Guidance for GP Practices and Care Homes Regarding the Supply and Administration Of Anticipatory Care Medicines During COVID-19

This document contains protocols in Appendixes 7-11 approved by NHS Borders for treating the specific symptoms of COVID-19. as detailed in regulation 247 of the Human Medicine Regulation 2012.

Approved by NHS Borders Area Drug and Therapeutics Committee 08/07/2020

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Background

This document has been adapted from *NHS Grampian Guidance For GP Practices And Care Homes Regarding The Supply and Administration Of Palliative Care Medicines During COVID-19.* It also includes the recommendations from the Supportive and Palliative Care Temporary Guideline – *Patients who are Imminently Dying from COVID-19 Lung Disease published in the NHS Scotland Palliative Care Guidelines.*

Given the emergency public health crisis with COVID-19 it is appropriate to have in place guidance for GP practices and care homes in relation to the supply, administration and management of symptomatic and anticipatory care medicines

Key Points of the document

- This guidance will help GPs ensure timely access to appropriate medicines in care homes should they be required to treat patients suffering from symptoms of COVID-19.

- This guidance would be applicable to all GP practices that provide GMS services to care homes in their area and all care homes across NHS Borders. This includes local authority and private sector care homes. Private sector care homes should consider approving this guidance via their normal governance structures.

- It is acknowledged that registered nurses are not present in all care homes, with some residential facilities being managed by care staff. This guidance provides appropriate levels of access to medicines in both care homes with registered nurses and those without. Care homes without registered nurses will require input from community nursing teams in order to supply and administer some treatment options.

- This guidance should be considered by all GP practices and care homes as soon as possible as part of an anticipatory care planning process regarding COVID-19. This is necessary to mitigate against a peak of COVID-19 in care homes at a time when there is increased pressure on health and social care staff and minimise the risk of delays in care home residents accessing anticipatory care medicines.

Proposed Model of Care

- **Level 1:** Basic symptomatic relief medicines

- **Level 2:** Routine symptomatic relief medicines which are non-controlled drug Prescription-only Medicines (PoMs) – supplied without prescription under pandemic exemptions.

- **Level 3:** Routine Anticipatory Care controlled drug PoMs via existing usual care. Consideration of access routes for anticipatory care controlled drug PoMs

Level - 1 Supply of Basic Symptomatic Relief Medicines

During COVID-19 care homes can stock basic symptomatic relief medicines supplied by GP practice on a GP10A stock order form. This process and supply route is only applicable during the COVID-19 pandemic.

Stock orders will be written by the GP practice and sent to community pharmacy for supply to the care home. Each care home will receive a small stock of medicines likely to be required in their particular setting (refer Appendix 1). Stock supplies will need to be reviewed and increased in the event of a confirmed/suspected COVID-19 outbreak in a care home.

Type of Stock: Original packs without a label

Medicines: Paracetamol, Prochlorperazine Buccal, Hyoscine tablets/patch, Biotene oralbalance gel.

GP Practice Responsibilities

Supply of medicines via GP10A stock order:

- Stock order should be written by the GP practice and sent to the community pharmacy, for supply to the care home.
- If the care home is linked to more than one GP practice, the lead GP practice, as identified in the care home LES, will be expected to write the stock order. Only one practice should write the stock order for each care home.
- See list of stock quantities based on size of care home (Appendix 1).
- Practices should not order quantities greater than these to avoid supply issues. Note: if you are responsible for writing the stock order for a care home (even if you only have a proportion of the residents registered with your practice), you should order sufficient for the entire care home.
- The lead GP practice may be required to write further stock orders if more supplies are required.
- Keep a copy of any stock order forms issued at the practice.

Pre-Authorising prescribing:

- GP practices will be required to complete pre-authorisation forms for all appropriate care home residents – this can be done by any appropriate prescriber, e.g. GP, Pharmacist, Nurse, Paramedic within their competency.
- If you have written a stock order for a care home linked to multiple GP practices, you will only be required to sign pre-authorisation forms for those residents who are registered with your GP practice.
- It may be easier to request a list of current residents linked to your GP practice from the relevant care homes.

- Prescriber to pre-authorise supply for each appropriate resident (Appendix 2) - only authorise medicines that are clinically appropriate for that individual resident.
- Authorisation forms should be scanned into Docman and then sent to the care home.

Note: this policy only allows amended basic symptomatic relief medicine Level 1 treatment for the first 72 hours, thereafter a prescription will be required.

Care Home Responsibilities

Stock control processes:

- Care home must keep this stock of basic symptomatic relief medicines locked away/separate from individual resident's medication.
- Stock must be clearly labelled (Basic Symptomatic Relief Medicines- Anticipatory Care Covid19) - keeping Level 1 and Level 2 medicines separate.
- Keep a record of stock used with running balance (see sample stock sheet for use – Appendix 3). A separate sheet should be kept for each medicine.
- Stock checks should be carried out on a regular basis and the GP practice responsible for the stock order (or their buddy practice if the original practice is not operating) should be contacted if further supplies are required.
- Any level 1 stock left over at the end of the COVID pandemic should be returned to the GP practice who wrote the stock order. Stock must be bagged up and quarantined for 72 hours before being handled to avoid transmission of COVID-19.

Mechanism for administration of Basic Symptomatic Relief Medicines (Level 1):

- No prescription needed, where pre-authorisation has been provided for each appropriate resident by a prescriber in the relevant GP practice.
- Pre-authorised forms sent to the care home by GP practice, should be signed by the care home manager and filed with patients MAR chart.
- Only a registered nurse or senior support worker, using their professional and clinical judgement, will be authorised to initiate the administration of Level 1 basic symptomatic relief medicines.
- The registered nurse or senior support worker will assess the resident and decide whether the use of a basic symptomatic relief medicine is appropriate.
- The resident should give consent to treatment of basic symptomatic relief medicines. If they are unable to do so, medicines may be able to be administered under Adults with Incapacity Act (AWI). This should be documented on the resident's pre-authorisation form.
- A support worker, trained to administer medicines, is able to administer level 1 medicines, on instruction from the registered nurse or senior support worker. Care must be taken to ensure no duplication of administration.
- The registered nurse/senior support worker/support worker will record the administration of Level 1 medicines in the residents' care plan and on a MAR chart. A pre-printed MAR listing the Level 1 medicines may be held in the care home and completed with patient details when required (Appendix 4).

Level 1 medicines should only be given for up to 72 hours, thereafter contact a prescriber to confirm ongoing need/review/prescription. Care must be taken to ensure there is no duplication of administration when medicines are also on another MAR or Anticipatory Care (purple) Kardex.

Level 2 - Supply of Prescription-only Medicines

In the event of a pandemic, care homes with registered nursing staff can stock certain non-controlled drug Prescription-only Medicines (PoMs), for treating the specific symptoms of COVID-19. This must be in accordance to specific protocols, which have been approved by the Health Board, as detailed in regulation 247 of the Human Medicine Regulation 2012.

During COVID-19, Level 2 PoMs will be supplied by the lead GP practice on a GP10A stock order form.
Level 2 PoMs will be supplied to care homes that have registered nurses who can assess the residents and liaise with a prescriber to receive authority to initiate treatment.

Care homes/residential homes with no registered nursing staff cannot be supplied with stock of Level 2 medicines. Access to these medicines would require to be via a GP10 prescription at the time they are required.

The decision to initiate these medicines should be under taken by a healthcare professional following patient assessment. If the health care professional is not a prescriber this must be authorised by a prescriber.

Stock orders will be written by the lead GP practice and sent to community pharmacy for supply to the care home. Each care home will receive a small stock of medicines likely to be required in their particular setting (refer Appendix 5). Stock supplies will need to be reviewed and increased in the event of a confirmed/suspected COVID-19 outbreak in a care home.

Type of Stock: Original packs without a label.

Medicines: Levomepromazine injection, Haloperidol injection, Hyoscine Butylbromide injection, Doxycycline, Amoxicillin and water for injection.

