



Medicine Matters

The Newsletter for Care Homes



July 2022

Issue 14

In this issue	Page no.
Coping with hot weather	1
Medicines Safety Corner- Potassium Permanganate	2
Medicines Safety Corner- Morphine Sulfate 10mg/5ml oral solution	3
Medicines Management Corner- Time sensitive medicines	3 & 4

Frimley ICB Medicines Optimisation in Care Homes (MOCH) team contact details

Frimley MOCH shared mailbox: frimleyccq.moch@nhs.net

East Berkshire places	Surrey Heath place	North East Hampshire & Farnham place
<p>Sundus Jawad Lead Medicines Optimisation Care Homes Pharmacist Mob: 07909 505658 sundus.jawad@nhs.net</p>	<p>Leena Nanavati Primary Care Pharmacist Mob: 07917 211006 leena.nanavati@nhs.net</p>	<p>Simi Mudhar Medicines Optimisation Care Homes Pharmacist Mob: 07425 634218 s.mudhar@nhs.net</p>
<p>Sally Clarke Medicines Optimisation Care Homes Pharmacist Mob: 07747 007934 sally.clarke6@nhs.net</p>	<p>Surrey Heath PCN</p>	<p>Zoe Lewis (maternity leave) Medicines Optimisation Care Homes Pharmacy Technician Mob: 07774 334737 zoe.lewis9@nhs.net</p>
<p>Dhara Thacker Medicines Optimisation Care Homes Pharmacy Technician Mob: 07776 244842 dhara.thacker2@nhs.net</p>	<p>Melanie Wedlock Care Homes Senior Clinical Pharmacist-Surrey Heath PCN Mob: 07795 354079 melanie.wedlock@nhs.net</p>	<p>Jeremy Woolf EMIS Proxy Admin Support Mob: 07880 411633 jeremy.woolf1@nhs.net</p>

Link to Good Practice Guidance for care homes: [NHS Frimley - Care Homes \(icb.nhs.uk\)](https://www.icb.nhs.uk)

Coping with Hot Weather!!!

Most of us welcome hot weather, but when it is too hot there are health risks in certain groups of people. Hot weather can cause urinary tract infections and confusion due to dehydration, which can result in unnecessary hospital admissions.

Why is a heat wave a problem?

The main risks of a heat wave are:

- dehydration (not drinking enough water) which can lead to UTI's
- overheating, which can make symptoms worse for people who already have problems with their heart or breathing
- heat exhaustion
- heatstroke



Symptoms of dehydration

Dehydration can be mild, moderate or severe, depending on how much body weight is lost through fluids. Two early signs of dehydration are thirst and dark coloured urine. This is the body's way of trying to increase water intake and decrease water loss. Other symptoms may include:

- dizziness or light-headedness
- headache
- tiredness
- dry mouth, lips and eyes
- passing small amounts of urine infrequently (less than three or four times a day)
- confusion

Tips for coping in hot weather

The following advice applies to everybody when it comes to keeping cool and comfortable and reducing health risks:

- Avoid the heat, stay out of the sun and do not go out between 11am and 3pm (the hottest part of the day)
- Offer cool baths or showers
- **Encourage residents to drink cold drinks regularly, such as water and dilute fruit juice. Reduce tea, coffee and alcohol.**
- Offer ice lollies and ice cream which help residents keep cool and can provide extra calories.
- Increase the number of structured drinks rounds in the summer months and offer ice in drinks.
- Plan ahead to make sure you have enough supplies, such as food, water and medicines.
- Identify the coolest room in the home so you know where residents can go to keep cool.
- Encourage residents to wear loose, cool clothing and a hat if they go outdoors.
- Ensure a high SPF sunscreen is applied regularly and wear a wide brimmed hat if you go out in the heat.
- Does the care home have external awnings and areas of shade for residents to sit in?
- Do care staff know how to support a resident if they are hot at night?
- Involve care home kitchen staff to look at different food and drink options for hotter weather.
- Involve activity co-ordinators to think about making the sun fun for residents but enjoying it safely.
- Check if medications are being stored at the appropriate temperature, especially if a resident is self-administering. If they are not, what is the care home's policy/ plan for managing this?
- Has the care home identified the residents most at risk of dehydration?
- Are all fridges and freezers in working condition? If not, do staff know how to report this?
- Do care staff know how to monitor the temperature in the care home or the residents' rooms? If temperatures are high, how is this managed?

Medicines Safety Corner



Accidental swallowing of Potassium Permanganate

A National Patient Safety Alert (NPSA) has been issued following reports of accidental swallowing of potassium permanganate leading to one case of death. [NaPSA - Inadvertent oral administration of potassium permanganate April 2022.pdf](#)

Potassium permanganate is used to treat weeping and blistering skin conditions such as acute weeping/infected eczema and leg ulcers.

Potassium permanganate comes in a concentrated tablet or solution which requires dilution before it is used as a soak or in the bath. Both concentrated and diluted solutions are toxic when swallowed and can cause harm.

Advice for care home staff:

- Check to see if residents have repeat prescriptions of potassium permanganate, and if so, there should be clear instructions to dilute before use.
- Ensure care home staff know that potassium permanganate is harmful when swallowed. This can be highlighted on the care plan and MAR chart.
- If potassium permanganate is used as a self-care product (products which can be purchased on behalf of a resident which have been advised or recommended for use by a healthcare professional) ensure this is documented on the care plan and MAR chart. See the Good Practice Guidance for Homely Remedies and Self Care [NHS Frimley - Homely remedies/ self-care/ minor ailments/ self-administration \(icb.nhs.uk\)](#)
- A patient information leaflet should be provided with potassium permanganate.
- Ensure potassium permanganate is stored in a locked and secure place when not in use and keep separate from oral medication.
- Ensure dilution of potassium permanganate occurs away from residents and neither the concentrated form or diluted form should be left unattended.



