

COVID Issue 2
May 2020

Prescribing

Re-Use of Medicines in Care Homes during the COVID-19 Pandemic

- A [Standard Operating Procedure \(SOP\)](#) has been published to support timely access to essential prescribed medicines during COVID-19 for patients who are being cared for in a care home or hospice setting. This is due to concerns about the pressure that could be placed on the medicines supply chain during the COVID-19 pandemic, including those medicines which may be needed at the **end of life**. [Local resources](#) have been developed to support implementation.
- The national SOP allows the reuse of medicines to be considered for all medicines which are licensed, however locally we are currently only recommending this for medicines which are routinely used at the **end of life** (see [LINK](#) for commonly prescribed medicines—not specific to COVID-19)
- Locally, stock shortages of other medicines has not increased specifically due to the COVID -19 pandemic (increased demand did lead to shortages initially but this has resolved). However, if this were to change and alternative treatments were not available, further guidance specific to these medications would be issued.

This is time limited and would only apply during this period of emergency. i.e. during the COVID-19 pandemic.

For a medicine to be re-used it must be assessed and confirmed as suitable by a [Health Care Professional](#)

- The medicine must be assessed against several criteria before it is considered acceptable for re-use.
- A local assessment form has been developed to support Health Care Professionals in undertaking this assessment [LINK](#).
- The assessment can be undertaken via video link, however the completed form must be retained by the care home.

Does a re-used medicine have to be prescribed?

- **Yes.** A copy of the prescription should be retained by the care home and the MAR chart updated.
- The prescriber could consider adding 're-used medicine' alongside the directions, or pharmacy endorsing 'reused medicine', on the FP10.
- Where a residents medication has been used, and they may need it in the future (i.e. JIC meds) this should be clearly documented in the original residents medical records.

When is it acceptable to re-use a medicine previously prescribed for another resident within the care home?

Three key indicators should be considered [LINK](#):

- **No other stocks of the medicine are available in an appropriate timeframe** (as informed by the supplying pharmacy) and there is an **immediate patient need** for the medicine.
- **No suitable alternatives** for an individual patient are available in an appropriate timeframe
- The **benefits** of using a 're-used' medicine **outweigh any risks** for an individual patient receiving that medicine.
- For example, there is an urgent need for end of life medication which would leave the patient experiencing uncontrolled symptoms in the time it would take to obtain the dispensed medication from a pharmacy. The medication could be administered from 're-used' medication (where it has been prescribed) whilst a prescription for further medication is obtained.

