

## NHS FORTH VALLEY

### Care Home Repeat Prescribing Good Practice Guide

For use by: Care Homes, GP Practices and Community  
Pharmacies

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## Consultation and Change Record – for All documents.

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December 2017	Jill Winchester	Page 5 and 6- New advice on providing interim prescriptions and dealing with mid cycle changes. Examples given of situations and suggested advice on how to manage these. Page 7- New guidance on care homes seeking advice from Community Pharmacist's on missed/spoiled doses and also additional guidance on dispensing care home prescriptions. Appendix 14 Flowchart: Dropped, refused or spoiled medication.	3.0
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12/01/2022	Kelly Isles	Updated – Hyperlinks to Just In case box, Specials, Unlicensed Medicines and Palliative care Guidance – Check review dates at time of use. Note Updated ONS guidance unavailable at time of publishing	4
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29/04/2024	Lynne Curtis	Addition of Contents page Appendices renumbered as original appendix 2 and 8 removed. Appendix 2 (ONS flow chart) removed- See page 10- for ONS information. Appendix 8 removed- see page 11 for link to up-to-date Wound Management Formulary.	5

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## Acknowledgements

We would like to thank the NHS Lanarkshire Care Homes Protocol Group for their kind permission in allowing NHS Forth Valley to adopt the NHS Lanarkshire Care Home Prescriptions Good Practice Guide as a foundation to producing the NHS Forth Valley Care Home Repeat Prescribing Guidelines.

## 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 and communication is key to ensuring a smooth process and ultimately the best care for patients.

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

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 Publication Code HCR-0712-070.

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

	<p>Tip - Some GP practices invite a member of care home staff with responsibility for ordering medication to the practice monthly. 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.</p>
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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 2).

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 3)

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 4: Reordering guidance for care homes)

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 in accordance with the patient's MAR chart, 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)

NB: 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 ensure the most up to date repeat prescription list issued by the GP practice is used.

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 is 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 5: 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**

As explained in Appendix 2, care home medication can be ordered up to 3 weeks in advance. This can result in new medications or altered medications being ordered **after** the monthly order has been generated by the care home. This can result in out of sync medications and care homes will need to order medication out with the normal monthly order.

### **GP responsibilities**

- 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.

### **EXAMPLE 1**

Patient X has been started on a new dose of amlodipine 5mg for high blood pressure. The care home is on day 20 of their medication cycle therefore patient x will require 8 days of amlodipine 5mg to complete the current cycle and 28 tablets for the next cycle as this cycle has already been ordered. Total prescription for 36 amlodipine 5mg.

- Care home staff should be aware of what day they are on in the cycle.
- 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.

## EXAMPLE 2

Patient X's BP continues to be raised and it is decided to increase the amlodipine to 10mg. The care home is on day 15 of their medication cycle therefore patient x will require 13 days of amlodipine 10mg to complete the current cycle and 28 tablets for the next cycle as this has already been ordered. Total prescription for 41 amlodipine 10mg tablets.

- 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. It may be necessary to provide a prescription until the end of the cycle, as well as a prescription for the next 28-day cycle if necessary.
- Changes should not be made to an existing entry on MAR sheet. This is in line with Care Inspectorate guidelines<sup>1</sup>.

## EXAMPLE 3

- Patient Y has been on ramipril 5mg once daily however they have become hypotensive. The GP decides to reduce this to half the dose for the duration of the cycle and thereafter. The care home is on day 18 of the cycle. The patient will require 10 days of ramipril 2.5mg capsules to complete the current cycle and 28 capsules for the next cycle as this cycle will already have been ordered. Total prescription for 38 ramipril 2.5mg.
- 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.
- 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.

## **Summary GP Surgery – Issuing Prescriptions**

- Issue a prescription for the remainder of the current cycle, as well as a further 28 days' supply.
- Issuing an acute prescription will ensure that there is an audit trail for requests and quantities.
- It should be 28 days before the care home request another prescription for the item.
- The care home should indicate on the prescription request the reason for additional supply.
- Record on GP prescribing system any changes to medicines within 24 hours.

