This letter authorises the extended use of the following guideline until December 2022

Approval Process: Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

This guideline remains clinically accurate and relevant.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Lesley Coyle
Chair of Medicines Guidelines and Policies Group
Policies, Local and National Guideline: Approval Process: Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

<table>
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<tr>
<th>Developed by:</th>
<th>Approved by Bronze Operational Response/Board Control Room (BCR): Pharmacy Control Room</th>
<th>Date approved:</th>
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<tr>
<td>Grampian Area Drugs and Therapeutics Committee (GADTC) Executive Group</td>
<td>Approved by the Silver Command/Tactical Response Group</td>
<td>April 2020</td>
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| Is distribution required? | No – When approved please return to Pharmacy Control Room to distribute to GPs/Care homes via HSCP controls and Community pharmacy |

<table>
<thead>
<tr>
<th>Document Review Date (if appropriate)</th>
<th>Final Version</th>
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<tr>
<td>April 2021</td>
<td>UPDATED 25/05/20</td>
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Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

(Adapted from COVID19 - NHSGGC Palliative Care Medicines Policy for Care Homes and GP Practices 2020)

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<thead>
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<th>Consultation Group:</th>
<th>Approver:</th>
</tr>
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<tbody>
<tr>
<td>Principal Pharmacist Medicines Management</td>
<td>See page 9</td>
<td>Grampian Area Drugs and Therapeutics Committee (GADTC) Executive Group</td>
</tr>
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Uncontrolled when printed

Version 1.1 (Updated 25/05/2020)

Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

Signature: ___________________________
Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

Unique Identifier: NHSG/COVID19_CareHomes/GADTC1090

Replaces: NHSG/COVID19_CareHomes/GADTC1090, Version 1

Lead Author/Co-ordinator: Principal Pharmacist, Medicines Management

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Document application: NHS Grampian, Local Authority Care Homes and Private Care Home Providers


Group/Individual responsible for this document: Principal Pharmacist, Medicines Management

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Responsibilities for ensuring registration of this document on the NHS Grampian Information/Document Silo:

Lead Author/Co-ordinator: Principal Pharmacist, Medicines Management

Physical location of the original of this document: Medicines Directorate, Westholme

Job title of creator of this document: Principal Pharmacist, Medicines Management

Job/group title of those who have control over this document: Principal Pharmacist, Medicines Management
Responsibilities for disseminating document as per distribution list:

Lead Author/Co-ordinator: Principal Pharmacist, Medicines Management

Responsibilities for implementation:

Organisational: Operational Management Team and Chief Executive
Sector: General Managers, Medical Leads and Nursing Leads
Departmental: Clinical Leads
Area: Line Manager

Review frequency and date of next review: This guidance will be reviewed in one year. This guidance may be withdrawn/suspended at any time, by GADTC, prior to expiry dependant on the circumstances regarding COVID-19 pandemic.

Responsibilities for review of this document:

Lead Author/Co-ordinator: Principal Pharmacist, Medicines Management

Revision History:

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<th>Summary of Changes (Descriptive summary of the changes made)</th>
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<td>25/5/2020</td>
<td>April 2020</td>
<td>Updated repurposing section to reference new guidance</td>
<td>Page 21</td>
</tr>
<tr>
<td>25/05/2020</td>
<td>April 2020</td>
<td>Removal of repurposing sample sheet</td>
<td>Page 22</td>
</tr>
</tbody>
</table>

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.
Organisational Authorisations

Document/Guideline authorised by the Grampian Area Drugs and Therapeutics Committee Executive Group

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|                                 | Title: Chair of GADTC  
|                                 | Contact email: david.pfleger@nhs.net  
|                                 | Signature:  

| GADTC Medical Representative | Name: Dr Christopher Allan  
|                              | Health Board: NHS Grampian  
|                              | Title: GP, Aberdeenshire Clinical Lead  
|                              | Contact email: christopher.allan@nhs.net  
|                              | Signature:  

| GADTC Pharmacist Representative | Name: Lesley Thomson  
|                                   | Health Board: NHS Grampian  
|                                   | Title: Principal Pharmacist, Medicines Management  
|                                   | Contact email: Lesley.thomson6@nhs.net  
|                                   | Signature:  

Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

Background

This document has been adapted from COVID-19 - NHSGGC Palliative Care Medicines Policy for GP Practices and Care Homes 2020. This document 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 necessary to have in place guidance for GP practices and care homes in relation to the supply, administration and management of symptomatic and palliative care medicines. This guidance aims to ensure timely access to appropriate medicines in care homes should they be required to treat patients suffering from symptoms of COVID-19.