GP Practice Responsibilities

Supply of medicines via GP10A stock order:

- Stock order should be written by practice and sent to the community pharmacy for supply to care home.
- If the care home is linked to more than one GP practice, the lead practice, as identified in the care home LES, will be expected to write the stock order. Only one practice should write the stock order for each care home.
- See list of stock quantities based on size of care home (Appendix 5). Practices should not order quantities greater than these to avoid supply issues.
  Note: if you are responsible for writing the stock order for a care home (even if you only have a proportion of the residents registered with your practice), you should order sufficient for the entire care home.
  - Do not supply any PoMs (Level 2 medicines) for residential only homes (i.e. no registered nursing staff)
  - You may be required to write further stock orders if more supplies are required
- Keep a copy of any stock order forms issued at the practice.

Pre-Authorising prescribing:

- GP practices will be required to complete pre-authorisation forms for all their appropriate care home residents – this can be done by any appropriate prescriber, e.g. GP, Pharmacist, Nurse, Paramedic within their competency.
- If you have written a stock order for a care home linked to multiple GP practices, you will only be required to sign pre-authorisation forms for those residents who are registered with your GP practice.
- It may be easier to request a list of current residents linked to your GP practice from the relevant care homes.
- Prescriber to pre-authorise supply for each appropriate resident (Appendix 6 for each appropriate patient) - only authorise medicines that are clinically appropriate for that individual patient.
- Authorisation forms should scanned into Docman and then sent to the care home.

Note this policy only allows treatment for first 72 hours, thereafter a prescription will be required

Authorisation to Administer

- A prescriber will be contacted by the care home prior to the administration of any Level 2 Prescription-only Medicine. This is to facilitate clinical review and authorisation for the registered nurse to initiate administration
- When the decision is made to commence administration of a medicine under level 2 consideration will need to be given to writing a GP10A to replace the stock used, there may also be a need to increase the stock holding at this point, depending on the situation in the care home.
- It is recognised that it may be a different health care professional that has completed the pre-authorisation form to that which confirms and gives authorisation to administer. It would also be appropriate to discuss access and administration of Level 3 medicines at this stage.

Care Home Responsibilities

Stock control processes:

- Care homes must keep the Level 2 - Supply of Prescription-only Medicines stock locked away/separate from individual resident's medication.
- Must be clearly labelled (Level 2 – Prescription only Medicines Anticipatory Care Covid 19) - keeping Level 1 and Level 2 medicines separate.
- Keep a record of stock used with running balance (see sample stock sheet for use – Appendix 3). A separate sheet should be kept for each medicine.
- Stock checks should be carried out on a regular basis and the lead GP practice responsible for the stock order (or their buddy practice if the original practice is not operating) should be contacted if further supplies are required.
- Care Homes with permanent nursing staff - Any stock left in the care home at the end of the COVID period should be returned to the GP practice that provided the stock. Stock must be bagged up and quarantined for 72 hours before being handled to avoid transmission of COVID-19.
  Care Homes without permanent nursing staff - Any stock left in the care home when registered nursing staff are no longer present in the home , must be removed by the nursing staff and returned to the GP practice that provided the stock. Stock must be bagged up and quarantined for 72 hours before being handled to avoid transmission of COVID-19.

Mechanism for administration of level 2 Prescription-only Medicines:

- No prescription needed, where pre-authorisation has been provided for each appropriate resident by a prescriber in the relevant GP practice.
- Pre-authorisation forms sent to care home by GP practice, should be signed by the care home manager and filed with patients MAR chart. Only a registered nurse will be authorised to initiate the administration of Level 2 Prescription-only Medicines.
- The registered nurse must obtain verbal authorisation from a prescriber at the time the medicine is required. It would also be appropriate to discuss the use and access to Level 3 medicines at this time.
- It is recognised that it may be a different health care professional that has completed the pre-authorisation form to that which confirms and gives authorisation to administer.
- Discussions must be documented in the residents care plan. This should be confirmed by a second staff member acting as a witness. This should include documenting the discussion and agreed outcome/plan - including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up.
- Only to be used when following treatment protocols (Appendices 7-11) and for a maximum of 72 hours. Administration and dosing should not deviate from these protocols unless an individual prescription is generated / supplied for the resident. A support worker, trained to administer medicines, is able to administer the level 2 medicines which are in oral form only i.e. Doxycycline or Amoxicillin. This must be on instruction from the registered nurse or senior support worker and care must be taken to ensure no duplication of administration. The registered nurse/senior support worker/support worker will record the administration of Level 2 medicines in the service users' care plan and on a MAR chart. A pre-printed MAR listing the Level 2 medicines may be held in the care home and completed with patient details when required (Appendix 12).

Level 2 medicines should only be given for up to 72 hours, thereafter contact a prescriber to confirm ongoing need/review/further prescription. Care must be taken to ensure there is no duplication of administration when medicines are also on another MAR or Anticipatory Care (purple) Kardex.

Level 3 – Supply of Anticipatory Care Controlled Drugs

Care homes, including those with registered nurses, are not legally allowed to hold stocks of controlled drugs that have not been prescribed for an individual. This includes, Lorazepam Tablets, Morphine 10mg/5ml solution, Codeine Linctus, Morphine, Oxycodone and Midazolam, that would commonly be prescribed in Anticipatory Care.

Supplies of these medicines should be obtained via individual GP10 prescriptions.

Quantities prescribed should be kept low e.g. 3 to 5 ampoules per patient, in order to minimise the risk of shortages across the system. In order to preserve stocks it is not recommended that controlled drug supplies are obtained for all residents.

Type of Stock: Original packs with patient label generated by community pharmacy.

Where COVID-19 is confirmed in a care home the following should be considered after consultation with the infection control team for all care homes in that geographical area. It may also be appropriate to consider these steps in all care homes as the cases of COVID-19 increase:

- It may be appropriate to write 'Anticipatory Care' GP10 Prescriptions for every resident to be held by the care home/GP surgery/pharmacy.
- Prescriptions should not be automatically dispensed by the community pharmacy for every resident (this would result in wastage and risk causing stock shortages).
- The GP practice, care home and pharmacy should confirm which GP10 scripts are to be dispensed and supplied. It is recommended that supplies for a small number of residents (e.g.) 2 are obtained in the first instance.
- Note that Controlled Drug GP10 prescriptions legally expire after 4 weeks and will need to re-issued if potentially still required after this time.
- Pre-signed prescription authorisation should be given by a prescriber by writing up an Anticipatory Care Anticipatory Care kardex for each individual resident (as would normally be the case for anticipatory care medicines).
- The registered nurse can discuss option to use Level 3 medicines with a prescriber at the same time as discussing Level 2 medicines.
- It is recognised that it may be a different health care professional that has completed the Anticipatory Care kardex to that which confirms and gives authorisation to administer Level 3 medicines.
- Discussions must be documented in the residents care plan. This should be confirmed by a second staff member acting as a witness. This should include documenting the discussion and agreed outcome/plan - including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up.
- See appendix 13 for summary of guidance for prescribing and administering 'when required' medication when a person is rapidly dying from COVID-19 Lung disease
- See **Guidance for Providing End of Life Care and Symptom Management for patients with COVID - 19** which details that a fentanyl patch may be appropriate if a syringe driver is not available.

Urgent Access to medicines during COVID-19 Pandemic

There may be situations during COVID-19 when resident(s) deteriorate rapidly and urgent access to medicines, for Anticipatory Care, is required in care homes.

It may be necessary to consider non-conventional routes of access that, whilst not all are considered compliant with the current legal framework, may be acceptable in the context of the interests of the patient and minimising delay in the care of a person rapidly dying from COVID-19. These routes have been considered on a risk based approach ranging from normal routes to non-conventional routes which are only considered due to the nature of the COVID-19 pandemic situation.

