

Care Home Repeat Prescribing Good Practice Guide

**For use by:
Care Homes
GP Practices
Community Pharmacies**

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FOREWORD:**Care Home Repeat Prescribing - Good Practice Guide**

Taking into consideration the number of repeat prescriptions generated for care home residents each month, it is important that good procedures are in place to avoid over ordering and needless time wasted on numerous phone calls between professions to address problems. The Care home, GP practice and Community Pharmacy should have robust procedures in place and these procedures should be reviewed and discussed regularly

Care home staff, GP practice staff and community pharmacy staff all have their part to play to ensure a smooth process. Communication is key and where appropriate, it may be necessary for designated staff to meet, to align systems, ensuring a smooth process, and ultimately, the best care for patients.

This guidance outlines the ordering process, addresses key area that can be problematic and details good practice for each discipline, promoting a more efficient process and accurate medicines supply for care home residents.

NB: Should a member of primary care pharmacy staff enter a care home setting to address issues relating to the provision of pharmaceutical services, it is important to consider the situation of resident consent. Steps should be taken to ensure the care home has agreed consent with its residents, for health care professionals to access patient identifiable information. Where no such consent is in place, primary care pharmacy staff should use the resident consent form, appendix 11, of this guide.

1.1 Ordering Repeat Prescriptions

Within the care home, a trained nurse or carer (and a deputy) should be responsible for ordering and control of medication in the home. Other staff should also be familiar with the procedures in order to cover in the event of leave or sickness absence.

Prescription requests should always be initiated by the care home and not the supplying community pharmacy. Medication should be ordered at 28 day intervals; to allow sufficient time for prescriptions to be issued, checked, dispensed and delivered (see appendix 1: Overview of monthly prescription ordering process)

Stock levels of medication, in particular 'PRNs' (as required) and topical products, must be checked before they are ordered, so that items are not ordered unnecessarily (see appendix 2 – Reordering 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)

Prescriptions should be checked against the record of the order, taking into account any recent changes to medications, to check for discrepancies. Staff should ensure for each resident that all medication ordered has been correctly prescribed, discontinued medication has not been prescribed, and that any unexpected items have not been prescribed in error.

Discrepancies should be queried with the GP practice within 24 hours where practical. **If an item which is not required has been prescribed on a GP10 prescription, care home staff are permitted to score a line through the item and mark 'ND' (not dispensed) (so long as the item has been confirmed as not required with the GP)**

If incorrectly prescribed items are scored off a prescription the pharmacy will not dispense this item. The GP practice **must** be informed so that electronic records can be updated.

Care homes must see NHS prescription forms (or at least a photocopy) before they are sent to the community pharmacy to be dispensed. The care inspectorate advises that care homes keep copies of the signed prescription form. **This provides an audit trail and is evidence of the authorisation to administer medication.**

1.2 Medication Administration Record (MAR) re-order sheets

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 should be referenced before placing the monthly order, to ensure no discontinued items are incorrectly ordered

Some types of MAR sheets are designed to be used as an alternative to the normal GP practice 'tick list' to complete the monthly drug order in the care home. **If GP tick lists are to be used, they should be regularly updated by the GP practice, with the residents most current medications.**

The MAR re-order sheet aids communication between the care home, GP practice and community pharmacy, as well as reducing risk of errors, providing an audit trail and potentially reducing waste.

Medication can be requested by the number of days required. It should be noted on the MAR re-order sheet 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 correctly referenced on the MAR sheet i.e. dated, annotated to show who documented the change and on whose authority.

It should be noted on the MAR re-order sheet if a medication is to continue, but no supply is required (this means it will continue to be printed on the MAR sheet by the community pharmacy, but no prescription is required. This avoids unnecessary supply and reduces waste. (See appendix 3 – example MAR re-order)

1.3 Medication ordering planner

Community pharmacies 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 time scale for medicine supply.

2. Interim prescriptions/mid cycle changes

If a new repeat medication is started during the medication cycle within a care home, the GP should provide a prescription for the remainder of the current cycle, as well as a further 28 days' supply – this will allow a supply for the next medication cycle to be assembled at the dispensing pharmacy

If a dose is increased, a prescription should be provided to ensure that sufficient supplies are available until the end of the cycle, 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 a senior nurse/carer. The previous entry and 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 MAR sheet.** This is in line with Care Inspectorate guidelines¹

Medicines cannot be prescribed via the MAR sheet. The MAR sheet is only a record for what has been administered. Practices may be required to issue prescriptions retrospectively, where changes are initiated by out of hours GPs.

