HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Review Sheet

Last Reviewed	Last Amended	Next Planned Review
08 Jun '20	08 Jun '20	in 12 months, or sooner as required.

Business impact	**MEDIUM IMPACT** — Changes are important, but urgent implementation is not required, incorporate into your existing workflow.
Reason for this review	Scheduled review
Were changes made?	Yes
Summary:	Policy reviewed and updated to reflect COVID-19 and the management of 'as required' medication.
Relevant legislation:	• The Care Act 2014 • The Controlled Drugs (Supervision of Management and Use) Regulations 2013 • Medicines Act 1968 • The Human Medicines Regulations 2012 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice • Misuse of Drugs Act 1971 • The Misuse of Drugs (Safe Custody) Regulations 1973 • The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 • Coronavirus Act 2020
Underpinning knowledge - What have we used to ensure that the policy is current:	• Author: NICE, (2014), *Managing medicines in care homes*. [Online] Available from: https://www.nice.org.uk/guidance/sc1 [Accessed: 8/6/2020] • Author: NICE, (2018), *Decision-making and mental capacity - Guidelines NG108*. [Online] Available from: https://www.nice.org.uk/guidance/ng108 [Accessed: 8/6/2020] • Author: NICE, (2017), *Managing medicines for adults receiving social care in the community*. [Online] Available from: https://www.nice.org.uk/guidance/ng67 [Accessed: 8/6/2020] • Author: Royal Pharmaceutical society, (2018), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines [Accessed: 8/6/2020] • Author: CQC, (2018), *High risk medicines: anticoagulants*. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-anticoagulants [Accessed: 8/6/2020] • Author: CQC, (2020), *Medicines: information for adult social care services*. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#coronavirus [Accessed: 8/6/2020]
Suggested action:	• Encourage sharing the policy through the use of the QCS App

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

1. Purpose

1.1 To ensure consistency of treatment when 'As Required (PRN) Medication' is needed by a Service User.
1.2 To ensure that staff responsible for the administration of medication understand how to administer medication where the dose varies.
1.3 This policy should be read with the **Overarching Medication Policy and Procedure** as well as the **Administration of Medicines Policy and Procedure**. It should support any locally required policies and procedures.
1.4 To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.5 To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- The Care Act 2014
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
- Coronavirus Act 2020

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Care staff

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To ensure that there are clear and precise instructions for PRN and variable dose medication so that it is administered as intended by the GP or prescriber.
3.2 To ensure that the Service User's needs are fully met and that PRN or variable dose medication is administered at the request of the Service User or when staff observe the need.

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

4. Policy

4.1 COVID-19

- During the COVID-19 pandemic HWCGS Care (T/A Segal Gardens) will closely monitor the use of 'as required' medication
- Any medication administered as an 'as required' medication will be agreed and authorised by the prescriber
- There will be an up-to-date MAR chart recording all doses and times the medication has been administered
- HWCGS Care (T/A Segal Gardens) will ensure that there are relevant care plans and risk assessments in place to support the appropriate and effective use of 'as required' medications during the COVID-19 pandemic
- If the 'as required' medication is administered on an ongoing basis it needs to be classed as a regular medication and not 'as required'
- The use of any 'as required' medication as a sedative to adapt and control behaviour to encourage social distancing must only be agreed in exceptional circumstances and following a multi-disciplinary decision making approach
- If the Service User has capacity they can refuse medication, and if they are assessed as not having capacity the medication can only be administered if it is agreed to be in the Service User's best interests

4.2 PRN Medication

HWCGS Care (T/A Segal Gardens) understands that there must be clear and precise instructions when Service Users require PRN medication.

4.3 HWCGS Care (T/A Segal Gardens) will ensure that there is a specific plan for PRN medication and that this is written in the Service User's Care Plan.

4.4 The Care Worker will ensure that consideration is given to the Service User's capacity to refuse the medication. When providing staff with information about the Service User, the needs of the Service User will be identified, e.g. if signs of pain are expressed in a non-verbal way.