Support is available to prescribers to obtain stock from:

- Primary Care Team in hours Mon-Fri 9am-5pm on 01896 827702.
- BGH Pharmacy can be contacted on 01896 826609 or 826610 9am-5pm 7 days
- BGH on-call pharmacist via BGH switchboard 01896 826000 5pm-9am 7 days

Table 1 – Options to obtain urgent access to anticipatory care drugs urgently during COVID-19

No.	Option	Comments	When appropriate to be considered
1	GP10 individual prescriptions dispensed by a community pharmacy	Normal legal route of supply.	In-hours and anticipatory supply for Anticipatory Care medicines for COVID-19 and other palliative patients when no restrictions to GP practice and community pharmacy access.
2	Stock from GP Bag/GP Practice	Normal legal route of supply.	In-hours and anticipatory supply for Anticipatory Care medicines for COVID-19 and other palliative patients when no restrictions to GP practice and community pharmacy access.
3	Individual Patient supply via BECS GP10 prescription	Recognised exceptional route of supply	Out of hours – or in-hours when restrictions to GP and community pharmacy access (GP escalation level 2/3).
4	Individual Patient supply via Borders General Hospital Pharmacy GP10 Prescription	Recognised exceptional route of supply	Out of hours– or in hours when restrictions to GP and community pharmacy access or there is a care home outbreak (GP escalation level 2/3).
5	Utilisation of supply prescribed for other patient in care home (repurposing) **Only suitable if no other clinical option available**	Non-conventional supply route. Repurposing of supplies for immediate need has been approved by NHS Scotland and the Care Inspectorate. .	Urgent treatment and no access to timely route of supply via options 1-4. Availability of correct medicine, strength required and use would not impact on care of other patients. Refer to the jointly developed guidance by NHS Scotland and the Care Inspectorate **Guidance for Repurposing Prescription Only Medicines (POMs) in Care Homes and Hospices during the COVID-19 pandemic.** See also '**Guidance for Repurposing of Medicines – Training Video**'.

Repurposing Medicines

Please see the link to the care Inspectorate and NHS Scotland advice for the full details*:*

Guidance for Repurposing Prescription Only Medicines (POMs) in Care Homes and Hospices during the COVID-19 pandemic.

There is also an accompanying video which supports the guidance '**Guidance for Repurposing of Medicines – Training Video**'.

In the context of COVID-19 it is essential that there is access to medicines to deal with the symptoms experienced by patients promptly. In such circumstances, where there are no readily available alternative routes of supply, it may be necessary and appropriate to repurpose medicines. Repurposing of medicines is also considered appropriate and necessary during COVID-19 to minimise waste and protect medicines supplies in the wider community at a time of concern over shortages of palliative medicines.

Repurposing means utilising medicines that have been prescribed and supplied for one resident (the donor) for another resident. This is to allow a supply for immediate administration to another resident. Repurposing of medicines can be undertaken for medicines that belong to other residents or for medicines that are awaiting return to pharmacy for destruction, that have been stored appropriately and are within the manufacturer's expiry date.

Criteria

The guidance outlines a risk assessment which is used to assess if the benefits of using a repurposed medicine outweigh the risks for the resident. While the guidance applies to all POMs there is an expectation that repurposing is most likely to be necessary in the context of:

- An urgent need for administration of medicines to manage severe symptoms at end of life.
- No other stock of the medicine is available in the appropriate timeframe.
- The benefits of using a medicine that was originally prescribed for someone else outweigh any risks for the individual patient receiving the unused medicine.

For efficiency and safety reasons the preferred method of repurposing medicines should be planned e.g. where a patient no longer requires a medicine (e.g. recovery or death). Therefore care homes should give consideration to assessing medicines for repurposing when a donor no longer needs them. This provides time and space to allow for a conversation with residents' relatives over donation of medicine

Please see below the keys points around repurposing medicines.

- It is important that repurposing of a medicine only occurs when no other clinical option is available**. It must not be used as a routine option for obtaining a medicine urgently.**

- All medicines must be appropriately prescribed before they can be administered i.e. authority to administer given by a pre-written Anticipatory Care Kardex or prescription.

- Before a medicine can be repurposed you must ensure you have followed the decision making process in table 1 to ensure that a repurposed medicine is the only clinical option.

- The prescriber of the urgently required prescribed medicine must be contacted to discuss the option of using a repurposed medicine. Prescribers are strongly encouraged to discuss this with pharmacy colleagues to ensure continued medication supply for all patient's concerned.

- If repurposing of medicines is deemed necessary, the Repurposing Medicine Assessment form in Appendix 14 **must** be completed.

- The form in Appendix 15 detailing the transfer of stock from one patient to another must be held for a minimum of 3 months from the date of the last repurposing record and should be filed securely within the care home e.g. in the medicines cupboard/CD cabinet.

Appendix 1 - Suggested Quantities of Basic Symptomatic Relief Medicines for Stock Order

Avoid issuing stock orders for excess quantities, the suggested quantities will help to maintain the supply chain of palliative medicines during the COVID-19 Pandemic.

Only issue stock order for those medicines that are likely to be used in your specific care home(s).

Supplies should be reviewed in the event of a suspected/confirmed COVID-19 outbreak.

Care Home Size (no of residents)	**<30**	**31-80**	**>80**
MEDICINE	**Quantity**	**Quantity**	**Quantity**
Paracetamol 500mg tablets	100 tablets	100 tablets	200 tablets
Paracetamol 250mg/5ml Suspension	500ml	500ml	1000ml
Prochlorperazine 3mg buccal tablets (e.g. Buccastem M)	16 tablets	16 tablets	32 tablets
Hyoscine Hydrobromide 300microgram Tablets (e.g. Kwells)	12 tablets	12 tablets	12 tablets
Hyoscine 1.5mg Patches (e.g. Scopoderm)	2 patches	2 patches	2 patches
Biotene oralbalance gel	1 pack	1 pack	2 packs

Appendix 2 – Pre-authorised Prescribing Sheet for Level 1 Basic Symptomatic Relief Medicines for first 72 hours only

Resident:	CARE HOME:	GP/practice:
DOB/CHI:	Care home manager Signature: DATE:	GP/prescriber Signature: DATE:
Consent from Resident to receive treatment under Basic Symptomatic Relief Medicines Policy YES / NO Date : Patient unable to give consent, treatment authorised under AWI act YES / NO		
Prescriber to confirm the patients regular medication has been reviewed to ensure there is no duplication of treatment		

Indication	Choice	Medicine	Dose	Maximum dose	Cautions	GP Agreement
Pain or Fever	**If patient can swallow without problem** **(note can be crushed)**	**PARACETAMOL 500MG ORAL TABLETS**	**BELOW 50KG:** ONE tablet every 4-6 hours **ABOVE 50KG:** Two tablets every 4-6 hours	Maximum 4 Doses in 24 Hours	Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol	**YES / NO**
	Patient with swallowing difficulties –Unable to take crushed tablets	**PARACETAMOL 250MG/5ML SUSPENSION**	**BELOW 50KG:** 500MG (10ML) every 4-6 hours **ABOVE 50KG:** 1G (20ML) every 4-6 hours	Maximum 4 Doses in 24 Hours	Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol.	**YES / NO**
Nausea/ Vomiting	**Only choice**	**PROCHLORPERAZINE 3MG BUCCAL TABLETS**	ONE or TWO tablets to be placed high up between upper lip and gum and left to dissolve every 12 hours	Maximum 4 Tablets in 24 Hours	Do not chew or swallow the tablet. * Do not give if patient has epilepsy or Parkinson's Disease	**YES / NO**
Respiratory Secretions	**If patient can swallow without problem**	**HYOSCINE HYDROBROMIDE 300MICROGRAM TABLETS (e.g. Kwells®)**	ONE tablet every 6 hours	Maximum 3 Doses in 24 Hours	Tablet to be sucked, chewed or swallowed	**YES / NO**
	Patient that is nil by mouth	**HYOSCINE 1.5mg PATCHES (e.g. Scopoderm®)**	Apply ONE patch	Maximum 1 patch every 72 Hours	Apply onto a clean, dry, hairless area of skin behind the ear	**YES / NO**
Symptomatic treatment of dry mouth	**Only choice**	**BIOTENE ORALBALANCE GEL**	Apply as required, to gums and tongue	Not applicable (apply as often as you need)	Not applicable	**YES / NO**

Contact a health care professional if:

- You need to continue therapy beyond 72 hours, prescriptions will be required. An Anticipatory Care (purple) kardex will supersede this form.
- You are concerned that the resident has developed problems or side effects to any of these medicine.