If a change is made to a prescription, for example when a resident is discharged from hospital, care home staff can make hand written entries on a MAR sheet. Hand written entries must always be dated, clearly written and identify who has written the entry. A second, suitably trained, member of staff should also counter sign the entry on witnessing or hearing first hand, the notified change in direction. The prescriber who authorised the change should also be referenced. The entry should be written in capital letters and directions written in full i.e. 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.

If an instruction is given verbally, the care home must have a robust verbal communication procedure in place to document the changes and make appropriate amendments to the MAR sheet. (See example in appendix 4)

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. Obsolete medications should be marked as such, and new/amended medications updated as appropriate.

3. Shortages

When medicines are dropped, spilled or refused then re-requested by a resident care home staff may need to request further prescriptions to cover shortages in the months supply. Requests for such prescriptions should be made promptly and before the end of the medication cycle so that the resident does not run out of medication.

The GP may wish to consider whether a medicine needs to be continued if a patient is missing or refusing doses on a regular basis, or whether a change of formulation may aid/improve compliance.

4. New admissions to a care home

New residents should receive a GP review of their medication to check that all is still appropriate. The prescriber may arrange for this, however, the care service may also request a medication review. Information gathered during the medicines review, including known allergies and adverse reactions to medicines should be included in the residents care plan.

If a resident is admitted with a supply of medicines i.e. patients own drugs/hospital discharge drugs, care home staff should use a blank MAR sheet (obtainable via your 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 with another source i.e. verbal feedback from a relative, information from the dispensing pharmacy, hospital discharge letter, copy of prescription or 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. The top of **each MAR sheet** should contain the residents details; including the start date of the record and fill in the dates the record is going to cover. The quantity of each item should also be recorded.

5. Respite patients

For **planned** respite, medication arrangements should be made timeously to ensure stock is available and that any queries can be dealt with proactively. Consider requesting a prescription in advance, from the residents GP to cover the period of respite; medicines can then be dispensed by the care homes usual community pharmacy.

6. Palliative/End of life care

The GP should review residents medication in the last days and weeks of life to stop any medication which is not providing benefit or is no longer appropriate; and also to promote the use of Just in Case anticipatory prescribing so that there is medication available if required (in line with the NHS FV Just In Case Box guideline)
http://nhsforthvalley.com/_documents/qi/ce_guideline_palliativecare/just-in-case-boxes.pdf

7. 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
- 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 from the care home requiring further supplies of medication
- Interim/mid cycle prescriptions should be made for the quantity that will bring the new medicine in line with the current medication cycle **and** for a further 28 days if the care home has already placed an order for the next medication cycle. (keeping all residents medication order cycle aligned)
- If known, 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 repeat or acute prescriptions
- The repeat prescription list should only contain those medications which are taken on a regular daily basis and those 'as required' medicines which are required on a regular basis
- Avoid adding dressings to the repeat prescription list. Care homes should use the ' Care Home dressing prescription request form' This lists formulary dressing available to order, and requires a statement detailing the reason for requesting items 'off formulary' (Appendix 5)
- Avoid adding topical steroids and other items subject to frequent review to the repeat prescription list
- Duplicate or inactive medicines on a patients 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 unnecessary prescriptions are not being generated and so reduce waste
- **Update changes to medication on EMIS within 24 hours. Especially in the case of hand written prescriptions, issued during a care home visit.** Items issued but not printed will appear on the acute/repeat list (as appropriate). Updates should also be made in the Emergency Care Summary (ECS) and Key Information Summary (KIS)

For a quick reference to these points, see appendix 8

Good practice points for care Home staff

- To aid communication and co-operation, have a named contact at the practice and at the care home for prescription enquiries
- **Reference MAR sheets before placing the monthly order, to ensure no discontinued items are incorrectly ordered**
- Track all stages of the ordering the receipt of medication and have written procedures for managing changes to medication
- Communicate discrepancies or changes in medication to the GP and to the community pharmacy so that electronic records and MAR sheets can be updated (see example appendix 7)
- If an item on the monthly order is not required or has been prescribed in error, it can be scored off the prescription 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 aware when a request is urgent.
- Request dressings on a 'Dressing Prescription Request Form' and not MAR or GP tick sheet. The Dressing request form lists formulary dressing available, detail as requested, the reason for requesting items 'off formulary' (see appendix 5)
- Medication courses on acute prescriptions should be commenced as soon as possible and within at least 24 hours. Contact your community pharmacy to ensure this timescale can be met. If your regular community pharmacy cannot meet this, seek supply from an alternative community pharmacy. If no pharmacy can make the supply, inform the GP so that an alternative may be prescribed.
- If a medication supply does not arrive as expected, check with the community pharmacy if they have received the prescription.
- Make staff aware you have contacted a GP practice or community pharmacy to avoid multiple phone calls about the same enquiry. Hold a written record to inform of expected prescriptions or delays to supply.