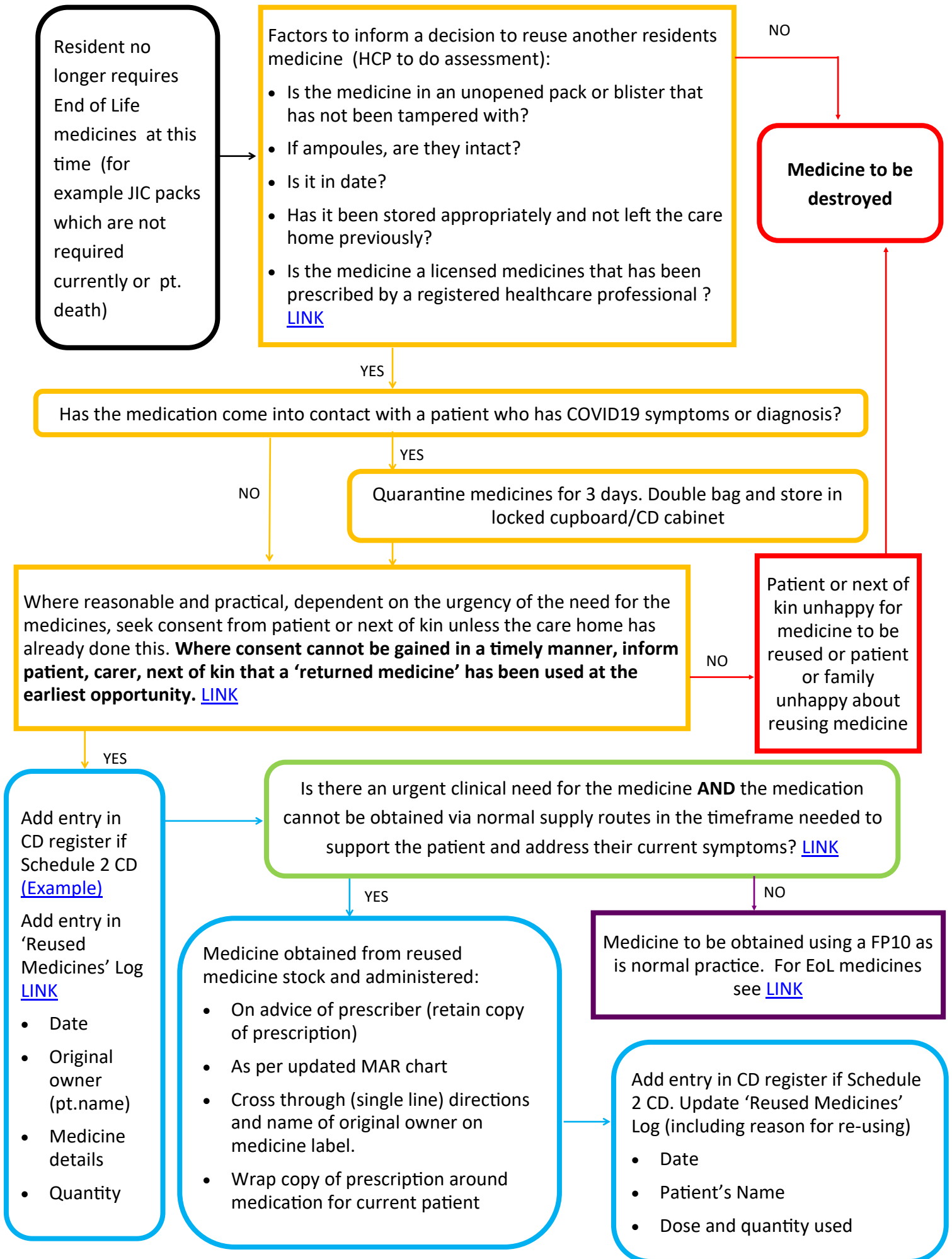
Who can be contacted for further support?

- For further advice and support, including assessing medicines for re-use where another HCP is not available, please contact the Medicines Optimisation Team (details below.)
- To report adverse events associated with a re-used medicine please complete a [Yellow Card](#).
- Use the [CD reporting toolkit](#) to report Controlled Drug incidents.

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MEDICINES REUSE PATHWAY FOR END OF LIFE MEDICINES IN A CARE HOME WHERE THERE IS URGENT CLINICAL NEED



Resident no longer requires End of Life medicines at this time (for example JIC packs which are not required currently or pt. death)

Factors to inform a decision to reuse another residents medicine (HCP to do assessment):

- Is the medicine in an unopened pack or blister that has not been tampered with?
- If ampoules, are they intact?
- Is it in date?
- Has it been stored appropriately and not left the care home previously?
- Is the medicine a licensed medicines that has been prescribed by a registered healthcare professional? [LINK](#)

NO

Medicine to be destroyed

YES

Has the medication come into contact with a patient who has COVID19 symptoms or diagnosis?

YES

Quarantine medicines for 3 days. Double bag and store in locked cupboard/CD cabinet

NO

Where reasonable and practical, dependent on the urgency of the need for the medicines, seek consent from patient or next of kin unless the care home has already done this. **Where consent cannot be gained in a timely manner, inform patient, carer, next of kin that a 'returned medicine' has been used at the earliest opportunity.** [LINK](#)

NO

Patient or next of kin unhappy for medicine to be reused or patient or family unhappy about reusing medicine

YES

Add entry in CD register if Schedule 2 CD [\(Example\)](#)

Add entry in 'Reused Medicines' Log [LINK](#)

- Date
- Original owner (pt.name)
- Medicine details
- Quantity

Is there an urgent clinical need for the medicine **AND** the medication cannot be obtained via normal supply routes in the timeframe needed to support the patient and address their current symptoms? [LINK](#)

YES

Medicine obtained from reused medicine stock and administered:

- On advice of prescriber (retain copy of prescription)
- As per updated MAR chart
- Cross through (single line) directions and name of original owner on medicine label.
- Wrap copy of prescription around medication for current patient

NO

Medicine to be obtained using a FP10 as is normal practice. For EoL medicines see [LINK](#)

Add entry in CD register if Schedule 2 CD. Update 'Reused Medicines' Log (including reason for re-using)

- Date
- Patient's Name
- Dose and quantity used