## **Care Home responsibilities**

- The MAR chart is the document which will be kept for a period of time as the record of what medication has been given. These records may be needed as evidence in any inspection, complaint investigation or legal proceedings.

If the instruction on the MAR chart is different from the instruction on the dispensing label, then the information on the MAR should explain the reason why<sup>1</sup>.

- Please be aware that acute items such as a course of antibiotics sourced from a pharmacy other than the provider of the regular monthly medicines, will not appear on the MAR sheet and will require a handwritten entry.

### **3. Guidance on refused or spoiled medications:**

There may be times that patient refuses medication or times when medication is dropped or spoiled.

Care home staff should always prepare residents by asking them if they are ready to take their medicines prior to preparing medicines. This ensures that the resident is aware that they are about to receive medication and if they are refusing the dose then the medicines are not wasted.

If a medicine is dropped or spoiled, then seek advice from your Community Pharmacy in the first instance. The pharmacist will be able to give advice on the possible clinical impact that missing a tablet may have on the resident and in some cases, it may be allowable to miss one tablet from the monthly cycle.

The care home can then document the advice given and record appropriately on the MAR chart, this means that there is a clear audit trail available.

If a patient is refusing medication on a routine basis, then the patient may benefit from an in-depth polypharmacy review. Discuss this with your community pharmacist who can advise if a review is warranted and pass this request to the GP practice. (See flowchart in appendix12).

### **Pharmacy – Dispensing Prescriptions**

#### **Care Home dispensing**

- Supply the quantity required to complete the current medication cycle.
- Hold the remainder in balance for the next medication cycle.
- Advise care home that there is a balance held at the pharmacy.

### **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 these medicines should be used whenever possible. These are the property of the patient, and they have a right to use them. Use of such supplies also reduces medicines waste, prevents unnecessary work for GPs and prevents delays in supply.

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 resident's 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.

A New Resident Medication Form (appendix 1) can be used to inform the GP of the new resident, as part of the registration process with the GP practice.

## **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)

<https://staffnet.fv.scot.nhs.uk/guidelines/wp-content/uploads/sites/11/2020/05/Just-in-Case-Boxes.pdf>

## **7. Oral Nutritional Supplements (ONS)**

Please see NHS Forth Valley intranet for most up to date guideline on ONS in Care Homes. These guidelines have been developed by NHS Forth Valley Dietetic ONS Redesign Group and aim to improve the decision-making process around the appropriateness of starting oral nutritional supplements (ONS) and improving nutritional status via food fortification. They are designed to be used by General Practitioners (GP's), District Nurses and other appropriate health care professionals to offer first line dietary advice to patients and increase the awareness of appropriate prescribing and monitoring of ONS.

## **8. 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.
- Care homes should use the 'Care Home prescription request form' This lists formulary dressing available to order, and requires a statement detailing the reason for requesting items 'off formulary' ( see [Wound Management Formulary \(scot.nhs.uk\)](https://www.scot.nhs.uk))
- 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 handwritten 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 Summery (ECS) and Key Information Summary (KIS)

For a quick reference to these points, see appendix 8.

## 9. Good practice points for care home staff

- To aid communication and co-operation, have a named contact at the practice and at the community pharmacy 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 6)

- 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.
- GP practices require 48 hours' notice to issue a repeat prescription and a minimum of 72 hours' notice to issue an acute (special request) prescription(excluding weekend and bank holidays).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 8)
- 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.