Appendix 3 – Example Stock Record & Template

EXAMPLE STOCK RECORD

MEDICINE DETAILS – NAME, STRENGTH AND FORM:	DATE RECIEVED:
PARACETAMOL 500mg TABLETS	21/03/2020

Date	Time	Name	Reason given	Quantity given	Nurse/senior support worker sign	Balance
01/05/11	9.30am	NEW SUPPLY – box of 100	n/a	n/a	J Smith	100
12/05/11	11am	Jack Cadbury	Headache	2	J Smith	98
24/05/11	8.30pm	Ken Tetley	Toothache	2	J Smith	96
01/06/11	8am	WEEKLY STOCK CHECK	n/a	n/a	J Smith	96

MEDICINE DETAILS – NAME, STRENGTH AND FORM:	DATE RECIEVED:

Date	Time	Name	Reason given	Quantity given	Nurse/senior support worker sign.	Balance

Appendix 4 MAR for Level 1 Prescription Only Medicines

Page 1 of 1

Service User Name:	
Date of Birth/CHI:	

Date:	
Completed by	

MEDICATION TO BE ADMINISTERED for 72 hours only

Ensure no duplication if medicines are also on another MAR or Anticipatory Care (purple) Kardex

Medication	Date					
Paracetamol 500mg tablets _______ tablet(s) every FOUR to SIX hours Maximum 4 Doses in 24 Hours Do not give if already prescribed / taking any paracetamol products.	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Paracetamol 250MG/5ML SUSPENSION ________ML every FOUR to SIX hours Maximum 4 Doses in 24 Hours Do not give if already prescribed / taking any paracetamol products. Mix with water	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Prochlorperazine 3mg buccal tablets (e.g. Buccastem M) One or two tablets to be placed high up between upper lip and gum and left to dissolve every 12 hours. Maximum 4 Tablets in 24 Hours Do not chew or swallow the tablet.	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Hyoscine Hydrobromide 300microgram Tablets (e.g. Kwells) One tablet every 6 hours Maximum 3 Doses in 24 Hours. Tablet to be sucked, chewed or swallowed.	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Hyoscine 1.5mg Patches (e.g. Scopoderm) Apply one patch onto a clean, dry, hairless area of skin behind the ear Maximum 1 patch every 72 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Biotene Oralbalance Gel Apply as required, to gums and tongue	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					

Key:	**R -** Refused:		**O** – Other see Carer medication notes

CARER MEDICATION NOTES

For noting administration times of when required PRN medication, reasons for medication not taken and any other medication related issues. The column(s) below to be completed as appropriate to the care service and issue.

Date	Time	Medication	Dose	Reason/Description of Issue/Outcome	Signature

Appendix 5 - Suggested Quantities of Level 2 Prescription-only Medicines for Stock Order

Avoid issuing stock orders for excess quantities, the suggested quantities will help to maintain the supply chain of palliative medicines during the COVID-19 Pandemic.

Only issue stock order for those medicines that are likely to be used in your specific care home(s).

Supplies should be reviewed in the event of a suspected/confirmed COVID-19 outbreak as additional supplies are likely to be required.

Care Home Size (no of residents)	**<30**	**31-80**	**>80**
MEDICINE	Quantity	Quantity	Quantity
Water for Injection	6 vials	10 vials	10 vials
Levomepromazine 25mg/1mL Injection	2 vials	5 vials	5 vials
Haloperidol 5mg/1mL Injection	2 vials	5 vials	5 vials
Hyoscine Butylbromide 20mg/1mL Injection	2 vials	5 vials	5 vials
Doxycycline 100mg capsules	8 caps	16 caps	16 caps
Doxycycline dispersible 100mg tablets	8 tabs	16 tabs	16 tabs
Amoxicillin 500mg capsules	21 caps	42 caps	42 caps
Amoxicillin suspension 250mg/5mL	100mls	100mls	100mls

Appendix 6 Pre-authorised Prescribing Sheet for Level 2 Prescription Only Medicines for first 72 hours only

Registered nurse must contact prescriber for authorisation to administer

RESIDENT:	CARE HOME:	GP/practice:
DOB/CHI:	Care home manager Signature: DATE:	GP/prescriber Signature: DATE:
Prescriber to confirm the patients regular medication has been reviewed to ensure there is no duplication of treatment		

Indication	Choice	Medicine	Dose #	Maximum dose	Cautions	GP Agreement
Agitation / Delirium	**1st Line**	**LEVOMEPROMAZINE 25mg/1mL INJECTION**	5mg (0.2ml) subcutaneous injection every 12 hours	Maximum 2 Doses in 24 Hours		**YES / NO**
		WATER FOR INJECTION	0.2ml flush after administration of medication if given via **saf-t intima**	Maximum 2 Doses in 24 Hours		**YES / NO**
	2nd Line	**HALOPERIDOL 5MG/1mL INJECTION**	500 Microgram (0.1ml) by subcutaneous injection	Maximum 1 Dose in 24 Hours	Do not use if patient has Parkinson's Disease. Also consider other antipsychotic use	**YES / NO**
		WATER FOR INJECTION	0.2ml flush after administration of medication if given via **saf-t intima**	Maximum 1 Dose in 24 Hours		**YES / NO**
Respiratory Secretions	**Only choice if patient is nil by mouth**	**HYOSCINE BUTYLBROMIDE 20MG/1mL INJECTION**	20mg (1ml) by subcutaneous injection up to every hour if required	Maximum 6 Doses in 24 Hours		**YES / NO**
		WATER FOR INJECTION	0.2ml flush after administration of medication if given via **saf-t intima**	Maximum 6 Doses in 24 Hours		**YES / NO**
Purulent Sputum (Choice between Doxycycline or Amoxicillin agreed with GP or prescriber before administration)	**If patient can swallow without problem**	**DOXYCYCLINE 100MG CAPSULES**	200mg (2 capsules) to be given as a first daily dose followed by 100mg (1 capsule) the following day	Maximum 1 dose in 24 Hours		**YES / NO**
	Patient with Swallowing difficulties	**DOXYCYCLINE 100MG DISPERSIBLE TABLETS**	200mg (2 tablets) to be given as a first daily dose followed by 100mg (1 tablet) the following day	Maximum 1 dose in 24 Hours	Add tablet to a small amount of water and allow to disperse	**YES / NO**
	If patient can swallow	**AMOXICILLIN 500MG CAPSULES**	500mg (1 capsule) three times daily	Maximum 3 doses in 24 Hours		**YES / NO**
	Patient with Swallowing difficulties	**AMOXICILLIN 250MG/5mL ORAL SUSPENSION**	500mg (10ml) three times daily	Maximum 3 doses in 24 Hours	Follow directions on bottle to make suspension	**YES / NO**