For a quick reference to these points, see appendix 9

9. Good practice points for community Pharmacy Staff

- Good communication and co-operation between GP practices, pharmacies and care homes is essential. Have a named contact at the practice and at the care home for prescription enquiries
- Share a copy of the care home medication ordering planner with the GP practice
- Acute prescriptions should be commenced within 24 hours. Make care home staff 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/stop date or noted the number of days prescribed on a prescription, annotate this information on the MAR sheet
- Liquid formulations - On occasion, liquid formulations are only available as unlicensed specials. Authorisation may be required from Prescribing Support before ordering these products. Refer to Forth Valley guidelines on the ordering of "specials". Details available on NHS Scotland Community Pharmacy webpage². Ensure the GP is aware when they are prescribing an unlicensed product.
- Discontinued medicines should be removed from a residents MAR sheet to avoid inadvertent prescribing/administration.
- Ensure care home staff are aware of opening hours/delivery schedule and what they should do if they require a supply of medication out with normal delivery times i.e. 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 Patient Group Direction (PGD) - Details of which can be found on the NHS Scotland Community Pharmacy webpage³
- 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 More information on palliative care guidelines can be found online at:
[http://www.qifv.scot.nhs.uk/CE_Guidance.asp?topic=Palliative Care](http://www.qifv.scot.nhs.uk/CE_Guidance.asp?topic=Palliative_Care)

For a quick reference to these points, see appendix 10

References

1. Care inspectorate. Guidance about medication, personal plans, review, monitoring and record keeping in residential homes. March 2012 (Document number HCR-0712-070)
2. http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Forth_Valley/redesign/guidance/formulations.html
3. http://www.communitypharmacyscotland.org.uk/resources/files/NHSCareServices/Pharmacy_Guide_PGDv15.pdf

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

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

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

Appendices

1. Overview of monthly prescription ordering process
2. Carried forward facility
3. Reordering guidance for care home staff
4. Example MAR re-order
5. Example verbal instruction
6. Dressing request form
7. Example discrepancy record/communication sheet
8. Quick reference guide for GPs and practice staff
9. Quick reference guide for Care Home staff
10. Quick reference guide for Community Pharmacy staff
11. Resident consent form

Overview of 28 day ordering cycle

Day of cycle	Action Required
Day 1 - 7	Return discontinued, expired medicines to Pharmacy Ensure all medicines not supplied in the monitored dosage system (MDS) are put away carefully (in line with home procedures - expiry dates, creams/tabs, liquids, As required (PRN), stock rotation Start using new MDS during this week
Day 7 – 14	Complete monthly re-order and send to GP's at this time Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur (it is acceptable to score though items not required – NOTIFY SURGERY) Photocopy prescriptions - (declare exemption and sign the reverse of the prescriptions)
Day 14 - 21	Ensure prescriptions have been sent to the supplying pharmacy during this time. Notification of amendment forms (see example in appendix 6) should also be sent to allow the pharmacy to update Medication Administration Record (MAR) Sheets with new or obsolete items as appropriate.
Day 21 - 28	Regular monthly medicines delivered to care home Receipt medication into stock Contact GP/Pharmacy should any discrepancies occur

NB – Days may differ locally

Pharmacy MAR sheet EXAMPLE

Pharmacy The Pharmacy, Main Street, New Town ABC 123															MEDICATION ADMINISTRATION RECORD																
Resident name A.M Smith										D.O.B 17.03.32																					
Address The Care Home, Old Town										Allergies None Known																					
Doctor Dr D Hurry					Start date 04.09.14					End date 11.09.14					Start day Tuesday																
		Commencing	WEEK 1							WEEK 2							WEEK 3							WEEK 4							
MEDICATION PROFILE		TIME:DOSE	26	27	28	29	30	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
100 PAPACETAMOL 500MG TABLETS TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED		06.00																													
		10.00																													
		14.00																													
		18.00																													
		22.00																													
GP Sig		Carried Forward	60 (A)	quant		by		Returned /destroyed		quant		by																			
Commenced	04.09.10	Route	ORAL	red																											

(A) Where provided/appropriate, use fields to note the quantity of medicine still in stock, and being carried forward into the next cycle.