## 10. 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.
- 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 webpage<sup>3</sup>. <https://pharmacies.nhsforthvalley.com/local-guidance/special-formulations/>

Ensure the GP is aware when they are prescribing an unlicensed product.  
[\(See Unlicensed Medicines Policy\)](#)

- Discontinued medicines should be removed from a resident's 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 Forth Valley page of the NHS Scotland Community Pharmacy website<sup>3</sup>
- 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:  
<https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines>

**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. <https://pharmacies.nhsforthvalley.com/local-guidance/forth-valley-formulary/>
3. [https://www.communitypharmacy.scot.nhs.uk/documents/unscheduled\\_care/Unscheduled%20Care%20-%20Pharmacy%20Guide%20-%20FAQs%20%20v%203.pdf](https://www.communitypharmacy.scot.nhs.uk/documents/unscheduled_care/Unscheduled%20Care%20-%20Pharmacy%20Guide%20-%20FAQs%20%20v%203.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.

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## APPENDIX 1

## New Resident Medication Form **EXAMPLE**

**Patient Name:** ..... **Nursing Home:** .....

CHI: ..... Tel No: .....

**Allergies (Please List):**

**To reduce risk of medication error it is recommended that more than one source is used to gather information on medicines when patients are being transferred**

**Please tick the sources below used to confirm an accurate list of the medicines and doses:**

Hospital discharge document  Community Pharmacy  Next of Kin/ Power  
of Attorney  other/s please state:.....

Nurse Name (PLEASE PRINT): ..... Nurse  
Signature..... Date.....

Confirmed (and can be added to EMIS) GP signature.....  
Date.....

## APPENDIX 2

### Overview of 28 day ordering cycle

Day of cycle	Action Required
<b>Day 1 - 7</b>	Return <b>ONLY</b> discontinued or expired medicines to Pharmacy (or after 7 days if a resident has died) 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/medication during this week
<b>Day 7 – 14</b>	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)
<b>Day 14 - 21</b>	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.
<b>Day 21 - 28</b>	Regular monthly medicines delivered to care home Receipt medication into stock Contact GP/Pharmacy should any discrepancies occur

**NB – Days may differ locally**

**APPENDIX 3**
**Pharmacy MAR sheet EXAMPLE**

Pharmacy The Pharmacy, Main Street, New Town ABC 123										MEDICATION ADMINISTRATION RECORD																						
Resident name <b>A.M Smith</b>				D.O.B <b>17.03.32</b>																												
Address <b>The Care Home, Old Town</b>				Allergies <b>None Known</b>																												
GP Dr		Start date <b>04.09.14</b>			End date <b>11.09.14</b>			Start day <b>Tuesday</b>																								
				Commencing		WEEK 1					WEEK 2					WEEK 3					WEEK 4											
						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
<b>MEDICATION PROFILE</b>  <b>100 PARACETAMOL 500MG TABLETS</b>  <b>TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED</b>				TIME:DOSE		06.00																										
				10.00																												
				14.00																												
				18.00																												
				22.00																												
				GP Signature		Carried Forward	60 (A)			quant				by					Returned /destroyed					quant				by				
Start date	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

## APPENDIX 4

### 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 limited shelf life. Consult with community pharmacy for MDS shelf life.
- Creams and lotions can be used until the manufacturer's expiry date and so do not need to be re-ordered automatically every month. For eye drops, eye ointments and nasal products, these should be discarded in accordance with manufacturers packaging – 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 to 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.

**APPENDIX 5**
**Pharmacy Re-order sheet EXAMPLE**

Pharmacy Medication Reorder						CARE HOME COPY
The Pharmacy, Main Street, New Town ABC 123						
Resident name <b>M. Smart</b>			D.O.B <b>17.03.32</b>			
Address <b>The Care Home, Old Town</b>			Allergies <b>None Known</b>			
Doctor <b>Dr L Water</b>		Start date <b>04.09.11</b>	End date <b>11.09.14</b>		Start day <b>Thursday</b>	
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
<b>28 ASPIRIN 75mg DISPERSIBLE TABLETS</b>  <b>TAKE ONE IN THE MORNING</b>		<b>28</b>	<input checked="" type="checkbox"/>			
<b>100 PARACETAMOL 500MG TABLETS</b>  <b>TAKE ONE OR TWO FOUR TIMES A DAY AS REQUIRED</b>		<b>28</b>	<input checked="" type="checkbox"/>		<b>Two tablets four times daily</b>	
<b>30G EUMOVATE CREAM</b>  <b>APPLY AT NIGHT</b>		<b>6</b>		<input checked="" type="checkbox"/>		

