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'When Required' (PRN) Medication - New BLMK CCG guidance for care homes

The BLMK CCG Care Home Medicines Optimisation Team have developed new guidance around 'when required' (PRN) medication within care homes. The purpose of this guidance is to promote best practice management and support care homes with a person-centred approach, with regards to PRN medicines.

The guidance includes information surrounding the prescribing and administration of PRN medicines, how to review and/or discontinue PRN medicines, as well as tips for reducing PRN medication waste.

To ensure that the PRN medication is administered as intended, a separate PRN Protocol is needed for all PRN medications – a blank PRN Protocol template can be found in the guidance document (Appendix 1). In addition to the essential information (name of medicine, dose etc.), PRN protocols should be person-centred and personalised to the individual resident – for example, PRN protocols may include: alternative strategies to be attempted before a medication is administered, the resident's capacity to request medication, non-verbal expressions of distress etc. Examples of completed 'gold-standard', person-centred PRN protocols can be found in the guidance document (Appendices 2 & 3), as well as a summary flowchart of best practice (Appendix 4).

Please see full guidance attached with this newsletter. We hope you find this guidance helpful.

Expiry dates for medication - New BLMK CCG guidance for care homes

All medicines will have a date which they need to be administered by. Expiry dates can vary from the printed manufacturers expiry date depending on their storage conditions or when the original packaging is opened. Medication which has passed its expiry date will not be as effective, and may even become contaminated, and therefore is not suitable for administration.

Our team have produced the attached expiry date guidance which details the reasons for the variance in expiry dates, and gives guidance regarding different types of medication.

If you have any queries regarding medication expiry dates please contact your regional care home team who will be happy to support. Contact details can be found at the end of this newsletter.

COVID-19 - Important guidance links for care homes

During these challenging times we are conscious that guidance is constantly changing and you may be receiving a lot of information from various sources. For this reason we have produced links (below) to a few of the key guidance documents:

[Coronavirus \(COVID-19\): admission and care of people in a care homes](#)

[British Geriatric Society – Guidance on managing the Covid-19 pandemic in care homes](#)

[COVID-19: infection prevention and control \(IPC\)](#)

[Coronavirus \(COVID-19\): getting tested](#)

[COVID-19: how to work safely in care homes](#)

[Coronavirus \(COVID-19\): adult social care action plan](#)

[COVID-19 vaccination: guide for adults](#)

[Safeguarding adults in care homes – NICE Guidance](#)

[DHSC COVID-19 vaccination of people working or deployed in care homes: operational guidance](#)

Reminder to Care Home staff to get booster vaccination against COVID-19

A booster dose of coronavirus vaccine (COVID-19) helps to improve the protection you have from the first 2 doses of the vaccine. It helps give you longer term protection against getting seriously ill from COVID-19 and minimises chances of spreading it.

Walk-in vaccination sites for booster doses:

As long as you have proof that it has been at least three months (91 days) since your second vaccine, you can now walk into a number of locations across BLMK to get your COVID-19 booster vaccination, with no appointment needed.

To find out where you can get your booster go to [BLMK Vaccination Sites – BLMK CCG](#)

For walk-in facilities click here [Drop-in Sessions – BLMK CCG](#)

Booster doses are currently not mandatory; however this may change and managers are strongly advised to encourage staff to take up booster vaccines if eligible. A provision for booster vaccines may be added to the regulations in the future. For further information about the NHS booster programme, please visit:

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-booster-vaccine/>

New COVID-19 treatments via the Covid Medicines Delivery Unit (CMDU)

You may have seen or read in the news that on 16th December 2021, the NHS began offering new intravenous (IV) antibody treatment **Sotrovimab (Xevudy[®])** and oral antiviral treatment **Molnupiravir (Lagevrio[®])** to people with coronavirus (COVID-19):

- whom have a positive PCR test within 5 days AND
- their symptom onset is within 5 days AND
- they fall within the highest risk group - [click here to see appendix 1 for high risk group criteria](#)

Treatment is not clinically indicated for:

- individuals who requires hospitalisation or there is a new need for supplemental oxygen
- individuals weighing less than 40kg
- individuals clinically improving or those who are asymptomatic

What is the process?

Some of your care home residents who may be eligible may have already received information on these new treatments via a National letter and an Email/SMS/text.

A member of the local CMDU triage team will make contact (via phone) usually within 24 hours of the PCR positive result, to discuss some questions and to establish whether the resident meets the eligibility criteria and if so, which treatment would be most appropriate to offer.

This discussion can take place with the resident by phone if they have capacity. If the resident does not have capacity, then a best interests decision about their medical history and consent may be discussed with a senior member of staff. Care home staff may also wish to notify any NOK or LPOA (if in place) of the potential treatment when they have received the initial letter. Care home staff should inform the triage team member if NOK or LPOA should be contacted separately to discuss treatment.

What are treatment arrangements?

Sotrovimab is given by Intravenous infusion (IV) infusion (drip in the arm) and this would require admission to the CMDU clinic at either a Bedford Hospital or Milton Keynes Hospital at the designated clinic time (between 5-8pm).

Please note: the visit may take up to 2.5 hours, but this would be a 'one-off' treatment. You will be provided with further instructions following the initial phone call.