Re – ordering guidance for care home staff

- **Do not routinely clear drug cupboards at the end of the month and re-order new stock.** Do not dispose of medication at the end of a cycle unless it has been dispensed in an MDS, has been discontinued or has reached the end of the manufacturer's expiry date. (see packaging and be aware of any special instructions i.e. use within XX days of opening)
- Check quantities remaining, if there is enough left for the remainder of the cycle and for the 28 day cycle – DO NOT ORDER. Do not order PRN medicines if they are not currently being taken routinely, and there is sufficient stock.
- 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.
- PRN medicines 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 re-ordered automatically every month. Eye drops, eye ointments and some nasal products should be discarded 28 days after opening – Check the label and remember to note the date of opening on the original packaging.
- Liquid medicines may also be used until the manufacturer's expiry date, but some have shortened expiry dates after first using or reconstitution e.g. Antibiotics, Oramorph. Always check 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 (if known) to short term prescriptions; such as 'for XX days or 'for review in XX weeks' – to avoid ordering in error
- Ask the GP to remove discontinued medicines from the repeat portion of the prescription. This helps prevent discontinued medicines being ordered in error.
- Ask the community pharmacy to remove discontinued items from the MAR sheet. This also helps prevent discontinued medicines being ordered in error.
- Keep a copy of the original order to check against prescriptions before sending too the community pharmacy for dispensing. Clarify discrepancies with the GP practice.
- If a medicine is ordered in error, or is no longer required, contact the community pharmacy as soon as possible to advise them not to supply. **All medicines, unopened or partly used returned to the pharmacy, cannot be re-used under any circumstances and will be destroyed.**

Pharmacy Re-order sheet **EXAMPLE**

Pharmacy Medication Reorder					CARE HOME COPY	
The Pharmacy, Main Street, New Town ABC 123						
Resident name M. Smart			D.O.B 17.03.32			
Address The Care Home, Old Town			Allergies None Known			
Doctor Dr L Water		Start date 04.09.11	End date 11.09.14	Start day Thursday		
We have requested the following medication from the surgery						
MEDICATION PROFILE	TIME:DOSE	REQUEST IN DAYS (i)	CONTINUE ON MAR SHEET	DISCONTINUE ON MAR SHEET (ii)	CHANGE DIRECTIONS TO (iii)	DOCTORS SIGNATURE AND DATE
28 ASPIRIN 75mg DISPERSABLE TABLETS TAKE ONE IN THE MORNING		28	✓			
100 PARACETAMOL 500MG TABLETS TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED		28	✓		Two tablets four times daily	
30G EUMOVATE CREAM APPLY AT NIGHT		0		✓		

(i) In this column – indicate the NUMBER OF DAYS required i.e. 28 days for the 28 day monthly cycle. The GP practice should supply a 28 day prescription for this item. '0' or N/R can be indicated in this column when there is sufficient stock to be carried forward and used in the next cycle – no prescription should be generated

(ii) Indicate in the 'discontinue on MAR sheet' column that this item can be discontinued. The GP practice should NOT issue a prescription. The community Pharmacy should remove this item from the new MAR sheet

(iii) In this column – indicate to GP practice staff, new directions required. GP practice staff should raise this with the GP – who can authorise a new prescription

Verbal Communication event log

This form should be used to document verbal instructions of change to a resident medication. Verbal instructions should be followed with a prescription where appropriate. File this document with the associated MAR sheet.

NB - Verbal instructions to change a prescription are only acceptable to DISCONTINUE a medication or INCREASE/DECREASE a dose of CURRENT medication – verbal instructions cannot be taken for new medicines or changes to controlled drug prescriptions

All verbal instructions must be witnessed by two members of staff

Name of resident: Ann Brown D.O.B: 17/03/29

Date	Time	Name of medication	Current dose	New dose	Method of instruction	Name of person immediately receiving instruction	Name of witness to instruction
04/09/14	11am	Furosemide 20mg tablets	20mg in the morning	40mg in the morning for one week	GP telephoned	C Love, Staff Nurse	W Good, Senior Care Assistant

New prescription requested (please circle)

YES
 NO
 N/A

Care Home - Dressing Prescription Request Form Appendix 6

(Use this form to **request prescriptions** for dressings, from GP's - in line with the Forth Valley Wound Management Formulary 2014)

GP Surgery name and address.....
 Patient Name..... DOB..... CHI No.....
 Address..... Contact Tel No.....
 Nurse/AHP name..... Signature..... Date.....

