

Prescribing, ordering and receiving medicines in care homes

Key recommendations for care home providers

- Variable dose and 'when required' medicines can result in a stockpile of medicines and lead to medicines waste if they are ordered every time but not used regularly. It is important that stocks of these medicines are reconciled regularly and ordering adjusted to take this into account, to avoid excessive ordering.
- Where any changes are made, care home staff (registered nurses and social care practitioners working in care homes) should update records of medicines administration to contain accurate information about these changes. This should be done as soon as possible (usually within 24 hours).
- If a change to a resident's medication is made by telephone, this must be supported in writing (e.g. by secure email) before the next dose or first dose is given.
- An interim prescription or mid-cycle request can be used to ensure there is sufficient medication to complete the current cycle, synchronise to the 28 day cycle and to avoid waste. This may be a request for quantities of medication to complete the cycle as well as a further 28 days' supply to allow a supply for the next medication cycle to be prepared by the community pharmacy or dispensing practice at the same time.
- For medicines with a separate administration record, care home staff responsible for administering medicines should add a cross reference (for example, 'see warfarin administration record') to the resident's medicines administration record.
- Electronic medicines administration record (eMAR) may be useful to highlight which medicines are due at that particular time and alert the care home staff if any medicines are missed. This aims to aid accurate medicines administration and avoid errors but potential limitations should be discussed with the provider and full training provided.
- Providers of adult care homes must comply with the Misuse of Drugs Act 1971 and associated regulations when storing controlled drugs.

Key recommendations for primary care prescribers



- Healthcare professionals prescribing variable dose or 'when required' medicines should:
 - » Note in the resident's care record the instructions for when and how to take or use the medicine and note any monitoring, such as the effect they expect the medicine to have. They should also include dosage instructions on the prescription (including the indication, maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine's label.
 - » Prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment) and liaise with care home staff to see how often the resident has had the medicine and how well it has worked.
- Telephone, video link or online prescribing (remote prescribing) should only be used in exceptional circumstances, e.g. during COVID-19 and should follow appropriate guidance on assessing capacity and obtaining informed consent from residents.
- Healthcare professionals prescribing remotely should:
 - » Be aware that not all care home staff have the training and skills to assist with the assessment and discussion of the resident's clinical needs that are required for safe remote prescribing.
 - » Ensure that care home staff understand any instructions given and send written confirmation of the instructions to the care home as soon as possible.
- If a change to a resident's medication is made by telephone, this must be supported in writing (by secure email or fax) before the next dose or first dose is given. The prescription should also be changed. NB. The use of fax machines is being phased out in primary care for NHS and patient communications.
- When changes to medicines are made, wherever possible, the change should be implemented at the next cycle rather than during a cycle, if the change is not urgent. This will help to avoid waste.

Key recommendations for primary care prescribers

- Each care home should be supported by a multidisciplinary team (MDT) in its aligned primary care network (PCN) and members of this MDT will deliver the weekly home round.
- Primary care prescribers should take part in the MDT delivering the weekly home round supporting care homes in their PCN.
- Arrangements should be made for patients who are residents in care homes to have medication reviews as set out in the residents' care plans. A named healthcare professional who is responsible for medication reviews for each resident should be designated.
- Health and social care practitioners should ensure that medication reviews involve the resident and/or their family members or carers and a local team of health and social care practitioners (the multidisciplinary team).
- Health and social care practitioners should agree how often each resident should have a multidisciplinary medication review. They should base this on the health and care needs of the resident, but the resident's safety should be the most important factor when deciding how often to do the review. The interval between medication reviews should be no more than one year and are best tied into regular care and support planning reviews.

Key recommendations for community pharmacists

- The supplying dispenser should not take responsibility for ordering medicines from the GP practice. This should be done by the care home provider.
- Full dosage instructions should be included on the medicine's label for care home residents so that staff know how they are to be used. 'When required' alone is insufficient.
- An interim prescription or mid-cycle request (to ensure there is sufficient medication to complete the current cycle, synchronise to the 28 day cycle and to avoid waste) should be supplied when requested, where appropriate.
- Supplying pharmacies should produce medicines administration records for care home residents wherever possible.
- All information included on the medicines administration record must be up-to-date and accurate and reflect all medicines currently prescribed. Support should be provided to care home to facilitate this, as appropriate.

Additional resources available	 Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-291-prescribing-ordering-and-receiving-medicines-in-care-homes/
	 Tools	

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