4.5 The Service User's response to the PRN medication will be monitored and if PRN medication is given regularly, then a referral to the prescriber will be considered for a review of the Service User's medication, as their medical condition may have changed and the treatment required may need altering. Similarly, if the medication is not having the expected effects, the prescriber will be contacted. In both cases, the response to the medication will be clearly recorded.

4.6 HWCGS Care (T/A Segal Gardens) will administer PRN medication from the original packaging and will not administer PRN medication from a monitored dosage system.

4.7 Variable Dose Medication

HWCGS Care (T/A Segal Gardens) will ensure that there are procedures in place, that are followed, to promote the safe administration and monitoring of medication that has a variable dose (such as anticoagulants).

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

5. Procedure

5.1 PRN Medication

Staff administering medication should have the appropriate training and follow the procedures set out in the suite of medication policies at HWCGS Care (T/A Segal Gardens). However, when administering PRN medication, the following points need to be considered:

- If a PRN medicine is administered on a regular basis (best practice is no more than 3 days), a referral to the prescriber should be considered for a review of the Service User's medication. This action must be clearly recorded in the Service User's Care Plan
- Should the PRN medication not have the expected effects, the prescriber should be contacted. This action must be clearly recorded in the Service User's Care Plan
- All PRN medication that is prescribed must give details of a maximum of how much and how often the medication can be administered

5.2 To ensure that the medication is given as intended, a specific plan for administration must be recorded in the Care Plan and ideally kept with the MARs. Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment of the Service User.

5.3 Consideration should be given to the Service User's capacity to refuse the medication. When providing staff with information, the needs of the Service User must be identified, e.g. if signs of pain are expressed in a non-verbal way.

5.4 A record does not have to be made at each medicine round to show that the Service User has been offered the medication. However, the Care Plan should demonstrate that staff know what the medication is for and have made an assessment on whether the Service User requires the medication.

5.5 In the case of medication prescribed to be taken “as necessary” or “as required” (PRN), the indication must be made clear on the medication label, on the MAR and in the Care Plan.

5.6 PRN medication that is still in use and in date should be carried over from one month to the next and not disposed of. A record of the quantity carried over should be recorded on the new MAR so there is an accurate record of the quantity in stock and to help when performing audits.

5.7 Variable Dose Medication

When variable dose medication is prescribed (for example, give ONE or TWO tablets) it is essential that the actual dose given is recorded. This should be done on the MAR or, where considered necessary for clarity, a supplementary recording sheet could be used. HWCGS Care (T/A Segal Gardens) should ensure that a person-specific procedure is in place, similar to that used for “when required” medication, which details how the dose is to be given, as advised by the prescriber. The procedure should be kept with the Service User’s MAR. The procedure should be reviewed at least every 6 months, or sooner if circumstances change.

5.8 Blood Thinners (Anticoagulants)

Care Workers are able to support Service Users who take anticoagulants as long as their INR is stable and they have their yellow book/alert cards in place. There needs to be a Care Plan in place that includes:

- The frequency of blood testing
- Who does this and how
- The INR target range
- Who to contact in the case of a query
- The risk factors to observe for when a Service User is taking anticoagulants
- Contraindications

Where Service Users are self-medicating, the Care Worker's role is to give verbal reminders and they should record this in line with the Overarching Medication Policy and Procedure. If there is an increasing need to remind the Service User to take this medication or staff have any concerns, they must discuss this immediately with Mr Damian Cummings Gillian Gilmore and record.

Staff should refer to the Training and Competency on Medications Policy and Procedure for further details. Staff should follow good practice guidance in relation to the use of Warfarin. This can be located in the Forms section of this policy. There are also links within the Further Reading section that staff and Service Users can access detailing other anticoagulants.