Dressing type	Name	Circle required size (Pack sizes are in brackets)				Quantity
Low Adherent Sterile knitted viscose	Tricotex	9.5 x 9.5cm (50)				
Knitted polyester with neutral triglycerides	Atrauman	5 x 5cm (10)	7.5 x 10cm (10)	10 x 20cm (10)		
Absorbent Perforated with adhesive border	Mepore	7 x 8cm (55)	10 x 11cm (36)	9 x 20cm (30)		
Hydrocolloid Non-adhesive border	Granuflex	10 x 10cm (10)				
adhesive border	Granuflex Square	10 x 10cm (10)	15 x 15cm (5)	10 x 13cm (10)	15 x 18cm (5)	
Hydrocolloid Thin semi-permeable Non-adhesive border	Duoderm Extra Thin	10 x 10cm (10)	15 x 15cm (10)			
Hydrofibre	Aquacel sheet square	5 x 5cm (10)	10 x 10cm (10)			
Hydrofibre Cavity dressing	Aquacel Ribbon	2 x 45cm (5)				
Hydrogel	Activheal hydrogel	15g size				
Alginate	Kaltostat	5 x 5cm (10)	7.5 x 12cm (10)	10 x 20cm (10)	15 x 25cm (10)	
Foam Polyurethane Non-adhesive border	Permafoam	6cm circular (10)	10 x 10cm (10)	15 x 15cm (5)	10 x 20cm (5)	
Foam Polyurethane adhesive border	Permafoam Comfort	8 x 8cm (10)	11 x 11cm (10)	15 x 15cm (5)	10 x 20cm (5)	
Charcoal (odour) activated charcoal absorbent	Actisorb Silver 220	10.5 x 10.5cm (10)				
Paraffin Gauze Dressing	Jelonet	10 x 10cm (10)				
Antiseptic Impregnated Iodine (non absorbent)	Inadine	9.5 x 9.5cm (10)				
Antimicrobial hydrofibre	Aquacel Ag	5 x 5cm (10)	10 x 10cm (10)	2 x 45cm ribbon (5)		
alginate and honey	Medihoney Apinate	5 x 5cm	10 x 10cm	1.9 x 30cm rope		
Gauze impregnated with Manuka Honey	Activon Tulle	5 x 5cm	10 x 10cm			
Semi-permeable adhesive film adhesive border	Tegaderm	6 x 7cm (100)	12 x 12cm (10)			
Barrier film	Cavilon	Foam applicator	1ml (5)	3ml (5)		
		Spray bottle	28ml bottle (10p)			

Dressing/bandage	Name	Circle required size (Pack sizes are in brackets)					Quantity
Super Absorbent Dressing Pad	Zetuvit Plus	10 x 10cm (10)	10 x 20cm (10)				
Sterile Dressing Pack	Woundcare (no forceps)	Nurse It (with forceps)					
Wool padding/soft wadding bandage	Ultra Four #1 Ultra Soft (Robinsons)						
Layer 1							
Crepe Bandage	Ultra Four #2 Ultra Lite (Robinsons)	10cm					
Layer 2							
Paste Bandages 11% Zinc Oxide	Steripaste 1 bandage (7.5 x 6m)						

Please complete the table below if requesting non-formulary Dressings

Non formulary dressing	Reason for request non formulary product	Size	Quantity	Has this information been recorded in patients notes?

<i>Other Items/ Tape etc</i>	Size	Quantity

The latest version of the Wound Management Formulary is available from the Quality Improvement website www.qifv.scot.nhs.uk Select 'tissue viability' in the 'select a guideline' drop down list.