This guidance is applicable to all GP practices and care homes across NHS Grampian. This includes local authority and private sector care homes. Private sector care homes should ensure this guidance is approved for use 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 care homes with carers who will also require input from community nursing teams in order to supply and administer some treatment options.

This guidance should be implemented 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 palliative care medicines.

Proposed Model of Care:

- **Level 1:** Basic symptomatic relief medicines via minor adaptation of Homely Remedies Medicine Policy.

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

- **Level 3:** Routine palliative care controlled drug PoMs via existing usual care. Consideration of access routes for palliative care controlled drug PoMs.
Level - 1 Supply of Homely Remedies

Care homes often utilise homely remedy policies to allow the administration of non-prescription, ‘over the counter’ medicines for common minor conditions, e.g. headache, constipation and cough. Care homes are legally allowed to hold stock of homely remedy medicines. This is applicable to care homes with and without registered nursing staff.

During COVID-19 homely remedies will be 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).

Type of Stock: Original packs without a label

Medicines: Paracetamol, codeine linctus, 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 practice with most registered residents will be expected to write the stock order. Only one practice should write the stock order for each care home.
- See suggested list of stock quantities based on size of care home (Appendix 1).
- 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.
- You/or your buddy 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 their care home patients – this can be done by any appropriate prescriber, e.g. GP, PIP, ANP, 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 practices.
- 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 resident (Appendix 2 for each resident) - only authorise medicines that are clinically appropriate for that individual resident.
- Authorisation forms should scanned into Docman and then sent to the care home.
• Some pharmacies may also be able to add homely remedies to the patients next MAR chart. Liaise with the pharmacy and if appropriate and able to do this send a list of residents and authorisation (note pre-authorisation forms will still be required in the first instance).
  Note: this policy only allows amended homely remedy Level 1 treatment for the first 48 hours, thereafter a prescription will be required.

Care Home Responsibilities:

Stock control processes:
• Care home must keep this homely remedy stock locked away/separate from individual residents medication.
• Stock must be clearly labelled (Homely Remedies Palliative Care) - 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.

Mechanism for administration of homely remedies:
• No prescription needed, where pre-authorisation has been provided for each 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 carer, using their professional and clinical judgement, will be authorised to administer Level 1 Homely Remedies.
• The registered nurse or senior carer will assess the resident and decide whether the use of a Homely Remedy is appropriate.
• The resident should give consent to treatment under homely remedies. 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 residents pre-authorisation form.
• The registered nurse/senior carer will record the administration of Level 1 medicines in the residents’ care plan and on the MAR chart.
• Level 1 medicines should only be given for up to 48 hours, thereafter contact the GP practice/buddy practice prescriber to confirm ongoing need/review/prescription.
Level 2 - Supply of Prescription-only Medicines

In the event of a pandemic, care homes with registered nursing staff can stock 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 GP practice on 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 the GP practice/out of hours services 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 community nursing team stock or GP10 prescription at the time they are required.

The decision to initiate these medicines can be under taken by an Advanced Nurse Prescriber/Community nurse/paramedic or GP following patient assessment. If the health care professional is not a prescriber this can be authorised by the GP practice/out of hours service or the care provided under the Patient Group Direction for End of Life Care during COVID-19.

If treatment is initiated a small quantity of community nursing team stock may be left in the care home/residential home for continuation of treatment, this must be clearly documented.

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 4). Stock supplies will need to be reviewed and increases 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 practice with most registered residents will be expected to write the stock order. Only one practice should write the stock order for each care home.
- See suggested list of stock quantities based on size of care home (Appendix 4).
- 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 care home residents – this can be done by any appropriate prescriber, e.g. GP, PIP, ANP, 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 practices.
- 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 resident (Appendix 5 for each patient) - only authorise medicines that are clinically appropriate for that individual patient.
- Authorisation forms should be scanned into Docman and then sent to the care home.
- Note this policy only allows treatment for first 48 hours, thereafter a prescription will be required.

