



I-CareMedway

Quarterly Care Homes Medicines Newsletter
Edition 2, October 2019
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Medway
Clinical Commissioning Group

Introduction

This newsletter is intended to support all care homes in Medway catering for elderly care with current medicines guidelines and safety information. Care homes are encouraged to discuss the items in the newsletter with all staff to ensure that all intentions are implemented.

Controlled Drugs (CD) Incidents

Providers of adult care homes should ensure that there is a process in place to formally escalate CD incidents to the Care Quality Commission (CQC), the Area Team Controlled Drugs Accountable Officer and the police as appropriate. There is a legal requirement to report all concerns and incidents related to controlled drugs (including loss or theft) to your local NHS Controlled Drugs Accountable Officer. The CD Accountable Officer Team for South England (including Kent & Medway) can be reached at england.southeastcdao@nhs.net.

Yellow Card Scheme

Report any suspected adverse reactions with medicines via the national reporting system available from <https://yellowcard.mhra.gov.uk/>

Medication Incidents

Care homes should ensure that a robust process is in place for identifying, reporting, reviewing and learning from medicines errors involving residents. You must notify CQC and other relevant external organisations as appropriate. More information can be found at Reporting Medicine-Related Incidents in Social Care, CQC 2019. Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/reporting-medicine-related-incidents-social-care>

Drug Safety/ Medicines Healthcare Regulatory Agency (MHRA) Safety Update

Rivaroxaban (Xarelto ▼): reminder that 15 mg and 20 mg tablets **should be taken with food**

- MHRA has received a small number of reports suggesting lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach. Please remind patients to take 15 mg or 20 mg rivaroxaban tablets with food or if providing the medicines round ensure that Rivaroxaban is being given with or shortly after a meal.

Red Bag Scheme: If you are using the red bag scheme in your home please ensure that this is sent with the patient when they are transferred between care settings and contains all the relevant information:

- Standardised information about the resident's general health, any existing medical conditions, as well as highlighting the current health concern which is easily accessible to ambulance and hospital staff. Includes 'This is me' document for dementia residents
- A copy of the patient's MAR sheet with an accurate and up to date list of medication
- Personal belongings (such as clothes for day of discharge, glasses, hearing aid, dentures etc.)
- When a patient is discharged from hospital, a copy of their discharge summary should be received. This details every aspect of the care they received during their stay so that the care home staff are updated on any changes to medication and any changes that may affect patient care.

If you are not involved with the scheme please also follow the recommendations for what to send.



I-Care More

Dementia Friends



The number of people with dementia in the UK is forecast to increase to more than a million by 2025, so it is so important to raise awareness of the condition by sharing knowledge and showing others how they can help those affected.

Dementia Friends is a national initiative run by the Alzheimer's Society, which works to change people's perceptions and help to create a better understanding of the condition within communities. Many residents in care homes are affected by dementia and as such the staff are perfectly placed to become Dementia Friends and to get the word out there into the local community that you can live well with dementia.

For more information about joining Dementia Friends, visit www.dementiafriends.org.uk

Delirium and 'PINCH ME'

Delirium is a common, serious but often treatable condition represented by a sudden decline in behaviour and function which takes place over days to weeks as opposed to months or years. The rate of decline is important to distinguish delirium from dementia. Symptoms can include being more confused than usual, being disorientated, being sleepy or agitated, having a lack of concentration, rambling speech, having hallucinations, changes in sleep and rapid changes of emotion. Patients in long term care are at a greater risk of delirium. Those who are over 65, have cognitive impairment, have a serious illness or have had a recent hip fracture are at greatest risk.

If you are concerned about a patient always refer as appropriate but you could help to identify the cause to aid the health professional, with an easy to remember mnemonic PINCH ME to help tackle delirium.

P: Pain- have they been showing signs of increased pain recently?

I: Infection- could there be infection present-chest, urinary tract, skin etc?

N: Nutrition- is there signs of malnutrition, are they eating well?

C: Constipation- have they emptied their bowels recently?

H: dehydration- what has their fluid intake been like?

M: Medication- has a new medicine been started?

E: Environment- Are they in an unfamiliar place?



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I-Care about Medicines

Emollients

Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it. Emollients are grouped according to their physiological properties, as; light (lotions), creamy (creams) or greasy (ointments). They are used to manage dry, itchy or scaly skin conditions such as eczema, psoriasis and ichthyosis (a condition commonly seen in elderly patients). If prescribed for the treatment of a diagnosed condition, they should be applied at least twice a day in the direction of hair growth and allowed to absorb -otherwise there is a chance of causing inflamed and infected hair follicles. Sufficient quantities should be supplied to cover a month's treatment.

If also applying another cream such as a corticosteroid to the area there should be at least 20 minutes in between applications.

There is very limited clinical value in the use of bath and shower additives. Most standard emollients except White Soft Paraffin (WSP) 50% / Light Soft Paraffin (LSP) 50% are suitable to be used as a soap substitute or applied prior to bathing and then rinsed off. Care must be taken due to the risk of slippery surfaces in the bath/showers.

Please refer to the MCCG Care homes pharmacy team on MCCG.medwaymedman@nhs.net if emollients in your home are not being used optimally or if there is large amounts of emollients waste as we can carry out medication reviews to reduce this.

Medway Care Homes Best Practice Update

Medway Care Homes Best Practice Guidance documents

Available from: <http://www.medwayswaleformulary.co.uk/guidelines-pathways/medway-guidance/medway-ccg-care-home-best-practice-guidance/>

Care Home Best Practice training:

Upcoming training: due to the high demand of the food first training we are now repeating this on the 30th October 6.30- 8.30. We are out and about handing out invitations and Food First packs so look out for us!

References and further information–

CQC. Reporting medicine-related incidents in social care. Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/reporting-medicine-related-incidents-social-care>

NICE guidance on managing medicines in care homes (SC1)

Alzheimers.org.uk

Delirium: <https://www.alzheimers.org.uk/get-support/daily-living/delirium>

Emollient prescribing guidelines: <http://www.medwayswaleformulary.co.uk/media/1147/emollient-prescribing-guidance-feb-2019.pdf>