Notification of amendments to MAR sheets

Appendix 7

Dear Doctor...../Pharmacy..... Please amend your records as requested below:

Care Home:

Resident name:**DOB:**

New medication added

Medication	Previous dose	New dose	Comments

Change in dose/administration time

Medication	Previous dose/ administration time	New dose/ administration time	Comments

Discontinued medication – Please remove items from GP repeat list/ new MAR sheets (as appropriate)

Medication	Dosage instructions	Comments

Additional information/Discrepancies

Signature:

Date:

Quick reference overview of 28 day ordering cycle – GP's and Practice Staff

APPENDIX 8

Good practice points for GPs and practice staff
<ul style="list-style-type: none"> • Have a named contact at the practice and at the care home for prescription enquiries • Prescription quantities should be aligned to 28 days supply • Mid cycle prescriptions should be made for the quantity that will bring the new medicine in line with the current medication cycle and for a further 28 days. The care home should indicate the exact quantity required • Annotate new prescriptions with a review date, stop date, or long term prescription status to reduce the incidence of inappropriate requests for repeat or acute prescriptions • The repeat prescription list should only contain those medications which are taken on a regular daily basis and those 'as required' medicines which are required on a regular basis • Care homes should use the 'Care Home dressing prescription request form' to order dressing. A statement should be given for requesting items 'off formulary' Avoid adding dressings to the repeat prescription list • Duplicate or inactive medicines on repeat lists should be removed to avoid inadvertent prescribing/administration of discontinued medicines • Carry out regular medication and compliance review to ensure appropriate prescribing for care home residents • Update changes to medication on EMIS within 24 hours. Updates should also be made in the Emergency Care Summary (ECS) and Key Information Summary (KIS)

Days may differ locally

Day of cycle	Action Required
Day 1 - 7	The care home will: <ul style="list-style-type: none"> • Return discontinued, expired medicines to Pharmacy • Ensure all medicines not supplied in the monitored dosage system (MDS) are put away carefully (in line with home procedures - expiry dates, creams/tabs, liquids, As required (PRN), stock rotation • Start using new MDS during this week
Day 7 – 14	The care home will: <ul style="list-style-type: none"> • Complete monthly re-order and send to GP's at this time • Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur • Photocopy prescriptions to retain as reference - (declare exemption and sign the reverse of the prescriptions)
Day 14 - 21	The care home will: <ul style="list-style-type: none"> • Ensure prescriptions have been sent to the supplying pharmacy during this time. • Notify the pharmacy of new or obsolete items as appropriate in order that the Medication Administration Record (MAR) Sheet is updated to accurately reflect medication being taken
Day 21 - 28	The care home will: <ul style="list-style-type: none"> • Have regular monthly medicines delivered to care home via the supplying pharmacy • Receipt medication into stock • Contact GP/Pharmacy should any discrepancies occur

Quick reference overview of 28 day ordering cycle - Care Home Staff

APPENDIX 9

Good practice points for care Home staff
<ul style="list-style-type: none"> • Have a named contact at the practice and at the care home for prescription enquiries • Track all stages of the ordering the receipt of medication and have written procedures for managing changes to medication • Discrepancies in the monthly order should be Communicated discrepancies to the community pharmacy/GP immediately • Communicate any changes to medication to the GP and to the community pharmacy so that electronic records and MAR sheets can be updated • Items not required or prescribed in error can be scored off the prescription 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 aware when a request is urgent. • Request dressings on a 'Dressing Prescription Request Form' and not MAR or GP tick sheet. • Medication courses on acute prescriptions should be commenced as soon as possible and within at least 24 hours. Contact your community pharmacy to ensure this timescale can be met. It may be necessary to use a pharmacy other than your usual supplier. If no pharmacy can make the supply, you must inform the GP so that an alternative may be prescribed. • If a medication supply does not arrive as expected, always check with the community pharmacy if they have received the prescription, especially where a prescription has been requested in an emergency.

Days may differ locally

Day of cycle	Action Required
Day 1 - 7	<p>Return discontinued, expired medicines to Pharmacy</p> <p>Ensure all medicines not supplied in the monitored dosage system (MDS) are put away carefully (in line with home procedures - expiry dates, creams/tabs, liquids, As required (PRN), stock rotation</p> <p>Start using new MDS during this week</p>
Day 7 – 14	<p>Complete monthly re-order and send to GP's at this time</p> <p>Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur (it is acceptable to score though items not required – NOTIFY SURGERY)</p> <p>Photocopy prescriptions to retain as reference - (declare exemption and sign the reverse of the prescriptions)</p>
Day 14 - 21	<p>Ensure prescriptions have been sent to the supplying pharmacy during this time.</p> <p>Notify the pharmacy of new or obsolete items as appropriate in order that the can update Medication Administration Record (MAR) Sheets to accurately reflect medication taken</p>
Day 21 - 28	<p>Regular monthly medicines delivered to care home</p> <p>Receipt medication into stock</p> <p>Contact GP/Pharmacy with any discrepancies</p>

