

# Prescribing and Medicines Optimisation Guidance (3)

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Monday 30<sup>th</sup> March 2020

Response to commonly arising prescribing questions:

## Anticoagulants

National guidance is now available for the consideration of switching appropriate patients from warfarin to DOACs in non-valvular AF and venous thromboembolism (DVT/PE). It advises taking a phased approach over the 12- week natural cycle of INR monitoring to protect the supply chain for all patients. This should only be undertaken by primary care clinicians with experience of managing anticoagulation and it suggests prioritising patients with poor INR control. It should be undertaken with careful consideration as not all patients will be suitable.

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Coronavirus/FINAL%20Guidance%20on%20safe%20switching%20of%20warfarin%20to%20DOAC%20COVID-19%20Mar%202020.pdf?ver=2020-03-26-180945-627>

## Care homes

Inappropriate or early ordering of “regular” medicines by the homes should be challenged, to maintain the regular monthly supply cycles. Items that have been requested (but not issued in a long while) should not be automatically re-issued, as they may have been “blanket” ordered by care staff unfamiliar with the residents’ needs and may overwhelm the medicines supply chains. E.g. dressings. Contact the home if over-ordering seems evident.

**Advanced prescribing of antibiotics** – NHSE currently advises not to deviate from usual prescribing practices. **Whilst we await national clarification**, do not prescribe “just in case” antibiotics outside of current guidelines. <http://www.nhsantibioticguidelines.org.uk/> Encourage care homes to utilise NEWS2 reporting or similar (where set up) and use video calls where possible.

**Stocks of medication:** Care homes cannot carry “stock” of unlabelled medicines. This is not legally possible as medicines need to be individually prescribed and labelled for care staff to administer. Homely remedies and bulk prescribing are exceptions but both have significant limitations, as detailed below.

**Bulk prescribing:** This is not particularly helpful at this time (unless already well established) as only “OTC” medications may be bulk prescribed to a care home under certain conditions. Paracetamol (OTC) is limited to a maximum of 96 tablets. <https://www.prescqipp.info/media/1159/b66-bulk-prescribing-in-care-homes-21.pdf>

**Homely remedies:** “Over the counter” (OTC) items e.g. Paracetamol may be purchased by the home but their use is limited to “acute” use only (usually a maximum of 48 hours,) as stated in care home policies. Care homes should be encouraged to keep some supplies of “homely remedies” but they will often require GPs to sign off advance permissions for each individual resident as part of their medicines procedures.

## End of life medication

It is advised to proactively complete, document and circulate as appropriate, Respect/ DNAR forms and prescribe anticipatory medications where appropriate. **Further guidance is expected soon on EoL care** (from NICE and local bodies) and will be automatically added to Emis and SystemOne. Great care is needed to protect the supply chains of these medications via an agreed strategy.

**To maintain the supply chain do NOT over order any medicines**