

# Care About Medicine

*Providing information, support & Guidance on managing medicines safely and effectively in a social care setting*

**Issue 36 - May 2024**

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## Topical Administration - Body Maps

All external preparations when used must be recorded. This can either be done by signing the resident's MAR chart or a topical chart kept in the their room which can then be put with their MAR chart at the end of the month as a complete record of what has been used.

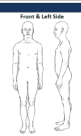
The MAR chart should show when the preparation should be used and where (e.g. apply to dry skin on left leg). A specific topical MAR chart which includes a body map is recommended. The body map should be annotated with the area the cream needs to be applied to.

If a separate record or MAR chart is kept in the resident's room, then write on the main MAR chart 'See topical chart in room' or similar wording to show why the original MAR chart has not been completed.

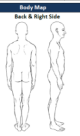
**Topical Medicines Application Record**

Name of Resident	Date of Birth	Room No.	GP Name	Allergies
Name of Topical Preparation	Completed by		Checked by	
Site of Application mark on body map				
Frequency of Application e.g., daily or after washing				
Month	Start Date	End Date		


Front & Left Side



Back & Right Side



Face



Date	Time/Day								
Date	Time/Day								
Date	Time/Day								

Storage in fridge      Date opened      Expiry date after opening

## Reminder - Controlled Drug (CD) Registers

- The CD register must be used to record the receipt, administration, disposal and transfer of CDs held by the service. Entries must be completed accurately and made promptly. Entries must be in black or dark blue ink and there must be no crossing out, overwriting or use of correction fluid. Errors should be marked as "entered in error" signed, witnessed and dated. The correct entry should then be made using a new line.
- All entries in the register should be signed and then checked and countersigned by an appropriately trained witness.
- On receipt of a CD into the home the date, quantity and where it came from should be entered into the register and signed by the receiving authorised member of staff, with a second person as a witness.
- The correct balance should be verified each time an entry is made.
- Each drug, for each resident should be recorded on a separate page, with the name, form, dose and strength of the drug written clearly at the top of the page.
- Following administration of a CD, the resident's name, plus time and dose given, should be recorded in the register and the running balance verified.
- When transferring the drug record to a new page in the register the amount remaining should be identified and "transferred to page x" at the bottom of the page. "Carried forward from page x" should be written clearly on the new page.
- When CDs are sent for disposal or when a resident leaves the home a record must be made in the register.
- Stock checks of all CDs should be carried out by two authorised members of staff on a weekly basis and recorded in the register.
- The CD register is a legal document. Completed registers must be kept for a minimum of two years after the date of the last entry.

## Reducing the risk of falls in your care home

Free training and resources for all care home staff. The training has been developed using research evidence, clinical experience and experience of care home staff.



Access the training and resources at  
<https://reactto.co.uk/react-to-falls>

## Dressings Request Form for Nursing Homes in Nottingham City

To help you request dressings that are included in the wound care formulary a request form has now been developed for Nottingham City as well as Nottinghamshire County nursing homes ([here](#)). Please use this form to request prescriptions from the GP for your residents, for up to 2 weeks supply at a time.

**Please note:** this form is only for use by nursing homes where trained staff are changing the dressings. District Nurses will continue to provide dressings for residents under their care.



## Reminder - Disposable and plastic medication pots

- Carers/nurses are advised to use single use disposable pots where available and appropriate.
- Staff must check that medicine pots are suitable for re-use. If this symbol is printed on the container, then it is not suitable for reuse.
- If reusable plastic pots, oral syringes and spoons are to be used then these should be washed in a designated dishwasher as per manufacturer's guidelines.
- When a dishwasher is not available the pots etc. should be washed in hot soapy water in the kitchen sink, (not in the medication room, as the medication room sink should only be used for hand hygiene to avoid cross contamination), rinsed & dried with paper towels.
- When a resident has been identified as having an infection or transmittable disease then as per infection prevention and control instructions, single use pots must be used and disposed of immediately after use.
- Plastic cups etc. must be disposed of and renewed as required when signs of wear and tear are noted.



## Medicine Fridges

We are often finding when undertaking medicines management audits that medicine fridges are not locked. Please ensure that medicines fridges are kept locked when not in use.











## Lorazepam prescribing for behaviour and psychological problems in dementia

Lorazepam should be prescribed on a short term, when required (PRN) basis when managing severe agitation in diagnosed or suspected dementia patients. Doses should not exceed 1mg in a 24-hour period. There have been several instances where regular doses prescribed exceeds 1mg, which can lead to harm. If care staff identify patients on doses greater than 1mg of lorazepam per day for psychological symptoms in dementia, please highlight the patient to the GP for review.

## Maintaining Independence - Self-administration

Is someone you care for struggling to remember to take their medicines or having difficulty getting their medicines out of the packet but still wanting to take their medicines independently?

If so, there are many aids and possible solutions to these problems that can help service users stay independent with their medications for as long as possible. We have produced an information sheet on what support is out there. This can be accessed [here](#). Further information and advice can also be obtained by speaking to your local pharmacy.

Struggling to open containers/use medicines		
Large Containers		These have a larger lid to help with grip when opening containers.
Easy opening bottle tops		Non child resistant tops can be easier to open for those having difficulty opening containers.
Winged Caps		Non child resistant tops with a wing attachment that is easier to open.
A Pill Press		A device that helps medicines to be pushed out of blister packs (the wrong end of a teaspoon can also be used to do this).
A Pill Punch		A device that helps medicines to be pushed out of blister packs.
Eye drop dispensers		To help apply eye drops. Various options. Usually need to buy.
Inhaler aids		Aids to help you grip, trigger or twist an inhaler device.
Medication tube squeezers		Helps to squeeze content out of tubes and also reduces waste.

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication

If you need any further information on medicines management please contact us as follows:

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