Authorisation to Administer
- GP practice/prescriber/out of hours will be contacted by the care home prior to the administration of any Level 2 Prescription-only Medicines. This is to facilitate clinical review and authorisation for the registered nurse to administer.
- 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 also discuss access and administration of Level 3 medicines at this stage.

Care Home Responsibilities:

Stock control processes:
- Care home must keep this homely remedy stock locked away/separate from individual residents medication.
- Must be clearly labelled (Homely Remedies Palliative Care) - 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.

Mechanism for Prescribing level 2 Prescription-only Medicines:
- No prescription needed, where pre-authorisation has been provided for each 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.
Authorisation to Administer Level 2 Prescription-only Medicines

- Only a registered nurse will be authorised to initiate Level 2 Prescription-only Medicines.
- The registered nurse must obtain verbal authorisation from GP practice/prescriber/out of hours 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 6-11) and for a maximum of 48 hours.
- Administration and dosing should not deviate from these protocols unless an individual prescription is generated/supplied for the resident.
- The registered nurse will record the administration of Level 2 medicines in the service users’ care plan and on the MAR chart.
- Level 2 medicines should only be given for up to 48 hours, thereafter contact the GP practice/buddy practice prescriber to confirm ongoing need/review/further prescription.
Level 3 – Supply of Palliative Care Controlled Drugs

Care homes are not legally allowed to hold stocks of controlled drugs. This includes morphine, oxycodone and midazolam that would commonly be prescribed in Just in Case Boxes.

This process is the same for care homes with registered nurses and those with care staff.

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

Quantities should be for 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.

It may be necessary to repurpose individual residents controlled drugs, for use for other residents, where there is an immediate need to access and other routes of supplies are unavailable, or there is a need to prevent the waste of medicines in the context of COVID-19. Refer to Urgent Access to Controlled drugs In COVID-19 Pandemic and Appendix 11.

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 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 ‘Just In Case’ GP10 Prescriptions for every resident to be held by the care home/GP surgery/pharmacy.

• Prescriptions should not be automatically be dispensing 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 recommend 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 GP/prescriber by writing up a palliative care Just in Case Kardex for each individual resident (as would normally be the case for Just in Case medicines).

• The registered nurse can discuss option to use Level 3 medicines with Practice/prescriber/out of hours 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 Just in Case 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.
**Urgent Access to Controlled drugs In COVID-19 Pandemic**

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

It will be necessary to consider non-conventional routes of access that, whilst not all 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 imminently dying from COVID-19. These routes have been considered on a risk based approach from normal, exceptional to those only under consideration due to the COVID-19 pandemic situation.

