**Guidance on Vitamin D as Self-Care for Adult Care Home Residents
Background**Vitamin D (also known as colecalciferol) helps to regulate the amount of calcium and phosphate in the body. These nutrients are needed to keep bones, teeth and muscles healthy. Vitamin D is made in the body in response to sunlight exposure onto the skin and most people meet their requirements in this way. Vitamin D is also found in some foods.

* NHS Nottingham and Nottinghamshire ICB does not support the prescribing of Vitamin D for maintenance or prevention of deficiency, including for care home residents
* Care homes should consider other options for providing vitamin D supplements to their residents
* Vitamin D supplementation is not suitable for some people. If the resident is not already prescribed vitamin D by their GP, the suitability assessment (appendix 1) should be completed by a doctor, pharmacist or advanced nurse practitioner to identify which residents should not be offered vitamin D supplements under self-care
* For the purposes of this document, the term ‘care home’ refers to both nursing and residential homes

Care home residents are at increased risk of low vitamin D levels as they may have greater difficulty getting outside and receiving the sunlight exposure required. The Department of Health and Social Care recommend that adults take a daily supplement containing 10 micrograms (also expressed as 400 units) of vitamin D throughout the year if they are not outdoors often or are in an institution such as a care home ­[1]. Vitamin D is also commonly available as 20 micrograms (800 units) and 25 micrograms (1000 units), both of which are also suitable for daily supplementation. The Care Quality Commission (CQC) state that care home providers must make sure that service users have enough to eat and drink to meet their nutrition and hydration needs and this may include support to take nutritional supplements, such as vitamin D[2][3].

As part of its self-care strategy, in line with national guidance, NHS Nottingham and Nottinghamshire ICB does not support the prescribing of Vitamin D for maintenance purposes or for prevention of deficiency, including for care home residents[4]. Care homes should consider other options for providing vitamin D supplements to their eligible residents such as purchasing their own supplies or asking eligible residents, or an appropriate representative of that resident (i.e. relative, next of kin, lasting power of attorney (LPA) for health), to purchase an appropriate supplement.

Vitamin D supplementation is generally well tolerated but is not suitable for some people due to certain medical conditions or their current medication. If the resident is not already prescribed vitamin D by their GP, the Suitability Assessment (appendix 1) should be used by a health-care professional (doctor, pharmacist or advanced nurse practitioner) to identify which residents should and should not be offered vitamin D supplementation under self-care. If the resident is already prescribed maintenance dose vitamin D by their GP, the care home should inform the GP surgery that they will be providing supplementation once the current prescribed supply is finished and ensure an appropriate product is available for that resident for after the prescribed supply finishes.

For residents who have a diagnosed vitamin D deficiency and require a loading regime as per the local [adult vitamin D guidance](https://www.nottsapc.nhs.uk/media/mmnbgqpv/vitamin-d-guidelines-adults.pdf)[5] this must be prescribed by a clinician and should not be a self-care item. After this loading regime has been completed, maintenance doses should be provided under self-care at a dose either 20 micrograms (800 units) or 25 micrograms (1000 units) daily.

**Action to be taken by care home staff: review each resident against the below flow chart**

Yes

No

Is the resident already prescribed maintenance dose\* vitamin D (colecalciferol) from their GP?
\* Maintenance doses are typically between 10 micrograms (400 units) and 25 micrograms (1000 units) daily. If unsure, consult a healthcare professional.

Resident **should** be
given vitamin D supplementation as self care.

Ask a doctor/pharmacist/advanced nurse practitioner to complete a
Suitability Assessment for the resident (appendix 1).
This could be during the scheduled annual medication review.

Inform the GP surgery that the care home will be providing vitamin D maintenance supplementation going forwards so they can remove it from repeat.

Finish the prescribed supply before starting to give as self-care item.

Review the recommendation made by the person completing the
Suitability Assessment (see Section C of the Suitability Assessment).

Resident **should NOT** be
offered supplementation under self-care.

* Keep a record of the Suitability Assessment in the resident care plan.
* Inform the GP practice of the outcome of the Suitability Assessment (unless the person carrying out the assessment was from the GP practice).
* Consider discussing the outcome of the assessment with the resident, or if the resident lacks capacity, their Lasting Power of Attorney for Health.

Resident **should** be
offered vitamin D supplementation as self-care.

Discuss\* vitamin D supplementation with the resident and ask if the resident if they want to take supplementation. If the resident lacks capacity, discuss with their Lasting Power of Attorney for Health or make a best interest decision.

* Keep a record of the discussion and the decision made in the resident care plan.
* Inform the GP practice of the outcome of the Suitability Assessment and discussion (unless the person carrying out the assessment was from the GP practice).

\*During any discussions with patients or their representatives, you may find the [local vitamin D self-care leaflet](https://www.nottsapc.nhs.uk/media/dazj3k5g/vitamin-d-patient-information.pdf) helpful.

**For residents who are to receive vitamin D supplementation as a self-care item:**

* Select a place where vitamin D administration will be recorded. It is recommended that the medication administration record (MAR) chart is used.
* Consider on an individual resident basis the most appropriate time for administration. Vitamin D is best taken with food but this is not compulsory.
* Ensure a suitable product is purchased for the resident (see page 3).
* Ensure the product is stored according to the packaging instructions.
* Ensure the resident name and any other relevant identifiers are added to the product packaging.
* For patients who have been risk assessed as able to self administer, ensure they are given the opportunity to do so if they wish.
* Keep a log of all residents who are to receive the supplement.

