOSE AMENDMENT FORM**

**FOR USE IN THE COMMUNITY AND IN CARE HOMES**

Guidance for Community Nursing and for Residential Homes

This section of guidance is intended for circumstances in which community nurses administer insulin to patients in their own homes in the community or in residential care homes (i.e. care homes which do not have their own employed nursing staff).

When a diabetic specialist nurse recommends a change of dose of insulin, she/he will leave the insulin dose amendment form in the patient's house or in the residential care home and the diabetic specialist nurse will inform the community nursing team for the patient.

When the community nurse next visits the patient to administer insulin, the community nurse will administer the current dose of insulin and will collect the insulin dose amendment form and the NHS Lanarkshire insulin prescription chart and take them to the GP practice for the prescriber to confirm that the prescriber is happy with the dose amendment and for the prescriber to update the insulin prescription chart. The amended dose of insulin can then be given the next time the community nurse visits.

The community nurse will then take the updated insulin prescription chart back to the patient's house or to the residential care home.

Guidance for Care Homes with Employed Nursing Staff

This section of guidance is intended for circumstances in which care home employed nurses administer insulin to the residents in the care home.

When a diabetic specialist nurse recommends a change of dose of insulin, she/he will fax the insulin dose amendment form to the resident's GP practice.

A prescriber in the GP practice will then confirm that they are happy with the suggested change of dose by signing the relevant box on the insulin dose amendment form.

The practice will then notify the care home, either verbally or by fax, and the insulin dose amendment form becomes the authorisation to administer the amended dose of insulin until such time as the prescriber from the GP practice updates the NHS Lanarkshire insulin prescription chart in the care home at the next routine care home visit.

**INSULIN DOSE AMENDMENT FORM**

Instructions for dose amendments for insulin can be given verbally or by fax

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Verbal instructions to change a prescription can only be given in the following circumstances

- a) To discontinue a medication
- b) To increase or decrease the dose of a currently prescribed medication

Verbal instructions cannot be given for a new prescription

**All verbal instructions must be witnessed by 2 staff members**

**Name of Resident**

**Date of Birth/CHI number**

Date	Time	Type of Insulin	Current Dose and Time	New Dose and Time	Glucose monitoring frequency	Diabetic Specialist Nurse	Reason for change or comments	Confirmation by prescriber/GP	Method of instruction	Name of person receiving fax or verbal instruction	Name of witness to verbal instruction

**Appendix 7**