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<th>Option</th>
<th>Comments</th>
<th>When appropriate to be considered</th>
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<td>1</td>
<td>GP10 individual prescriptions dispensed by community/palliative care network pharmacy</td>
<td>Normal legal route of supply.</td>
<td>In-hours and anticipatory supply for Just in Case medicines for COVID-19 and other palliative patients when no restrictions to GP practice and community pharmacy access.</td>
</tr>
<tr>
<td>2</td>
<td>Individual Patient supply via GMED/out of Hours Service/ community nursing team</td>
<td>Recognised exceptional route of assessment and supply. Now additional option to obtain via community nursing teams.</td>
<td>Out of hours – or in-hours when restrictions to GP and community pharmacy access (GP retraction level 3/4).</td>
</tr>
<tr>
<td>3</td>
<td>Individual Patient supply via Community Hospital Exceptional Policy</td>
<td>Recognised exceptional route of supply – NHSG policy framework, linked to No.2</td>
<td>Out of hours– or in hours when restrictions to GP and community pharmacy access (GP retraction level 3/4).</td>
</tr>
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<td>4</td>
<td>Utilisation of supply prescribed for other patient in care home (repurposing)</td>
<td>Non-conventional supply route. Repurposing of supplies for immediate need accepted in principal by Care Inspectorate.</td>
<td>Urgent treatment and no access to timely route of supply via options 1-3. Availability of correct medicine, strength required and use would not impact on care of other patients. Refer to Appendix 11</td>
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<tr>
<td>5</td>
<td>Utilisation of medicines awaiting return to community pharmacy (repurposing)</td>
<td>Non-conventional supply route. Repurposing of supplies for immediate need accepted in principal by Care Inspectorate.</td>
<td>Urgent treatment and no access to timely route of supply via options 1-3. Availability of correct medicine, strength required. Assurance medicines have been stored appropriately and are within expiry date.</td>
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### Consultation Group:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Location</th>
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</thead>
<tbody>
<tr>
<td>Dr Elspeth Aspinall</td>
<td>GP, Palliative Care Lead Aberdeen City</td>
</tr>
<tr>
<td>Dr Kirsten Cassidy</td>
<td>GP, Macmillan Cancer &amp; Palliative Care Lead GP Central</td>
</tr>
<tr>
<td>Dr David Carroll</td>
<td>Consultant in Palliative Care, NHS Grampian</td>
</tr>
<tr>
<td>Alison Davie</td>
<td>Lead Pharmacist, Aberdeen City H&amp;SCP</td>
</tr>
<tr>
<td>Alistair Duncan</td>
<td>Specialist Pharmacist, Palliative Care Roxburghe House</td>
</tr>
<tr>
<td>Joan MacLeod</td>
<td>Lead Pharmacist, Aberdeen City H&amp;SCP</td>
</tr>
<tr>
<td>David Marshall</td>
<td>Pharmacy Adviser, Care Inspectorate Scotland</td>
</tr>
<tr>
<td>David Pfleger</td>
<td>Director of Pharmacy</td>
</tr>
<tr>
<td>Linda Press</td>
<td>Nursing Service Manager, Lead District Nurse Aberdeen City</td>
</tr>
<tr>
<td>Liz Robertson</td>
<td>Acting Lead Pharmacist, Aberdeen City H&amp;SCP</td>
</tr>
<tr>
<td>Dr Iain Small</td>
<td>GP, Associate Medical Director Primary Care and Hosted Services, NHS Grampian</td>
</tr>
<tr>
<td>Anne Taylor</td>
<td>Controlled Drugs Team, Lead Pharmacist</td>
</tr>
<tr>
<td>Christine Thomson</td>
<td>Acting Lead Pharmacist, Moray Primary Care</td>
</tr>
</tbody>
</table>

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**6 Consideration of GP stock holding in Care Home**

Care homes are not legally allowed to hold stocks of controlled drugs. Holding of GP practice stock in Care Home could be considered where there are no other sustainable routes of supply. Restriction to access would be necessary i.e. combination locked box with access only being given by an approved prescriber.

**Retraction of GP services to level 4 with severely restricted access to medical/pharmacy services where the retraction of services is likely to lead to patient harm due to delays in accessing appropriate medication. Approval by Controlled Drugs Accountable Officer (CDAO)/Director or Pharmacy or deputy required on an individual cluster basis.**
Appendix 1 - Suggested Quantities of Homely Remedies 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.

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<th>31-80</th>
<th>&gt;80</th>
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<tr>
<td>MEDICINE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Paracetamol 500mg tablets</td>
<td>100 tablets</td>
<td>100 tablets</td>
<td>200 tablets</td>
</tr>
<tr>
<td>Paracetamol 500mg soluble tablets</td>
<td>32 tablets</td>
<td>32 tablets</td>
<td>200 tablets</td>
</tr>
<tr>
<td>Paracetamol 500mg suppositories</td>
<td>Nil</td>
<td>5 suppositories</td>
<td>10 suppositories</td>
</tr>
<tr>
<td>Codeine Linctus 15mg/5mL solution</td>
<td>200mLs</td>
<td>200mLs</td>
<td>200mLs</td>
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<tr>
<td>Prochlorperazine 3mg buccal tablets (e.g. Buccastem M)</td>
<td>8 tablets</td>
<td>8 tablets</td>
<td>8 tablets</td>
</tr>
<tr>
<td>Hyoscine Hydrobromide 300microgram Tablets (e.g. Kwells)</td>
<td>12 tablets</td>
<td>12 tablets</td>
<td>12 tablets</td>
</tr>
<tr>
<td>Hyoscine 1.5mg Patches (e.g. Scopoderm)</td>
<td>2 patches</td>
<td>2 patches</td>
<td>2 patches</td>
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<tr>
<td>Biotene oralbalance gel</td>
<td>1 pack</td>
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## Appendix 2 – Pre-authorised Prescribing Sheet Homely Remedies Level 1