Molnupiravir are available as capsules to be swallowed, and the dose is 4 (200mg) capsules twice a day for 5 days.

Please note: the capsules are large in size and should not be opened, crushed, chewed or administered with food etc. If there is any likelihood that the individual won't be able to take the capsules, Molnupiravir would not be prescribed, and a record would be made that the patient is not suitable for any treatment. The Specialist Pharmacists Service (SPS) are in discussion with the manufacturer about the option of dissolving the whole capsule in water prior to administration, but local tests are ongoing and nothing yet has been confirmed on whether this can be done.

The hospital pharmacy will arrange for the medicine to be delivered to the care home or it may be collected by someone, as long as they do not have COVID-19. The capsules would need to be hand-written on to the residents MAR chart and counter signed by a second person.

For further information on each treatment please see links to patient information leaflets: [sotrovimab](#) and [molnupiravir](#)

If you have any queries regarding the above treatments please contact the triage team via the email: blmkccg.cmdu@nhs.net

Reference used: <https://www.nhs.uk/conditions/coronavirus-covid-19/treatments-for-coronavirus/>

Vitamin D supplements for care home residents and Self-Care

You may recall in early 2021 the Department of Health and Social Care (DHSC) provided care home residents with 4 months free supply of Vitamin D supplements. This was a 'one-off' supply of a daily supplement to help support with general health, in particular bone and muscle health. Too little Vitamin D can lead to bone pain and muscle weakness, which may also increase the risk of falls in older people.

Vitamin D is created by the body from direct sunlight on the skin when outdoors, so most people should be able to get the vitamin D they need from around late March, early April to the end of September. However, during autumn and winter months we cannot make sufficient vitamin D from sunlight and therefore everyone is advised to take a **10microgram (400 international units or iu)** supplement of vitamin D every day. Vitamin D is also found in a small number of foods such as oily fish and liver, and some fortified foods such as fat spreads and breakfast cereals, however it is difficult to get enough vitamin D from food alone.

Some adults are advised to take a daily vitamin D supplement through out the whole year if they cannot manage to be outdoors often enough. This would apply to those that are frail, housebound or **living in a care home setting**.

CQC have produced guidance for providers entitled '[Vitamin D supplements – supporting people who receive adult social care](#)'. This confirms that providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs. This includes support to take nutritional supplements. Some people may be prescribed vitamin D to treat a deficiency or in combination with calcium (e.g., TheiCal D3[®] or Adcal D3[®]) to treat osteoporosis.

However, daily maintenance doses of Vitamin D at 10micrograms (400iu) as mentioned above (also being suggested by Public Health England) can be purchased '**over the counter**' (OTC) as a self-care item.

In our last newsletter (October 2021 edition) we included information on the recently launched **Self-Care Toolkit for care homes**. This could be used as a guide to support your residents who wish to purchase a Vitamin D supplement to take daily. This toolkit explains the process and responsibilities of those involved in the self-care process. It is important that any supplements purchased OTC by residents are checked as being safe to use by an appropriate healthcare professional.

If you have any questions or concerns regarding the above, please contact the relevant care home team for your area. Contact details can be found at the end of this newsletter.

References used:

DHSC - Vitamin D and care homes guidance: <https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance>

[Vitamin D supplements - supporting people who receive adult social care | Care Quality Commission \(cqc.org.uk\)](#)

Missed or Delayed doses of medication

All care homes should have policies in place on how to deal with delayed or missed doses of medication. Missing or delaying a dose may make a medicine less effective but taking doses too close together may increase the risk of side effects.

Some examples of when missed or delayed doses may occur:

- The resident has forgotten to take, or staff have omitted the medication
- The care home has no supply of the medication due to it being unavailable
- The resident was asleep at the time when the medication was due
- The resident was away from the care home at the medication time e.g., appointment
- The resident refuses the medication

At no point should a missed dose of medication be doubled at the next medication time

Action to be taken following missed or delayed doses will depend on the medicine involved and the resident's condition. There are many medicines that are considered to be 'time critical medicines' where timeliness of administration is crucial and could have a significant impact on a resident.

Time critical medicines include (but are not limited to):

| | |
|--------------------------------------|---|
| Parkinson's disease medicines | A delay or omission may mean the resident is unable to move, get out of bed, swallow, walk or talk. Even a delay of 30 minutes could be serious. |
| Insulin | People with diabetes will be at risk of high blood glucose and possibly diabetic ketoacidosis if they miss insulin doses |
| Epilepsy medicines | Missing a dose could trigger a seizure, although this would be rare |
| Warfarin | Provided it is before midnight on the day of the missed dose, the dose can still be taken. If after midnight, the dose should not be taken, and the GP should be informed as increased monitoring may be required |

Carers are advised to contact a healthcare professional (which may be the prescriber or pharmacist) for specific guidance about a missed dose and any advice given and/or action taken should be clearly documented.

References used:

- PrescQIPP: Care Homes – Refused and missed doses, B179, July 2017;
<https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1213%2fb179-care-homes-refused-and-missed-doses-20.pdf>
- SPS: Advising on missed or delayed doses of medicines – The first stop for professional medicines advice
[Advising on missed or delayed doses of medicines – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Contact us:

Bedfordshire team: Email: blmkccg.bedsmocarehometeam@nhs.net

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