Quick reference overview of 28 day ordering cycle – Community Pharmacy Staff

APPENDIX 10

Good practice points for community pharmacy staff
<ul style="list-style-type: none"> Have a named contact at the practice and at the care home for prescription enquiries Share a copy of the care home medication ordering planner with the GP practice Acute prescriptions should be commenced within 24 hours. Make care home staff aware if there will be a delay in supply. Ensure the GP is aware of long term shortages, so an alternative may be prescribed When a prescriber has annotated a review date, or noted the number of days prescribed, this should appear on the MAR sheet Authorisation of unlicensed specials may be required. Refer to Forth Valley guidelines on the ordering of “specials”. Details available on NHS Scotland Community Pharmacy webpage. Ensure the GP is aware when they are prescribing an unlicensed product. Discontinued medicines should be removed from a residents MAR sheet to avoid inadvertent prescribing/administration. Ensure care home staff are aware of opening hours/delivery schedule and what they should do if they require a supply of medication out with normal delivery times The pharmacist should let the care home know if they can issue medicines out of hours via the national Patient Group Direction (PGD) - Details of which can be found on the NHS Scotland Community Pharmacy webpage 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. More information on palliative care guidelines can be found online at http://www.qifv.scot.nhs.uk/CE_Guidance.asp?topic=Palliative_Care

Days may differ locally

Day of cycle	Action Required
Day 1 - 7	<p>The care home will:</p> <ul style="list-style-type: none"> Return discontinued, expired medicines to Pharmacy Ensure all medicines not supplied in the monitored dosage system (MDS) are put away carefully (in line with home procedures - expiry dates, creams/tabs, liquids, As required (PRN), stock rotation Start using new MDS during this week
Day 7 – 14	<p>The care home will:</p> <ul style="list-style-type: none"> Complete monthly re-order and send to GP's at this time Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur (it is acceptable to score though items not required – NOTIFY SURGERY) Photocopy prescriptions to retain as a reference - (declare exemption and sign the reverse of the prescriptions)
Day 14 - 21	<p>The care home will:</p> <ul style="list-style-type: none"> Ensure prescriptions have been sent to the supplying pharmacy during this time. Notify the pharmacy of new or obsolete items as appropriate in order that the Medication Administration Record (MAR) sheet is updated to accurately reflect medication being taken
Day 21 - 28	<p>The care home will:</p> <ul style="list-style-type: none"> Have regular monthly medicines delivered to care home Receipt medication into stock Contact GP/Pharmacy should any discrepancies occur

RESIDENT CONSENT FORM
(For use by NHS Forth Valley Pharmacy Care Home Team)

**GP PRACTICE
ADDRESS**

Residents Name _____

D.O.B/CHI _____

Care Home _____

I give consent for NHS Forth Valley Care Homes Pharmacy team to carry out medication usage review for (residents name) _____

This may include discussion with care home staff about medicines related issues, review of MAR sheets and relevant information contained within the nursing records in the care home relating to medication issues e.g. blood pressure readings, weight.

I understand that any changes to medication will be approved by the resident's GP. My community pharmacist, where appropriate, will be informed of changes to my medication.

I will be informed of any changes to the medicines regime by care home staff and I will have the opportunity to discuss these with the pharmacy team/GP if I choose. I understand that any data gathered during the medication review may be used for audit purposes. No personal information will be included in any audit report.

Signature: _____ (resident/representative)

If you are consenting on behalf of the resident, please indicate whether you are
Welfare attorney OR **Welfare guardian**

If consent cannot be given, is there a valid Adults with Incapacity Certificate in place that does not exclude pharmacist/pharmacy technician medication review?

Yes/No/Not applicable

Date: _____

Quality Assurance

Lead authors details?

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Does your policy / guideline / protocol / procedure / ICP have the following on the front cover?

Version Status ✓ Review Date ✓ Lead Author ✓
Approval Group ✓ Type of Document (e.g. policy, protocol, guidance etc) ✓

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If you have any question please call the people below. Once completed please send to the individuals listed below as appropriate:

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Signatures

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Once both signatures above are complete the document can be returned to the approving group for approval.

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