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<tr>
<th>Resident:</th>
<th>CARE HOME:</th>
<th>GP/practice:</th>
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<tr>
<td>DOB/CHI:</td>
<td>Care home manager</td>
<td>Date:</td>
</tr>
<tr>
<td>Signature:</td>
<td>GP/prescriber</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Consent from Resident to received treatment under Homely Remedies
Patient unable to give consent, treatment authorised under AWI act

<table>
<thead>
<tr>
<th>Consent from Resident to received treatment under Homely Remedies</th>
<th>YES</th>
<th>NO</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient unable to give consent, treatment authorised under AWI act</td>
<td>YES</td>
<td>NO</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Indication: Pain or Fever

- **If patient can swallow without problem (note can be crushed)**
  - **PARACETAMOL 500MG ORAL TABLETS**
  - **BELOW 50KG:** 1 TABLET EVERY 4-6 HOURS
  - **ABOVE 50KG:** 2 TABLETS EVERY 4-6 HOURS
  - **Maximum dose:** Maximum 4 Doses in 24 Hours
  - **Cautions:** Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol
  - **GP Agreement:** YES / NO

- **Patient with swallowing difficulties – Unable to take crushed tablets**
  - **PARACETAMOL 500MG SOLUBLE TABLETS**
  - **BELOW 50KG:** 1 TABLET EVERY 4-6 HOURS
  - **ABOVE 50KG:** 2 TABLETS EVERY 4-6 HOURS
  - **Maximum dose:** Maximum 4 Doses in 24 Hours
  - **Cautions:** Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol. Soluble tablets NOT suitable for patients requiring restricted sodium intake.
  - **GP Agreement:** YES / NO

- **Patient that is nil by mouth**
  - **PARACETAMOL 500MG SUPPOSITORIES**
  - **BELOW 50KG:** INSERT ONE 500MG EVERY 4-6 HOURS
  - **ABOVE 50KG:** INSERT TWO 500MG EVERY 4-6 HOURS
  - **Maximum dose:** Maximum 4 Doses in 24 Hours
  - **Cautions:** Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol*
  - **GP Agreement:** YES / NO

### Indication: Cough

- **Only choice**
  - **CODEINE 15MG/5mL LINCTUS**
  - **5-10mL EVERY 4-6 HOURS**
  - **Maximum dose:** Maximum 4 Doses in 24 Hours
  - **Cautions:** *Do not give if already prescribed/taking any codeine or dihydrocodeine products including co-codamol or co-dydramol*
  - **GP Agreement:** YES / NO

### Indication: 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 dose:** Maximum 4 Tablets in 24 Hours
  - **Cautions:** Do not chew or swallow the tablet.
  - **GP Agreement:** YES / NO
  - *Do not give if patient has epilepsy or Parkinson’s Disease

### Indication: Respiratory Secretions

- **If patient can swallow without problem**
  - **HYOSCINE HYDROBROMIDE 300MICROGRAM TABLETS**
    - *(e.g. Kwells®)*
  - **1 TABLET EVERY 6 HOURS**
  - **Maximum dose:** Maximum 3 Doses in 24 Hours
  - **Cautions:** Tablet to be sucked, chewed or swallowed
  - **GP Agreement:** YES / NO

- **Patient that is nil by mouth**
  - **HYOSCINE 1.5mg PATCHES**
    - *(e.g. Scopoderm®)*
  - **APPLY ONE PATCH**
  - **Maximum dose:** Apply onto a clean, dry, hairless area of skin behind the ear
  - **GP Agreement:** YES / NO

### Indication: 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**
  - **GP Agreement:** YES / NO

---

**Contact a health care professional if:**

- You need to continue therapy beyond 48 hours, prescriptions will be required
- You are concerned that the resident has developed problems or side effects to any of these medicines
## Appendix 3 – Example Stock Record