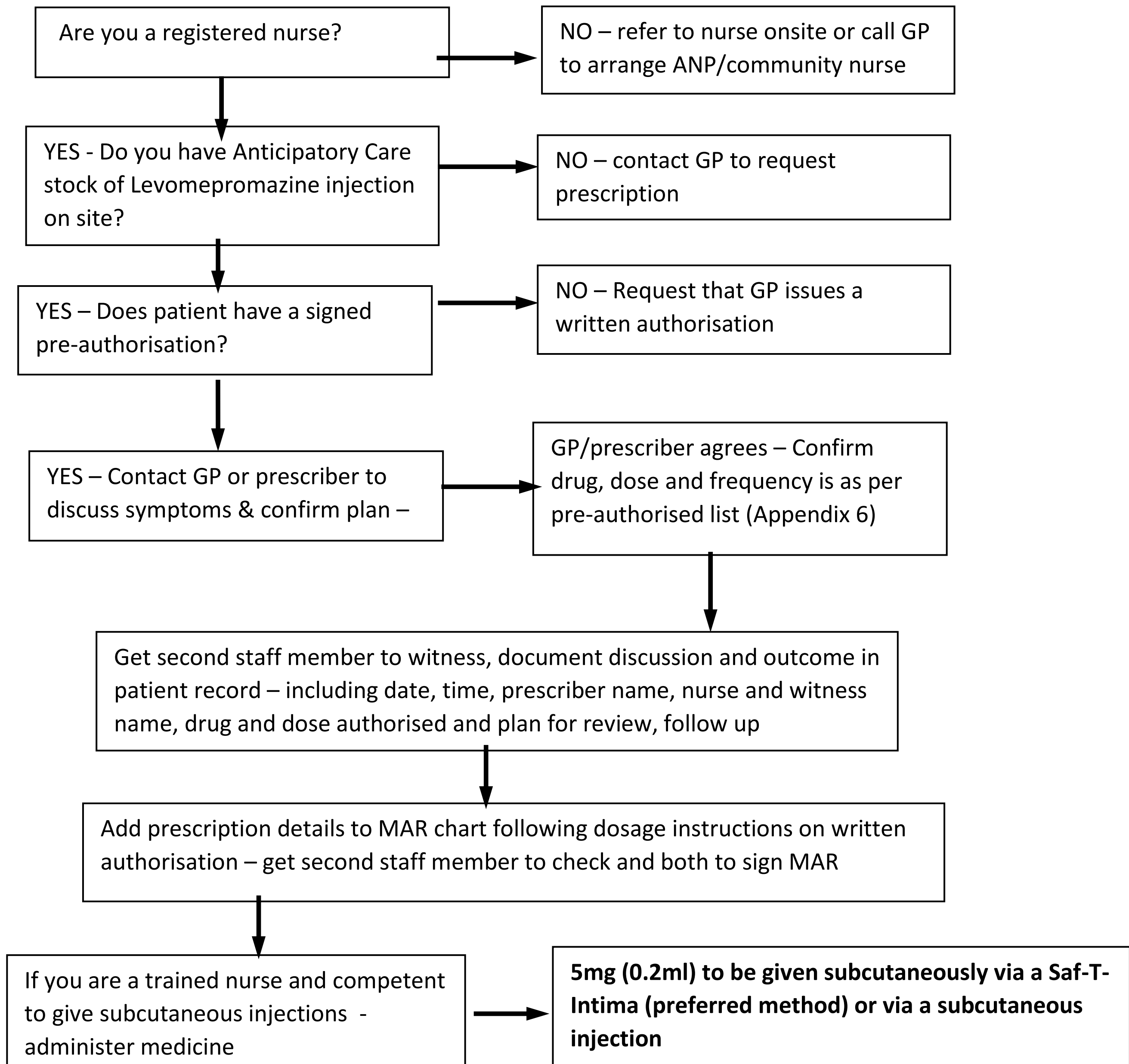
Care must be taken to ensure there is no duplication of administration when medicines are also on another MAR or Anticipatory Care (purple) Kardex

Contact a health care professional if:

- You need to continue therapy beyond 72 hours, prescriptions will be required. An Anticipatory Care (purple) kardex will supersede this form.
- You are concerned that the resident has developed problems or side effects to any of these medicine

Appendix 7 - Protocol for AGITATION / DELIRIUM (1st Line Option) for First 72 hours Only*

LEVOMEPROMAZINE 25mg/1mL INJECTION – 5mg (0.2mL) 12 HOURLY SUBCUTANEOUSLY

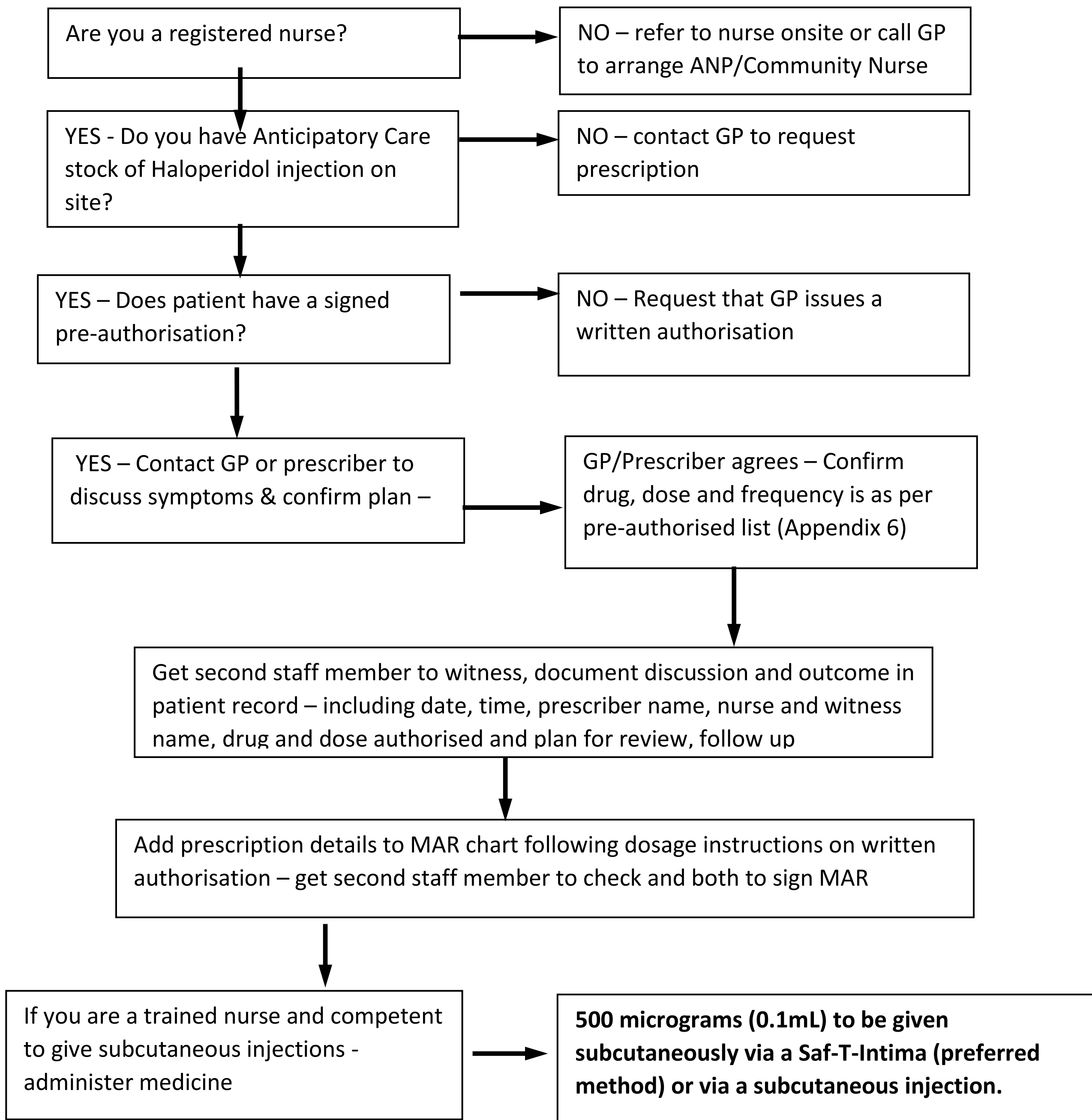


* exclude patients with LEVOMEPROMAZINE already prescribed through a normal prescription

[#] GP or prescriber must provide a prescription to continue therapy beyond 72 hours.

