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

**Frequently Asked Questions – 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
Frequently Asked Questions – Guidance For GP Practices And Care Homes Regarding The Supply And Administration Of Palliative Care Medicines During COVID-19

This document has been produced to support the implementation of the Care Home guidance regarding the supply and administration of palliative care medicines during COVID-19. This has been based on queries and questions that have arisen from GP practice and care home staff and is intended to provide further information. These FAQs must be used in conjunction with the original guidance.

Why has this guidance been produced?
COVID-19 is a public health crisis. We want to prepare as much as possible to make sure medicines needed to treat patients in care homes, with symptoms of COVID-19, are available and staff can administer these.

Who is this guidance for?
This guidance is for registered care homes – this includes those with carers and those with registered nursing staff.

This guidance is not applicable for very sheltered/sheltered housing complexes or other supported living complexes which are not registered with the care inspectorate as care homes.

In a care home with carers and no nursing staff what should be implemented?
Level 1 – Homely Remedies/Symptomatic Relief should be set up in all care homes (those with carers and those with nursing staff). This allows the care staff to administer a small range of ‘over the counter’ medicines to treat the initial symptoms of COVID-19, e.g. fever, cough.

The GP Practice will provide a stock order (GP10A) to the community pharmacy to arrange a small supply of these homely remedies.

The GP Practice will review all the residents and complete a pre-authorisation form for each resident. If a resident does not have a pre-authorisation form they cannot be given these homely remedies.

Can a care home with carers only (i.e. no nursing staff) set up Level 2?
No. Level 2 is the care home holding a small stock of Prescription-only Medicine (PoM). Care homes are not normally allowed to hold stocks of PoMs.

It is only due to the pandemic regulations that care homes with registered nursing staff can hold stocks of PoMs.

Care homes with carers only and no registered nursing staff, are not legally allowed to hold stocks of PoMs, not even during this pandemic situation.

If a resident requires treatment with these medicines they would require to be assessed by a prescriber and prescribed these individually.
In a care home with registered nursing staff what should be implemented?
Level 1 – Homely Remedies/Symptomatic Relief as above.

Level 2 – stock of Prescription-only Medicine (PoMs) with Level 2 prescription sheet.

The GP Practice will provide a stock order (GP10A) to the community pharmacy to arrange a small supply of these homely remedies/PoMs.

The GP Practice will review all the residents and complete a pre-authorisation form (for Level 1) and a Level 2 form for each resident.

If a resident does not have a pre-authorisation form they cannot be given Level 1 homely remedies.

Before any Level 2 medicines can be administered, the nursing staff must follow the protocol/flow chart and contact a prescriber to discuss the resident and obtain authority to administer. This must be documented in the resident’s notes.

What should I do when I receive stocks of medicines from the GP surgery/community pharmacy?
These must be stored securely and separately from patients’ own medicines.

A record of date received, how much and from where, i.e. which GP practice must be kept. Stock record sheets are included in the guidance for this purpose.

Pre-authorising medicines Level 1 or Level 2 - what if there is an interaction with the medicines or medical conditions the resident has?
The prescriber must make a professional decision regarding what medicines may or may not be suitable for a resident when completing the pre-authorisation/Level 2 forms. This should take into account other medicines they are prescribed and other medical conditions they may have.

For example it would not be appropriate to pre-authorise paracetamol, under homely remedies, for a resident that already is prescribed and takes co-codamol (contains paracetamol) at the maximum of 8 tablets per day.

Homely remedies may however include paracetamol for patients who are already prescribed this on an ‘as required for pain’ basis as this will then cover for both pain and fever and will allow 4 doses to be given in 24 hours. It will also allow the paracetamol tablets to be crushed and given in a spoon of jam if there is a supply problem with the suspension.

The administration of some Level 2 medicines will be appropriate for a deteriorating individual, even considering other oral medicines they may normally take or conditions they have.

If a drug is marked ‘NO’ on the Level 2 form it will not be able to be given to the resident. It is an option to mark the Level 2 form as ‘YES’ but add any patient specific information, e.g. ‘only to be administered if not taking oral medication’, ‘highlight to prescriber patient takes X medication’.
Why are there 2 options for agitation?
There are concerns that there may be shortages of some palliative medicines during COVID-19. By having more than one option, this will allow flexibility if one of the medicines cannot be obtained.

Who can administer Level 1 – Homely Remedies/Symptomatic relief?
These can be administered by experienced carers or registered nursing staff. Staff administering Level 1 medicines must be competent at recognising the signs and symptoms of the condition being treated, e.g. fever. Staff must be familiar with the medicines being administered. If there is any uncertainty if it is appropriate to administer homely remedies, a prescriber must be contacted.