### EXAMPLE STOCK RECORD

<table>
<thead>
<tr>
<th>MEDICINE DETAILS – NAME, STRENGTH AND FORM:</th>
<th>DATE RECEIVED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARACETAMOL 500mg TABLETS</td>
<td>21/03/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Name</th>
<th>Reason given</th>
<th>Quantity given</th>
<th>Nurse/carer sign.</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05/11</td>
<td>9.30am</td>
<td>NEW SUPPLY – box of 100</td>
<td>n/a</td>
<td>n/a</td>
<td>J Smith</td>
<td>100</td>
</tr>
<tr>
<td>12/05/11</td>
<td>11am</td>
<td>Jack Cadbury</td>
<td>Headache</td>
<td>2</td>
<td>J Smith</td>
<td>98</td>
</tr>
<tr>
<td>24/05/11</td>
<td>8.30pm</td>
<td>Ken Tetley</td>
<td>Toothache</td>
<td>2</td>
<td>J Smith</td>
<td>96</td>
</tr>
<tr>
<td>01/06/11</td>
<td>8am</td>
<td>WEEKLY STOCK CHECK</td>
<td>n/a</td>
<td>n/a</td>
<td>J Smith</td>
<td>96</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Name</td>
<td>Reason given</td>
<td>Quantity given</td>
<td>Nurse/carer sign.</td>
<td>Balance</td>
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</tr>
</tbody>
</table>
Appendix 4 - 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.

<table>
<thead>
<tr>
<th>Care Home Size (no of residents)</th>
<th>&lt;30</th>
<th>31-80</th>
<th>&gt;80</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water for Injection</td>
<td>4 vials</td>
<td>6 vials</td>
<td>10 vials</td>
</tr>
<tr>
<td>Levomepromazine 25mg/1mL Injection</td>
<td>1 vial</td>
<td>2 vials</td>
<td>5 vials</td>
</tr>
<tr>
<td>Haloperidol 5mg/1mL Injection</td>
<td>1 vial</td>
<td>2 vials</td>
<td>5 vials</td>
</tr>
<tr>
<td>Hyoscine Butylbromide 20mg/1mL Injection</td>
<td>1 vial</td>
<td>2 vials</td>
<td>5 vials</td>
</tr>
<tr>
<td>Doxycycline 100mg capsules</td>
<td>8 caps</td>
<td>8 caps</td>
<td>16 caps</td>
</tr>
<tr>
<td>Doxycycline dispersible 100mg tablets</td>
<td>8 tabs</td>
<td>8 tabs</td>
<td>16 tabs</td>
</tr>
<tr>
<td>Amoxicillin 500mg capsules</td>
<td>21 caps</td>
<td>21 caps</td>
<td>42 caps</td>
</tr>
<tr>
<td>Amoxicillin suspension 250mg/5mL</td>
<td>100mLs</td>
<td>100mLs</td>
<td>100mLs</td>
</tr>
</tbody>
</table>
## Appendix 5 - Level 2 Prescription-only Medicines for First 48 hours Only

Registered nurse must contact prescriber for authorisation to administer

<table>
<thead>
<tr>
<th>RESIDENT:</th>
<th>CARE HOME:</th>
<th>GP/practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB/CHI:</th>
<th>Care home manager</th>
<th>DATE:</th>
<th>GP/prscriber</th>
<th>Signature:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