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

6. Definitions

6.1 PRN Medication

- As required (PRN) medication is administered when the Service User presents with a defined intermittent or short-term condition, i.e. not given as a regular daily dose or at specific times, e.g. medication rounds
- PRN is a Latin term that stands for “pro re nata,” which means “as the thing is needed”

6.2 Warfarin

- Warfarin is prescribed to prolong the clotting time of blood and thereby protect against thrombotic events (blood clotting that can cause disease). The dose of the medication may be changed (varied) to ensure the correct blood clotting time is maintained. This is specific to an individual
- The most common reasons for the use of oral anticoagulants are:
  - **Atrial fibrillation** (abnormal beating of the heart that can cause blood pooling and thrombus (clot) formation in the small chambers of the heart (atria))
  - The treatment and prevention of **deep vein thrombosis** and **pulmonary embolus** (clot formation in the blood vessels in the lungs); the treatment of patients with mechanical heart valves, where the artificial valves may lead to clot formation

6.3 International Normalized Ratio (INR)

- Prothrombin time is the time it takes for blood to clot in a test tube. This ratio is called INR
- A person on warfarin with an INR of 2.6 takes 2.6 times longer for their blood to clot than a person not on warfarin

6.4 Anticoagulant

- Anticoagulants are medicines that help prevent blood clots. They are given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks
- The most commonly prescribed anticoagulant is warfarin.
  Newer types of anticoagulants are also available and are becoming increasingly common. These include:
  - Rivaroxaban (Xarelto)
  - Dabigatran (Pradaxa)
  - Apixaban (Eliquis)
  - Edoxaban (Lixiana)

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff administering medication should have the appropriate training and follow the procedures set out in the suite of medication management policies at HWCGS Care (T/A Segal Gardens)
- In the case of medication prescribed to be taken when necessary or when required (PRN), the indication must be made clear on the medication label, on the MAR and in the Care Plan
- PRN medication should not be dispensed in Monitored Dosage Systems - they should be in the original packaging
- There must a protocol/plan in place to support the use of each PRN medication for Service Users

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Key Facts - People affected by the service

People affected by this service should be aware of the following:

- If you require anti-coagulants, you must carry a Yellow Card
- Staff can support you if you have any medication prescribed that is on an as and when basis. You can either request this medication direct or staff will be trained to understand when you may need it
- You should discuss any queries you have in relation to medication with a member of staff

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

NPSA resources - Although this site is now replaced by NHS improvement, the Specialist pharmacist Service still refers to their suite of resources. This site was last updated in Aug 2018:
https://www.sps.nhs.uk/articles/npsa-alert-actions-that-can-make-oral-anticoagulant-therapy-safer-2007/
NHS - Warfarin: https://www.nhs.uk/medicines/warfarin/
NHS - Anticoagulants: https://www.nhs.uk/conditions/anticoagulants/

Outstanding Practice

To be ‘ outstanding ’ in this policy area you could provide evidence that:

- There is evidence that staff are able to understand and recognise a Service User's needs in relation to PRN medication and respond appropriately
- Regular audits of MARs take place and there is a focus on PRN Medication. Corrective action takes place when required
- There are risk assessments in place and Care Plans reflect the Service User's needs, wishes and expectations
- The wide understanding of the policy is enabled by proactive use of the QCS App

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Warfarin Good Practice Guideline - CM18	To support staff to implement safe practice with the use of Warfarin	QCS
PRN (When Required) Medication Protocol - CM18	To be used for each medication that is prescribed as PRN for each Service User	QCS

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

- Warfarin tablets should be taken at the same time each day with a full glass of water
- If a dose is missed, a note should be made on the blood test form and the Medication Administration Record (MAR). Continue the next day with the normal dose; do not give an extra dose to 'catch up'

- Warfarin should be administered from original packs and should not be included in Monitored Dosage Systems, e.g. nomad or dosette boxes

- It is important that the Support Worker administering medicines is familiar with the different colours of the various strengths of Warfarin tablets as different colours (strengths) of tablets may be required to make up a dose

- Always double check the most recent International Normalized Ratio (INR) report when giving a dose. It is essential that dosages are not given from old INR reports

- There should be a local procedure at HWCGS Care (T/A Segal Gardens) for ensuring that blood tests are taken at the correct time, that INR results are received and that the correct dose is transcribed on to the MAR

- There should also be a local procedure in place at HWCGS Care (T/A Segal Gardens) to follow up results if they have not been received within 3 days

- If you have not received the record within 3 days, contact the anticoagulation service or GP

- It is safe practice to attach the written oral anticoagulant dosage supplied by the lab to the MAR