Can Level 1/Homely Remedies be administered covertly?
Residents should be asked for their permission to receive treatment under a homely remedies policy. Residents can still receive treatment if they have an Adults with Incapacity certificate in place.

Covert administration is not possible for homely remedies. If a patient receives medicines covertly, this requires the appropriate documentation to be completed. All of the resident’s medicines should be prescribed/administered in the same way (i.e. either all covertly administered or all administered ‘normally’).

Why is paracetamol suspension not included in Level1/homely remedies?
There has been an increased demand for paracetamol across the whole healthcare system since COVID-19. Paracetamol suspension should be reserved for childhood immunisations and should not routinely be prescribed in care homes.

If a resident cannot swallow paracetamol tablets these can be crushed and taken with a spoon of jam to aid swallowing. The resident should be made aware that the paracetamol is mixed with the jam

Soluble paracetamol is not suitable for residents who have to manage their sodium intake, e.g. heart failure, diabetics and hypertension.

Should I have Just in Case Medicines for all the residents in my care home?
It is appropriate for residents nearing the end of their life to be assessed and if appropriate prescribed and supplied with Just in Case palliative medicines.

During COVID-19 it is necessary to balance access to medicines with potential waste if the medicines are not used and the risk of causing shortages.

The following is recommended, in both care homes with carers and those with registered nurses:

GP practice may prescribe JIC/palliative medicines for all residents on GP10 prescriptions. These prescriptions should be held by the GP practice/community pharmacy/care home and not dispensed until required – this will minimise delay when needed but also prevent waste if not needed.
For care homes with registered nurses, who have Level 2 in place, GP10 prescriptions will only be required for morphine and midazolam as other palliative medicines will be held as stock.

For care homes with carers and no registered nursing staff GP10 prescriptions will be required for all palliative medicines, i.e. morphine, midazolam, levomepromazine, hyoscine and water for injection.

GP Practice to complete JIC/palliative kardexes for all residents in the care home – this will minimise delay in administration. Pre-populated kardexes have been produced to aid this process. These kardexes should be used for palliative medicines during COVID-19 in preference to the MAR. It is recommended that the palliative kardexes are held securely in the care home, but that they are not held with active MAR charts until they are required.

In a home with a COVID-19 outbreak – dispensing of JIC/palliative medicines for several residents would be appropriate.

**Can I have a stock of Just in Case Controlled Drug medicines in my Care Home to use for any resident that needs it?**
No – Care homes are not legally allowed to hold controlled drugs as stock, even in this pandemic situation – options for obtaining supplies are detailed in the guidance.

**A resident has deteriorated and needs end of life care – how should I access these medicines?**
If you are a care home with registered nurses you should already have Level 2 medicines and a Level 2 form for each resident. You should follow the flow chart/protocol and contact a prescriber to obtain authority to administer Level 2 medicines.

At this time it would also be appropriate to discuss the need for controlled drugs, i.e. morphine and midazolam.

If you are a care home without registered nurses, you should contact the resident’s GP (or Out of Hours/COVID Hub).

**What is repurposing of medicines?**
This is when medicines prescribed for one individual are used for another. This may include medicines currently prescribed for another resident or medicines waiting to be returned to pharmacy (i.e. when they are no longer required for the individual they were originally prescribed for).

This is not normal practice but may be necessary during COVID-19.
When is it appropriate to repurpose medicines?
This is not normal practice but may be necessary during COVID-19.

If a resident requires immediate treatment i.e. they are imminently dying from COVID-19 and there are no other options to obtain the medicines, repurposing may be appropriate. All medicines must be appropriately prescribed before they can be administered, i.e. authority to administer given by a pre-written Just in Case Kardex.

If repurposing of medicines is necessary, the record of repurposing form must be completed.

When should we return medicines to pharmacy?
Care homes normally return medicine to community pharmacy for destruction if they are no longer prescribed for an individual resident or if the individual has died.

Normally, care homes hold medicines of any resident who has died, for at least 7 days before returning to the community pharmacy.

Community pharmacy are currently under significant pressure due to COVID-19 and may not be able to process returns as they would normally.

Therefore it is recommended that during COVID-19, medicines are held in the care home for a month after the resident has died. The medicines must remain segregated, be stored securely and documented as normal. After one month, the medicines should be returned to the community pharmacy. If this timescale changes, care homes will be advised.

Summary

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