Appendix 8 - Protocol for AGITATION / DELIRIUM (2nd Line Option) for First 72 hours Only*

HALOPERIDOL 5mg/1mL INJECTION –500micrograms (0.1mL) 24 HOURLY SUBCUTANEOUSLY

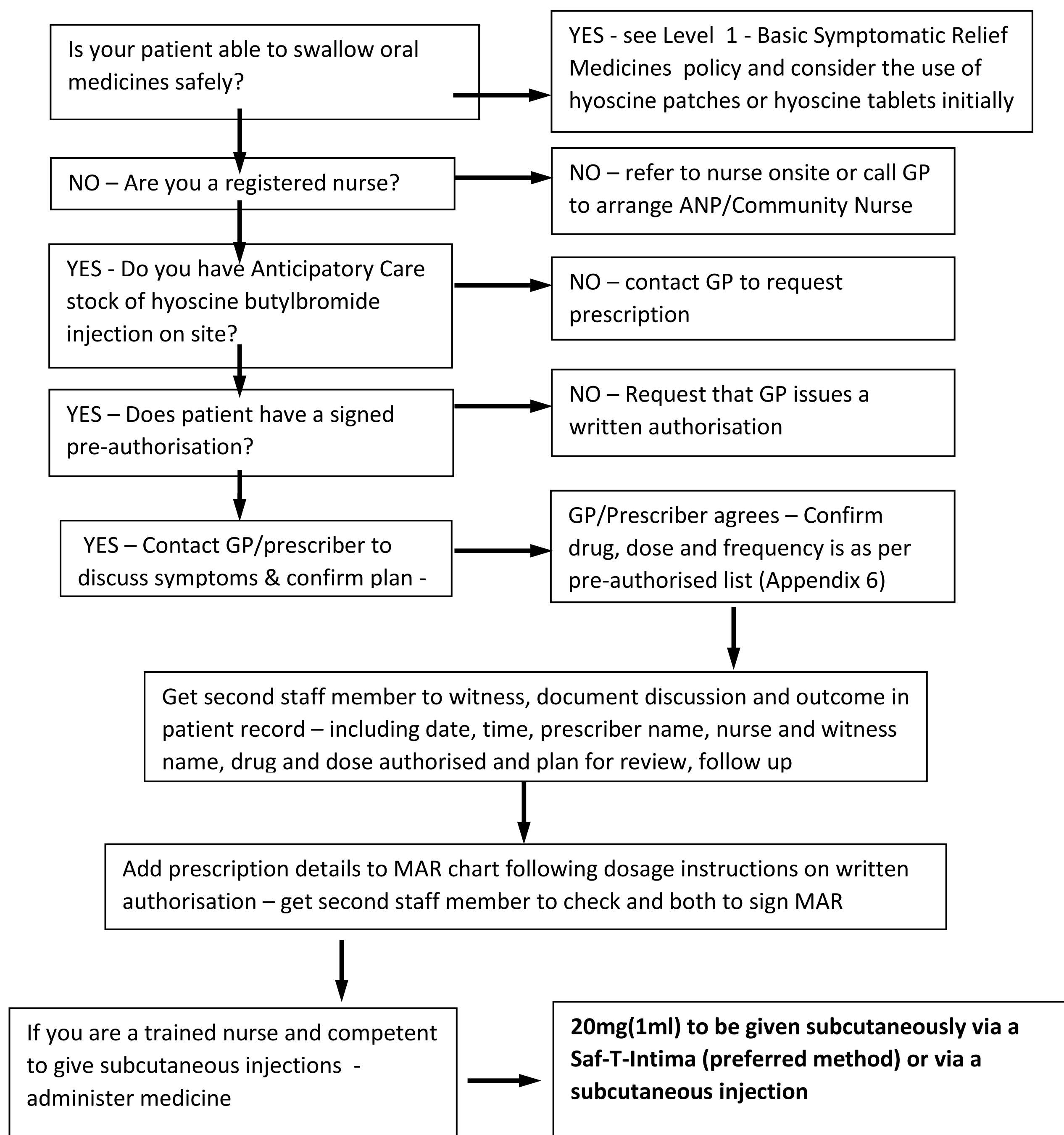


*exclude patients with HALOPERIDOL already prescribed through a normal prescription.

GP or prescriber must provide a prescription to continue therapy beyond 72 hours.

Appendix 9 - Protocol for RESPIRATORY SECRETIONS for First 72 hours Only *

HYOSCINE BUTYLBROMIDE 20mg/1mL INJECTION – 20mg (1mL) MAXIMUM 1 HOURLY, AND 6 DOSES/24HOURS SUBCUTANEOUSLY

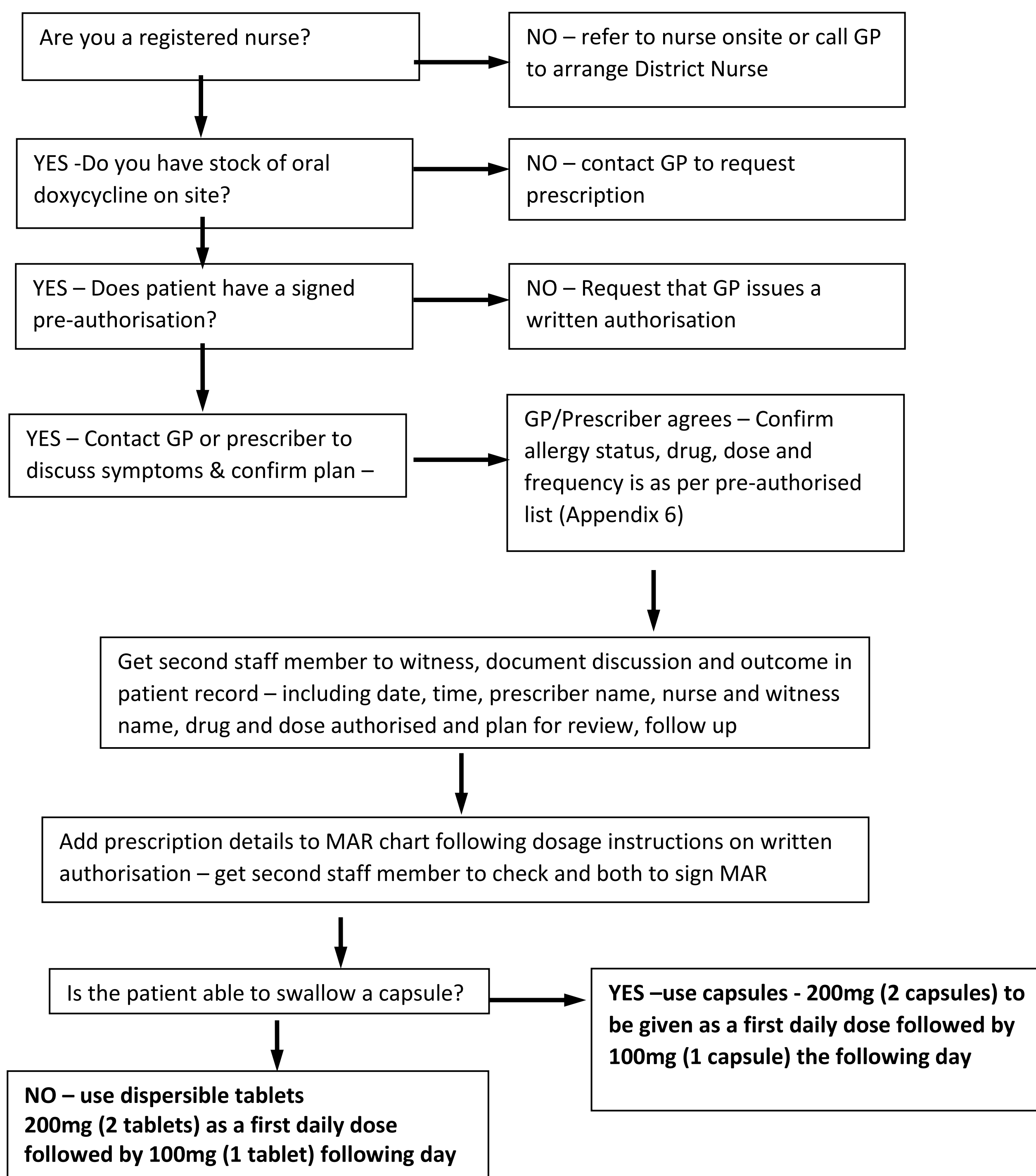


*exclude patients with HYOSCINE BUTYLBROMIDE already prescribed through a normal prescription.