- If there are any concerns that the INR result for a Service User is out of date, contact the anticoagulation service or GP for advice

Identifying Concerns

Like all medicines, anticoagulants have side effects. The most common side effect of anticoagulants is bleeding. You should contact the Service User's GP immediately if they experience any of the following:

- Nose bleeds that last more than 10 minutes
- Blood in vomit or sputum
- Passing blood in urine or faeces
- Passing black coloured faeces
- Severe or spontaneous bruising
- Unusual headaches

Warfarin Tablets

Warfarin is available in four different strengths of tablets, 500micrograms, 1mg, 3mg and 5mg. Care must be taken to ensure that the correct strength of tablet is chosen.

- 500 micrograms: white (0.5mg) tablet
- 1mg: brown tablet
- 3mg: blue tablet
- 5mg: pink tablet

Warfarin and Other Medication

- Many medicines can interact with anticoagulants. If, during a course of anticoagulants, a Service User is also starting or stopping another medication, the prescriber may advise that they should have a blood test within 5 to 7 days of starting or stopping the new medication. This is to make sure that the INR remains within the desired range
- Oral anticoagulants interact with a wide variety of other medicines (for example, commonly prescribed antibiotics and painkillers), in most cases leading to an increased anticoagulant (blood thinning) effect. Before using over-the-counter medicines, including alternative remedies, HWCGS Care (T/A Segal Gardens) should get advice from the pharmacist. Where Service Users are self-managing, they should also be advised to seek advice

Warfarin and Diet

- It is important for Service Users to eat a well-balanced diet. Any major changes in diet may affect how a Service User's body responds to anticoagulant medication

- Foods rich in vitamin K may affect an INR result. Such foods include green leafy vegetables, chickpeas, liver, egg yolks, cereals containing wheat, bran and oats, mature cheese, the seaweed found in sushi, blue cheese, avocado and olive oil. These foods are important in a diet but eating them in large amounts may affect the INR result. It is important to take the same amount of these foods on a regular basis. It is the change in the vitamin K intake that affects an INR result

- A moderate intake of alcohol will not affect anticoagulation but changing the amount a Service User drinks or drinking large quantities is dangerous

- Drinking cranberry juice and possibly grapefruit can also affect INR levels and so should be avoided in large

quantities

INR Blood Results

- For most Service Users at HWCGS Care (T/A Segal Gardens), the anticoagulation service will usually contact the GP with details of a Service User's INR test result, new dose and the date of the next blood test
- Service Users should continue to take their previous dose of Warfarin until you receive this information in written form from the GP
- The new dose may differ on different days of the week and this will be clearly stated in the letter
- The anticoagulation service may need to telephone HWCGS Care (T/A Segal Gardens) if the dose needs to be changed urgently

Good Practice - Service User commencing treatment

When a Service User is initiated on Warfarin, this should be recorded in the Care Plan stating the:

- Location where anticoagulant therapy is managed (at the anticoagulation clinic at the hospital, GP practice or community pharmacy)
- Date the Warfarin commenced
- Medical condition it is prescribed to treat, e.g. atrial fibrillation
- INR target and range
- Date of next INR test – contact the prescriber if not stated
- Current dose, in milligrams (not number of tablets)
- Time of day the dose is to be given
- Date to stop treatment, if applicable
- Dosing instructions up to the next INR test

Good Practice - Maintaining the Service User's Warfarin treatment record

- Periodically, the Service User will need to have a blood test to determine the INR reading
- It should be established at the outset where the test is performed
- The test may result in a change in the Warfarin dose
- The frequency of the blood test is dictated by the INR reading and is specific to each Service User
- The date of the next INR test will be decided at the time of dosing and should be documented in the Care Plan
- For effective handover of information to staff working on different shifts, ensure that appropriate staff are aware if a Service User has had an INR test and when/how the results are expected to be received. This may result in the next dose of Warfarin being altered
- The information received from the clinician managing the anticoagulation will include the date of the last INR test, the dose of Warfarin, and the date of the next INR test
- This information should be made available to the prescriber (when requesting a repeat prescription) and to the community pharmacist (when having the prescription dispensed) so a check can be made to ensure that monitoring is up to date
- When a Service User is discharged from hospital, they may be prescribed Warfarin doses for a few days only. HWCGS Care (T/A Segal Gardens) should contact the ward that discharged the Service User if:
    - The dosing instructions run out before the next INR test
    - There is no date for the next INR test