(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

**APPENDIX 6**
**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: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Date	Time	Name of medication	Current dose	New dose	Method of instruction/ name of staff giving instruction i.e GP telephone	Name of person immediately receiving instruction	Name of witness to instruction	New prescription requested Y/N

**New prescription requested (please circle) YES/ NO / N/A**

## APPENDIX 7

### Notification of amendments to MAR sheet **EXAMPLE**

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:** .....

## APPENDIX 8

### Quick reference overview of 28-day ordering cycle – GP's and Practice Staff DAYS MAY DIFFER LOCALLY

Good practice points for GPs and practice staff	Day of cycle	Action Required
Have a named contact at the pharmacy and at the care home for prescription enquiries. <ul style="list-style-type: none"> <li>Prescription quantities should be aligned to 28 days supply</li> <li>Mid cycle prescriptions should be made for the quantity that will bring the new medicine in line with the current medication cycle <b>and</b> for a further 28 days. The care home should indicate the exact quantity required</li> <li>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</li> <li>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</li> <li>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</li> <li>Duplicate or inactive medicines on repeat lists should be removed to avoid inadvertent prescribing/administration of discontinued medicines</li> <li>Carry out regular medication and compliance review to ensure appropriate prescribing for care home residents.</li> <li>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)</li> </ul>	Day 1 - 7	The care home will: <ul style="list-style-type: none"> <li>Return discontinued, expired medicines to Pharmacy</li> <li>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</li> <li>Start using new MDS/medication during this week</li> </ul>
	Day 7 – 14	The care home will: <ul style="list-style-type: none"> <li><b>Complete monthly re-order and send to GP's at this time</b></li> <li><b>Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur</b></li> <li>Photocopy prescriptions to retain as reference - (declare exemption and sign the reverse of the prescriptions)</li> </ul>
	Day 14 - 21	The care home will: <ul style="list-style-type: none"> <li>Ensure prescriptions have been sent to the supplying pharmacy during this time.</li> <li>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</li> </ul>
	Day 21 - 28	The care home will: <ul style="list-style-type: none"> <li>Have regular monthly medicines delivered to care home via the supplying pharmacy</li> <li>Receipt medication into stock</li> <li><b>Contact GP/Pharmacy should any discrepancies occur</b></li> </ul>

## APPENDIX 9

### Quick reference overview of 28 day ordering cycle - Care Home Staff DAYS MAY DIFFER LOCALLY

Good practice points for care Home staff	Day of cycle	Action Required
<ul style="list-style-type: none"> <li>Have a named contact at the practice and at the pharmacy for prescription enquiries</li> <li>Track all stages of the ordering and the receipt of medication and have written procedures for managing changes to medication</li> <li>Discrepancies in the monthly order should be communicated to the community pharmacy/GP immediately</li> <li>Communicate any changes to medication to the GP and to the community pharmacy so that electronic records and MAR sheets can be updated.</li> <li>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</li> <li>GP practices require 48 hours' notice to issue a repeat prescription and a minimum of 72 hours' notice to issue an acute (special request) prescription(excluding weekend and bank holidays).Ensure that GP practice staff are aware when a request is urgent.</li> <li>Request dressings on a 'Dressing Prescription Request Form' and not MAR or GP tick sheet.</li> <li>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.</li> <li>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.</li> </ul>	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  <b>Start using new MDS/medication during this week</b>
		<b>Complete monthly re-order and send to GP's at this time</b>  Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur (it is acceptable to score through items not required – NOTIFY SURGERY)  Photocopy prescriptions to retain as reference - (declare exemption and sign the reverse of the prescriptions)
	Day 14 - 21	<b>Ensure prescriptions have been sent to the supplying pharmacy during this time.</b>  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
	Day 21 - 28	<b>Regular monthly medicines delivered to care home</b> Receipt medication into stock Contact GP/Pharmacy with any discrepancies