GP or prescriber must provide a prescription to continue therapy beyond 72 hours.

Appendix 10 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 72 hours Only [#]

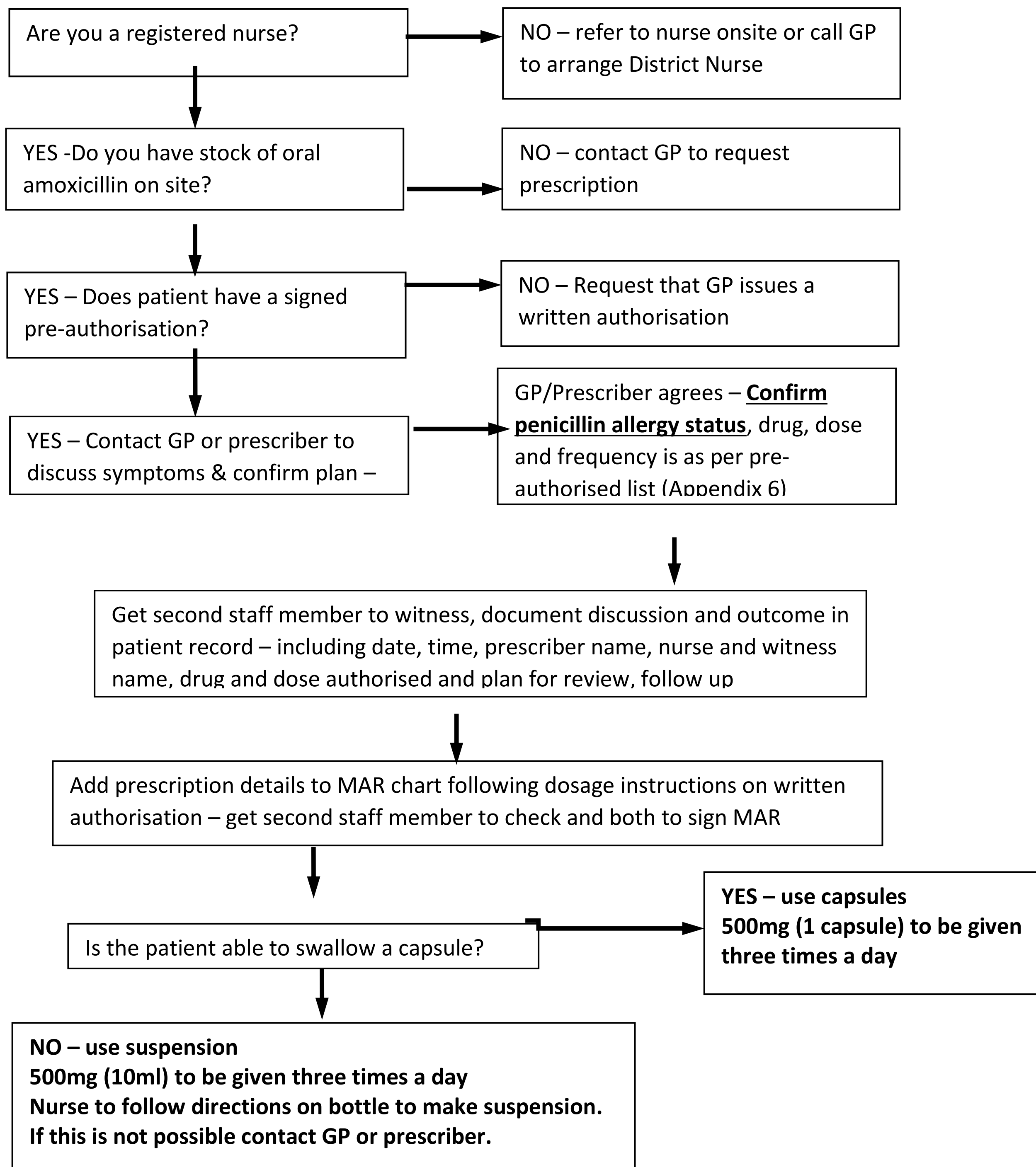
DOXYCYCLINE CAPSULES/DISPERSIBLE TABLETS – 200mg AS AN INITIAL DOSE THEN 100MG DAILY THE FOLLOWING DAY



[#] GP or prescriber must provide a prescription to continue therapy beyond 72 hours.

Appendix 11 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 72 hours Only#

AMOXICILLIN CAPSULES/SUSPENSION – 500mg THREE TIMES DAILY



GP or prescriber must provide a prescription to continue therapy beyond 72 hours.

MAR for Level 2 Prescription Only Medicines

Service User Name:	
Date of Birth/CHI:	

Date:	
Completed by	

MEDICATION TO BE ADMINISTERED for 72 hours only

Ensure no duplication if medicines are also on another MAR or Anticipatory Care (purple) Kardex

Medication	Date					
Levomepromazine 25mg/1mL Injection 5mg (0.2ml) by subcutaneous injection every 12 hours. Maximum 2 Doses in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Water For Injection 0.2mL Flush after administration of medication if given via SAF-T INTIMA Maximum 2 Doses in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Haloperidol 5mg/1mL Injection 500 microgram (0.1ml) by subcutaneous injection Maximum 1 Dose in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Water For Injection 0.2mL Flush after administration of medication if given via SAF-T INTIMA Maximum 1 Dose in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Hyoscine Butylbromide 20mg/1mL Injection 20mg (1ml) by subcutaneous injection up to every hour if required Maximum 6 Doses in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Water For Injection 0.2mL Flush after administration of medication if given via SAF-T INTIMA Maximum 6 Doses in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					

Key:	**R -** Refused:		**O** – Other see Carer medication notes

Service User Name:	
Date of Birth/CHI:	

Date:	
Completed by	

MEDICATION TO BE ADMINISTERED for 72 hours only

* Ensure no duplication if medicines are also on another MAR or Anticipatory Care (purple) Kardex *

Medication	Date					
Doxycycline 100mg capsules TWO capsules to be taken as a first daily dose followed by ONE capsule the following day. Maximum 1 dose in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Doxycycline dispersible 100mg tablets TWO tablets to be taken as a first daily dose followed by ONE tablet the following day. Add tablet to a small amount of water and allow to disperse Maximum 1 dose in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Amoxicillin 500mg capsules ONE capsule to be taken three times a day Maximum 3 doses in 24 Hours	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					
Amoxicillin suspension 250mg/5mL 10ml to be taken three times a day Maximum 3 doses in 24 Hours Follow directions on bottle to make suspension	Early					
	Breakfast					
	Lunch					
	Tea					
	Night					

Key:	**R -** Refused:		**O** – Other see Carer medication notes

CARER MEDICATION NOTES

For noting administration times of when required PRN medication, reasons for medication not taken and any other medication related issues. The column(s) below to be completed as appropriate to the care service and issue.