Ensure the Suitability Assessment
is re-done at least annually

Resident **does NOT want** to take vitamin D supplementation

**Selecting a suitable Vitamin D supplement**

* There are many manufacturers of vitamin D supplements and care homes are free to choose whatever supplement they wish, providing it meets the resident’s needs. This is also the case if residents or a representative are purchasing the self-care item themselves.
* However, at the time of writing, Valupak® Vitamin D3 1000 unit / 25 microgram tablets are the most cost effective choice.
* Valupak® Vitamin D3 1000 unit / 25 microgram tablets at a dose of 1 tablet (25 micrograms / 1000 units) daily will be suitable for most residents.
Exceptions to this are:
	+ if the resident has been prescribed oral drops by their GP, or has oral drops circled on the Suitability Assessment, oral drops should be selected for self-care.
	+ if the resident was prescribed a daily dose of 10 micrograms (400 units) or less by their GP, or if the 10 microgram (400 unit) dose was circled on the Suitability Assessment, a self-care product of 10 micrograms (400 units) should be selected.

**Sourcing Vitamin D supplements**

* Only purchase supplements from a reputable source for example a UK registered pharmacy or supermarket.
* The supplement should only contain vitamin D (i.e. not a multivitamin, or vitamin D combined with calcium).

 **Appendix 1: Vitamin D Self-Care Suitability Assessment for Adult Care Home Residents**

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| **Vitamin D Self-Care Suitability Assessment**  **for Adult Care Home Residents** |
| **This form is to be completed by a doctor, pharmacist or advanced nurse practitioner.** **You may wish to refer to the** [**local vitamin D guidelines**](https://www.nottsapc.nhs.uk/media/mmnbgqpv/vitamin-d-guidelines-adults.pdf?UNLID=594580902024319142455) **to support the assessment.** |
| **Resident Details** |
| Resident Name:  | DOB: |
| NHS No: | GP: | Allergies: |
| Care home name and room number:  |
| **Assessor Details** |
| Name: | Profession (please circle):Doctor Pharmacist Advanced Nurse Practitioner  |
| **Section A: Suitability Assessment Questions** | **Yes/No**  |
| 1. Is the resident under the care of a renal, endocrine or cancer specialist?  |  |
| 2. If it has been measured, was the latest vitamin D level above 250nmol/L? |  |
| 3. Does the resident have, or have they ever had, kidney stones?  |  |
| 4. Does the resident have hyperparathyroidism?  |  |
| 5. Does the resident have cancer?  |  |
| 6. Does the resident have severe renal (*eGFR < 30ml/min*) disease?  |  |
| 7. Does the resident have sarcoidosis?  |  |
| 8. Does the resident have active TB? |  |
| 9. Does the resident have diagnosed bone disease (i.e. osteoporosis or osteopenia)?*If yes, please be reminded that residents on bone sparing agents including bisphosphonates are eligible for vitamin D maintenance on prescription as part of their chronic condition management.* |  |
| If any of the answers to the above are **YES** the resident **should NOT be offered** supplementation as a self-care item. **Please go to section C and consider if the patient should instead have vitamin D prescribed.** If all the answers to the above are **NO please go to section B.**  |
| **Section B: Duplication of therapy** | **Yes/No** |
| 1. Is the resident already taking vitamin D either alone or as part of a combination preparation? Please check prescription and non-prescription items.  |  |
| If the answer to the above is **NO** the resident **should be offered** supplementation as a self-care item. Please go to section C.If the answer to the above is **YES consider the following:*** If the resident is prescribed vitamin D alone as maintenance, ask GP to stop prescribing and recommend that the patient should be offered supplementation as a self-care item.
* If the resident is prescribed vitamin D in combination with another preparation, consider if the vitamin D is of a sufficient dose and if not, ask the GP to prescribe the other preparation/s without vitamin D and offer vitamin D supplementation separately at an appropriate dose as a self-care item.
 |
| **Section C: Recommendations (circle as appropriate)** |
| The resident **should / should NOT** be offered vitamin D supplementation under self-care  |
| The most suitable maintenance dose for this resident is: * **Between 20 micrograms (800 units) once daily - 25 micrograms (1000 units) once daily***For residents who have required a prescribed loading dose, only doses between 20 micrograms (800 units) and 25 micrograms (1000 units) once daily should be used for maintenance. Note that currently, Valupak® tablets containing 1000 units are cheapest to purchase, so unless there is a clinical reason, please select 800-1000 units daily option to allow care homes to offer self-care in the most cost-effective manner.*
* **10 micrograms (400 units) once daily**
 |
| The most suitable formulation for this resident is: **Tablets/capsules**  **Oral drops**  |
| Any other comments: |
| Assessor Signature: | Date: |

Disclaimer

*This resource has been developed to facilitate the safe and effective review of vitamin D as a self care item for adult care home residents, using current references and is correct at the time of approval.*

*Clinicians and care home staff using this resource must refer to local guidelines, use their own professional judgement and take responsibility for their decisions.*

*Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation Team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any medication errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.*

*Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within this document.*

References

[1] [Vitamin D - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/)

[2] [Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/regulations/regulation-14-meeting-nutritional-hydration-needs)

[3] [www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies](http://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies)

[4] [vitamin-d-position-statement.pdf (nottinghamshiremedicinesmanagement.nhs.uk)](https://www.nottinghamshiremedicinesmanagement.nhs.uk/media/1419/vitamin-d-position-statement.pdf)

[5] [vitamin-d-guidelines-adults.pdf (nottsapc.nhs.uk)](https://www.nottsapc.nhs.uk/media/mmnbgqpv/vitamin-d-guidelines-adults.pdf?UNLID=594580902024319142455)

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