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

**DAYS MAY DIFFER LOCALLY**

Good practice points for community pharmacy staff	Day of cycle	Action Required
<ul style="list-style-type: none"> <li>Have a named contact at the practice and at the care home for prescription enquiries</li> <li>Share a copy of the care home medication ordering planner with the GP practice</li> <li>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</li> <li>When a prescriber has annotated a review date, or noted the number of days prescribed, this should appear on the MAR sheet</li> <li>Authorisation of unlicensed specials may be required. Refer to Forth Valley guidelines on the ordering of "specials". Details available on NHS Forth Valley Community Pharmacy webpage. Ensure the GP is aware when they are prescribing an unlicensed product.</li> <li>Discontinued medicines should be removed from a resident's MAR sheet to avoid inadvertent prescribing/administration.</li> <li>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</li> <li>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 Forth Valley page of the NHS Scotland Community Pharmacy webpage</li> <li>Care home staff should be directed to a palliative care safety net pharmacy to allow a timely supply of an urgent prescription. Information on palliative care guidelines can be found online at : <a href="http://Palliative%20Care%20Guidelines%20-%20Clinical%20Guidelines%20(scot.nhs.uk)">Palliative Care Guidelines – Clinical Guidelines (scot.nhs.uk)</a></li> </ul>	<b>Day 1 - 7</b>	The care home will: <ul style="list-style-type: none"> <li><b>Return discontinued, expired medicines to Pharmacy</b></li> <li>Ensure all medicines not supplied in the monitored dosage system (MDS) are stored (in line with home procedures - expiry dates, creams/tabs, liquids, As required (PRN)</li> <li>Start using new MDS/medication during this week. NB. Stock rotation</li> </ul>
	<b>Day 7 – 14</b>	The care home will: <ul style="list-style-type: none"> <li><b>Complete monthly re-order and send to GPs at this time</b></li> <li>Receive prescriptions from GP practices – check against original order and contact surgery if any discrepancies occur (it is acceptable to score through items not required – NOTIFY SURGERY)</li> <li>Photocopy prescriptions to retain as a reference - (declare exemption and sign the reverse of the prescriptions)</li> </ul>
	<b>Day 14 - 21</b>	The care home will: <ul style="list-style-type: none"> <li><b>Ensure prescriptions have been sent to the supplying pharmacy during this time.</b></li> <li><b>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</b></li> </ul>
	<b>Day 21 - 28</b>	The care home will: <ul style="list-style-type: none"> <li><b>Have regular monthly medicines delivered to care home</b></li> <li>Receipt medication into stock</li> <li><b>Contact GP/Pharmacy should any discrepancies occur</b></li> </ul>

## APPENDIX 11

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

#### GP PRACTICE ADDRESS

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Resident's Name \_\_\_\_\_ DOB/CHI \_\_\_\_\_

Care Home \_\_\_\_\_

I give consent for NHS Forth Valley Care Homes Pharmacy team to carry out medication usage review for (resident's 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)**