### Indication | Choice | Medicine | Dose # | Maximum dose | Cautions | GP Agreement |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitation / Delirium</td>
<td>1st Line</td>
<td>LEVOMEPROMAZINE 25mg/1mL INJECTION</td>
<td>5MG (0.2mL) SUBCUTANEOUS INJECTION EVERY 12 HOURS</td>
<td>Maximum 2 Doses in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>WATER FOR INJECTION</td>
<td></td>
<td>0.2mL FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA</td>
<td></td>
<td>Maximum 2 Doses in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>2nd Line</td>
<td>HALOPERIDOL 5MG/1mL INJECTION</td>
<td>500 MICROGRAM (0.1mL) BY SUBCUTANEOUS INJECTION</td>
<td>Maximum 1 Dose in 24 Hours</td>
<td>Do not use if patient has Parkinson’s Disease. Also consider other antipsychotic use</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>WATER FOR INJECTION</td>
<td></td>
<td>0.2mL FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA</td>
<td></td>
<td>Maximum 1 Dose in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Respiratory Secretions</td>
<td>Only choice if patient is nil by mouth</td>
<td>HYOSCINE BUTYLBROMIDE 20MG/1mL INJECTION</td>
<td>20MG (1mL) BY SUBCUTANEOUS INJECTION UP TO EVERY HOUR IF REQUIRED</td>
<td>Maximum 6 Doses in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>WATER FOR INJECTION</td>
<td></td>
<td>0.2mL FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA</td>
<td></td>
<td>Maximum 6 Doses in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Purulent Sputum</td>
<td>Only choice if patient can swallow without problem</td>
<td>DOXYCYCLINE 100MG CAPSULES</td>
<td>200MG (2 CAPSULES) TO BE GIVEN AS A FIRST DAILY DOSE FOLLOWED BY 100MG (1 CAPSULE) THE FOLLOWING DAY</td>
<td>Maximum 1 dose in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Patient with Swallowing difficulties</td>
<td></td>
<td>DOXYCYCLINE 100MG DISPERSIBLE TABLETS</td>
<td>200MG (2 TABLETS) TO BE GIVEN AS A FIRST DAILY DOSE FOLLOWED BY 100MG (1 TABLET) THE FOLLOWING DAY</td>
<td>Maximum 1 dose in 24 Hours</td>
<td>Yes / NO</td>
<td></td>
</tr>
<tr>
<td>Patient with Swallowing difficulties</td>
<td>If patient can swallow</td>
<td>AMOXICILLIN 500MG CAPSULES</td>
<td>500MG (1 CAPSULE) THREE TIMES DAILY</td>
<td>Maximum 3 doses in 24 Hours</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Patient with Swallowing difficulties</td>
<td>If patient can swallow</td>
<td>AMOXICILLIN 250MG/5mL ORAL SUSPENSION</td>
<td>500MG (10mL) THREE TIMES DAILY</td>
<td>Maximum 3 doses in 24 Hours</td>
<td>Follow directions on bottle to make suspension</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

### Contact a healthcare professional if:
- You need to continue therapy beyond 48 hours, prescriptions will be required
- You are concerned that the resident has developed problems or side effects to any of these medicines
Appendix 6 - Protocol for AGITATION / DELIRIUM (1st Line Option) for First 48 hours

Only *

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

Are you a registered nurse?

NO – refer to nurse onsite or call GP to arrange ANP/community nurse

YES - Do you have palliative care stock of Levomepromazine injection on site?

NO – contact GP to request prescription

YES – Has patient got a signed pre-authorisation?

NO – Request that GP issues a written authorisation

YES – Contact GP or prescriber to discuss symptoms & confirm plan –

GP/prescriber agrees – Confirm drug, dose and frequency is as per pre-authorised list (Appendix 5)

Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

If you are a trained nurse and competent to give subcutaneous injections - administer medicine

5mg (0.2ml) to be given subcutaneously via a Saf-T-Intima (preferred method) or via a subcutaneous injection

* exclude patients with LEVOMEPROMAZINE already prescribed through a normal prescription

# GP or prescriber must provide a prescription to continue therapy beyond 48 hours
Appendix 7 - Protocol for AGITATION / DELIRIUM (2nd Line Option) for First 48 hours Only

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

Are you a registered nurse?  
NO – refer to nurse onsite or call GP to arrange ANP/Community Nurse

YES - Do you have palliative care stock of Haloperidol injection on site?  
NO – contact GP to request prescription

YES – Has patient got signed pre-authorisation?  
NO – Request that GP issues a written authorisation

YES – Contact GP or prescriber to discuss symptoms & confirm plan –  
GP/Prescriber agrees – Confirm drug, dose and frequency is as per pre-authorised list (Appendix 5)

Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

If you are a trained nurse and competent to give subcutaneous injections - administer medicine

500 micrograms (0.1mL) to be given subcutaneously via a Saf-T-Intima (preferred method) or via a subcutaneous injection.

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

# GP or prescriber must provide a prescription to continue therapy beyond 48 hours.
Appendix 8 - Protocol for RESPIRATORY SECRETIONS for First 48 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 48 hours.

---

**Is your patient able to swallow oral medicines safely?**

- **YES** - see homely remedies policy and consider the use of hyoscine patches or hyoscine tablets initially if stock available

- **NO** – Are you a registered nurse?

  - **YES** - Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Refer to nurse onsite or call GP to arrange ANP/Community Nurse

  - **NO** – Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Contact GP to request prescription

    - **NO** – Request that GP issues a written authorisation

    - **GP/Prescriber agrees** – Confirm drug, dose and frequency is as per pre-authorised list (Appendix 5)

- **NO** – Are you a registered nurse?