Good Practice - Receiving changes to the Warfarin dose

Where the dose of the Warfarin is changed due to the INR reading or changes to other medication that the Service User may be taking then:

- Observe the Service User's anticoagulant record for the current dose of Warfarin
- Any changes to the dose received by telephone must be verified by another suitably qualified staff member and a written copy or fax requested. If receiving confirmation of the dose via the fax machine, ensure that the fax is loaded with paper. Written confirmation will ensure that there is documentation of the change in dose from the clinician managing the Service User's therapy
- When new dosing instructions have been received, the MAR must be updated with the new dose and date of the next INR test. Two signatures are required to check the daily dose regime with the clinician’s instruction
- It is safe practice to attach written confirmation of the Warfarin dose supplied by the clinic or the prescriber to the MAR

Good Practice - Administering the Medication

- Due to the variable dose of Warfarin, it is unsuitable to be placed in a monitored dosage system, e.g. NOMAD. Therefore, it will be supplied by the community pharmacy in an original pack

- Check the Service User’s current dosage instructions (in an anticoagulant record book or equivalent) against the handwritten dosage schedule on the MAR to ensure that they are the same

- Check if there are different strengths prescribed in order for the Service User to receive the prescribed dose

- Check if the Service User is prescribed a variable dose (different doses to be given on different days, e.g. 2mg one day alternating with 3mg the next)

- When variable doses are prescribed, document on the MAR and in the Care Plan the combination to be used in order for the Service User to receive the correct dose, e.g. 2mg dose = 2 x 1mg tablets, 3mg dose = 1 x 3mg tablet

- Check the Service User's name, the drug name, strength of the tablets and expiry date on the original pack supplied by the community pharmacy

- Warfarin should be taken at the same time each day, generally around 6 pm. This is to allow any urgent change to the Warfarin dose to be made following a blood test earlier that day

- It is very important that Warfarin is given daily as prescribed. Missing doses of Warfarin may have serious consequences. Please ensure that all staff are aware of this. It is not acceptable to omit a dose of Warfarin due to the Service User sleeping

- If a dose is missed at the prescribed time, it can still be administered on the same day, i.e. before midnight. If staff realise the previous day's dose was missed, a double dose must not be taken. The missed dose must be documented and reported to the clinician managing the Service User's Warfarin as soon as possible. Subsequent doses should be taken at the usual time

- You may wish to consider routine auditing of MARs for Warfarin administration

Good Practice Guidance - Signing the MAR following administration

- The MAR is signed immediately after staff have administered the Warfarin to the Service User

- If there is a combination of tablets to be taken, then this must be entered on the MAR to inform others of how the dose was given

Good Practice Guidance - Service User carrying Anticoagulant Alert Card and having a Yellow Book

- An Anticoagulant Alert Card is provided with the NPSA (now referred to as NHS Improvement) oral anticoagulant therapy booklets. The alert card must be completed informing healthcare professionals of all appropriate details in case of emergency. The hospital also provides a similar anticoagulant alert card
- The alert card is to be carried with the Service User when leaving HWCGS Care (T/A Segal Gardens), e.g. day excursions
- Service Users taking Warfarin must have a copy of the 'NHS oral anticoagulant therapy – Important information for patients' (Yellow Book)

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Service User Name	
Date of Birth/Room Number	
Name of medication	
Dose	
Reason for giving the medication	
Dosage to be given (e.g. give 1 if…., give 2 if….)	
Max dose in 24 hours	
How often dose can be repeated	
Further information e.g. after food	
How the decision is reached about how and when to give	
Actions to take prior to administration	
Actions to take after administration	
Expected outcome	
Circumstances for reporting to the GP	Persistent need for upper level of dosage Never requesting dose Requesting too often Side effects experienced Other:
Signature	
Date	
Review Date	