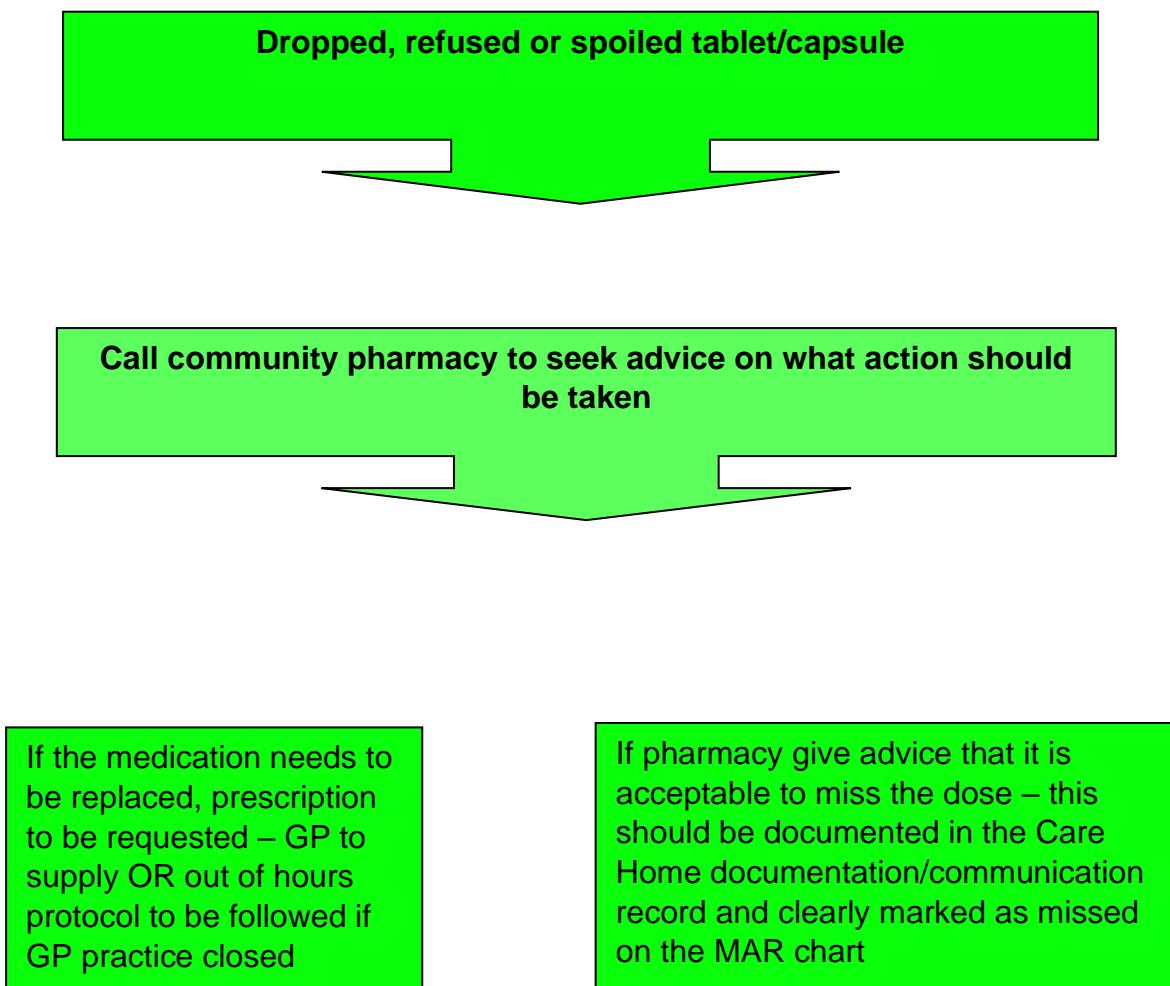
If you are consenting on behalf of the resident, please indicate whether you are  
**Welfare attorney**      **OR**      **Welfare guardian**

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:** \_\_\_\_\_

**APPENDIX 12**

**Flowchart: Dropped, refused or spoiled medication.**



## Alternative Formats

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request another language for a patient, please contact 01324 590886.

For other formats contact:

**Phone:** 01324 590886

**Text:** 07990 690605,

**Fax:** 01324 590867

**Email:** [fv.disabilitydepartment@nhs.scot](mailto:fv.disabilitydepartment@nhs.scot)