  - **YES** - Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Refer to nurse onsite or call GP to arrange ANP/Community Nurse

  - **NO** – Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Contact GP to request prescription

    - **NO** – Request that GP issues a written authorisation

    - **GP/Prescriber agrees** – Confirm drug, dose and frequency is as per pre-authorised list (Appendix 5)

- **NO** – Are you a registered nurse?

  - **YES** - Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Refer to nurse onsite or call GP to arrange ANP/Community Nurse

  - **NO** – Do you have palliative care stock of hyoscine butylbromide injection on site?

    - **YES** – Has patient got signed pre-authorisation?

      - **YES** – Contact GP/prescriber to discuss symptoms & confirm plan -

      - Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

      - Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

    - **NO** – Contact GP to request prescription

    - **NO** – Request that GP issues a written authorisation

    - **GP/Prescriber agrees** – Confirm drug, dose and frequency is as per pre-authorised list (Appendix 5)

---

If you are a trained nurse and competent to give subcutaneous injections - administer medicine

20mg(1ml) to be given subcutaneously via a Saf-T-Intima (preferred method) or via a subcutaneous injection
Appendix 9 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 48 hours Only *

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

Are you a registered nurse?  

NO – refer to nurse onsite or call GP to arrange District Nurse

YES -Do you have stock of oral doxycycline on site?  

NO – contact GP to request prescription

YES – Has patient got signed pre-authorisation?  

NO – Request that GP issues a written authorisation

YES – Contact GP or prescriber to discuss symptoms & confirm plan –

GP/Prescriber agrees – Confirm allergy status, drug, dose and frequency is as per pre-authorised list (Appendix 5)

Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

Is the patient able to swallow a capsule?  

YES – use capsules - 200mg (2 capsules) to be given as a first daily dose followed by 100mg (1 capsule) the following day

NO – use dispersible tablets  

200mg (2 tablets) as a first daily dose followed by 100mg (1 tablet) following day

* GP or prescriber must provide a prescription to continue therapy beyond 48 hours.
Appendix 10 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 48 hours Only #

**AMOXICILLIN CAPSULES/SUSPENSION – 500mg THREE TIMES DAILY**

Are you a registered nurse?

- NO – refer to nurse onsite or call GP to arrange District Nurse

YES -Do you have stock of oral amoxicillin on site?

- NO – contact GP to request prescription

YES – Has patient got signed pre-authorisation?

- NO – Request that GP issues a written authorisation

YES – Contact GP or prescriber to discuss symptoms & confirm plan –

- GP/Prescriber agrees – Confirm penicillin allergy status, drug, dose and frequency is as per pre-authorised list (Appendix 5)

Get second staff member to witness, document discussion and outcome in patient record – including date, time, prescriber name, nurse and witness name, drug and dose authorised and plan for review, follow up

Add prescription details to MAR chart following dosage instructions on written authorisation – get second staff member to check and both to sign MAR

- YES – use capsules 500mg (1 capsule) to be given three times a day

Is the patient able to swallow a capsule?

- NO – use suspension 500mg (10ml) to be given three times a day

**Nurse to follow directions on bottle to make suspension. If this is not possible contact GP or prescriber.**

# GP or prescriber must provide a prescription to continue therapy beyond 48 hours.
Appendix 11 – Repurposing of Controlled Drugs/Prescribed Medicines within Care Home for Immediate Treatment During COVID-19 Pandemic

In the context of COVID-19 it is essential that there is access to medicines to deal with the symptoms experienced by patients imminently dying. 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 not a decision to be taken lightly. It should be seen as a last resort to provide a patient with access to palliative medication prescribed for them, that they require when other options to access stock cannot be made in a timely way to meet the patient needs. Such decisions should be taken within a governance framework that includes completion of a risk assessment, reflects the regulatory standards of any professionals involved and are recorded appropriately.

Scottish Guidance for Repurposing Prescription only Medicines (PoMs) in Care Homes and Hospices has been produced jointly by NHS Scotland and the Care Inspectorate. This is aimed to support decision making regarding the repurposing of medicines through the provision of a risk assessment framework. This guidance is only applicable in Care Homes and Hospices across Scotland and has been adopted for use within NHS Grampian.

A short video has been produced to demonstrate the operational use of the guidance. This can be accessed: 