Date	Time	Medication	Dose	Reason/Description of Issue/Outcome	Signature

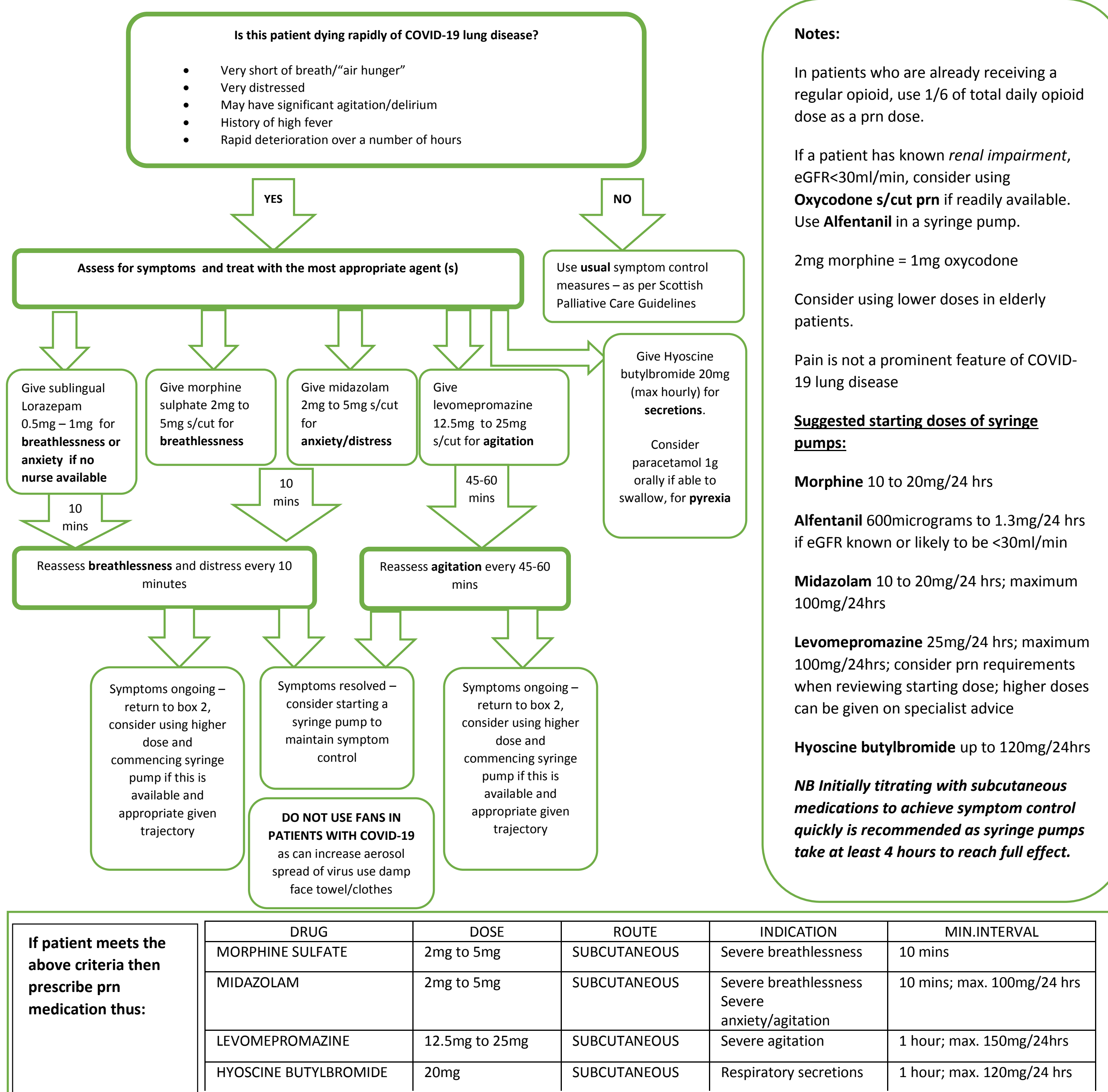
Appendix 13 Guidance for Prescribing and Administering PRN medication when a Person is Imminently Dying from COVID-19 Lung disease

Temporary guidance for Primary Care: expires end January 2021
Doses in this appendix may differ from those elsewhere in the document.

<u>This guideline should only be used when patients are rapidly dying with severe respiratory distress from confirmed or suspected COVID 19, and after potentially reversible causes of decline have been considered and addressed. In all other situations, the usual Scottish Palliative Care Guidelines apply.</u>

Some patients dying of COVID-19 lung disease could have severe symptoms with **rapid decline**. In this situation it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering. In this situation, it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering. The Scottish Palliative Care Guidelines now include a temporary guideline with regard to symptom management in this situation https://www.palliativecareguidelines.scot.nhs.uk

Further advice can be obtained via the palliative care duty bleep 6838 and via email through the palliative care team inbox Palliative.CareTeam@borders.scot.nhs.uk both manned 9-5 Monday-Friday. Out of hours, the on-call palliative care team at Marie Curie Hospice, Edinburgh can be contacted on 0131 470 2201.



If patient meets the above criteria then prescribe prn medication thus:

DRUG	DOSE	ROUTE	INDICATION	MIN.INTERVAL
MORPHINE SULFATE	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness	10 mins
MIDAZOLAM	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness Severe anxiety/agitation	10 mins; max. 100mg/24 hrs
LEVOMEPROMAZINE	12.5mg to 25mg	SUBCUTANEOUS	Severe agitation	1 hour; max. 150mg/24hrs
HYOSCINE BUTYLBROMIDE	20mg	SUBCUTANEOUS	Respiratory secretions	1 hour; max. 120mg/24 hrs

Appendix 14 - Repurposing Medicine Assessment

Record reason for repurposing medicine on donor MAR chart.

If the answer to all questions is yes, the risk of repurposing the medicine may be considered as minimal. If the answer to any question is no, then the medicine should not be repurposed. See also Flow chart in Guidance for Repurposing Prescription Only Medicines (POMs) in Care Homes and Hospices during the COVID-19 pandemic. The prescriber of the urgently required medicine must be contacted to discuss the option of using a repurposed medicine.

Date	Name of resident for whom medicine is originally prescribed (Donor)	Name of original prescriber	Registered healthcare professionalperforming assessment	Medicine (generic name, brand, form, strength)	Quantity	Suitable for repurposing? Y/N (follow flow chart in guidance)

	Yes	No	Notes
Is the medicine in an intact ampoule or intact blister that has not been tampered with?			If the contents of the blister or the ampoule are completely intact, and match the description on the packaging they were retrieved from (including batch numbers) they can be considered for repurposing.
Is the medicine within its expiry date?*			Medicines should be in date. If expired, return to a pharmacy for destruction
Has it been stored appropriately, including any need for refrigeration?			Medication must be stored according to manufacturer's instructions. Medicines requiring refrigeration, or having a reduced shelf-life once removed from refrigerated storage, should be stored at the appropriate temperature. Medicines stored in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, should not be repurposed.
Has the medicine been prescribed for the donor resident by a prescriber?			Medicines originally prescribed and dispensed via the usual routes for the donor resident can be considered for repurposing

* Information on expiry dates. Expiry August 2020 means use by the 31st of August 2020, Use by August 2020 means use by the 31st of July 2020.

If the medicine was from a patient with a diagnosis of COVID-19 or suspected COVID-19, ensure that adequate infection control precautions have been taken. Refer to local infection control guidance.

Appendix 15 - Repurposing Log for Prescription Only Medicines (POMs)

Record of Repurposing of Prescribed Medicines within Care Home for Immediate Treatment During COVID-19 Pandemic

Name of Care home						
Date	Residents Name for whom medication originally prescribed (Donor)	Medicine*, strength, quantity (one line per medicine)	Expiry date	Name of resident medication required for/administered to	Number amps remaining	Name of Nurse and name of witness (If available)
16/04/20	Joe Smith	Midazolam 10mg/2ml injection x 4	30/04/21	Ann Jones 2 amps	2	An Nurse A witness

*If the medicine is a Controlled Drug details must be recorded in the CD register, with the medicine being transferred to a new register page for the resident it is required for.

It is recommended that when medicines are repurposed a label can be applied to the box stating the date, nursing staff names and 'repurposed'.

Forms must be held for a minimum of 3 months from the date of the last repurposing record and should be filed securely within the care home, e.g. in the medicines cupboard/CD cabinet