Unintentional Overdose of Morphine Sulfate 10mg/5ml oral solution

A report by the Healthcare Safety Investigation Branch (HSIB), [Unintentional overdose of morphine sulfate oral solution | HSIB](#) details events leading up to the death of a 89 year old man who took an accidental and fatal overdose of morphine 10mg/5ml oral solution after mistaking the manufacturer's label on the morphine bottle for the dose, and not noticing the dispensing label applied to outer box.

The dispensing label on the outer packaging advised a dose of 1.25ml - 2.5ml to be taken every 4 hours when required. The patient had taken three doses of 5ml Morphine 10mg in 5ml oral solution (two to four times the suggested dose) over the course of the day as it was assumed the 10mg in 5ml strength on the manufacturer's label was the prescribed dose. The patient was taken to the emergency department due to breathing difficulties and a short time later was found to be unresponsive and was pronounced dead.

Advice for care home staff:

- Ensure the dose to be administered is documented clearly in the care plan and MAR chart, stating clearly the difference between millilitres (ml) and milligrams (mg).
- If unsure about the dose, obtain advice from the GP or supplying pharmacy prior to administering.
- Oral syringes can be used to accurately measure doses e.g., a 2.5ml oral syringe can be used when measuring a 1.25ml or 2.5ml dose.

MEDICATION <small>(Name, strength, dose, frequency)</small>	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<h2>Medicines Management Corner</h2>																																

Time Sensitive Medicines

Some medicines need to be given at a certain time to make sure they work effectively. Some examples of time sensitive medications include:



- **Medicines to be given with or after food**

The contents of the stomach or the intestines can affect the way the medication works on the body. Some medications such as aspirin and ibuprofen need to be administered with or after food to reduce the risk of irritation to the stomach lining.

Some medication should be taken on an empty stomach as food may prevent absorption. An example of this is flucloxacillin which has the instructions 'Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food'

Top tips:

- Seek advice from the supplying Pharmacy if it is unclear if the medication needs to be given with or after food.
- Ensure there is a way to manage doses around meals, for example with medication such as flucloxacillin. It should be documented on the care plan what time the medication should be administered and all care staff administering medications should be made aware. It is best practice to record timings of doses administered on the MAR chart.

- **Medicines containing Paracetamol**

Paracetamol is a mild painkiller and also helps reduce fever. It comes in various forms such as dispersible tablets and liquid. It is an ingredient in combination painkillers such as co-codamol and co-dydramol. A maximum of 1g can be taken at once (two 500mg tablets). It is important to leave a gap of at least 4 hours between doses. No more than 8 tablets of 500mg should be taken in 24 hours. It is important to note that the dose may be reduced in certain conditions such as a low body weight of less than 50kg.

Top tips:

- Refer to care plans or the PRN protocol for signs and symptoms of when to offer or administer paracetamol containing painkillers. The Good Practice Guidance: Medication to be taken 'when required' (PRN) in care homes contains information to support care staff and can be downloaded here: [file \(icb.nhs.uk\)](http://file.icb.nhs.uk)
- Record the time paracetamol containing painkillers have been administered, especially when it is a PRN dose
- Record the number of tablets administered if paracetamol is prescribed as a variable dose and be aware of the maximum total dose in a 24 hour period.

• **Bisphosphonates for osteoporosis**

Bisphosphonates include alendronic acid and risedronate. The tablets need to be swallowed whole with a full glass (no less than 200ml) of tap water (not mineral water, tea, coffee or juice) whilst sitting or standing; on an empty stomach at least 30 minutes before breakfast or another oral medication. The tablets should not be crushed or chewed. The resident should stand or sit upright for at least 30 minutes after administration. Bisphosphonates ideally should be taken in the morning before the first meal of the day.

Top tips:

- Ensure the care plan and MAR chart clearly state the day of the week of administration of Bisphosphonates and the timing of administration should be recorded.
- Medicines policies and care plans should include how to plan meals around administration e.g., breakfast should be given 30 minutes after administration of a Bisphosphonate.

• **Parkinson's disease medications**

Residents with Parkinson's disease need medication administered on time for symptom control and management of the condition (symptoms include slow movements, rigidity and shaking). Stopping or delaying administration of these medications reduces the effectiveness of the medication resulting in poor symptom control.

Many medicines used to treat Parkinson's disease contain Levodopa. Levodopa containing products (e.g. Madopar®, Sinemet®, Half-Sinemet®) must be administered within 30 minutes of the prescribed time and the time should be stated on the MAR chart. Serious complications can develop if levodopa is not taken on time.

Diet is particularly important in Parkinson's disease. This is because high protein meals such as meat and fish, may reduce the absorption of Levodopa and therefore Parkinson's symptoms may not be controlled. If symptoms are not well controlled, this could result in serious complications.

Confirm medication administration times with the resident's Parkinson's specialist and record this in the care plan. It is best practice to record the time medication is administered and to report any missed or delayed doses to the relevant healthcare professional.

For more information about Parkinson's medication and diet, go to:

<https://www.parkinsons.org.uk/information-and-support/parkinsons-medication-and-your-diet>

Top tips:

- The care plan should state how the resident's Parkinson's disease should be managed and should include information on timings of medication and diet management.
- Timings of Parkinson's medication is dependent on individual needs and may not match the medication round timings. Ensure care staff involved with administering medication are aware of this. The time of administration should be recorded.
- Do not adjust the timings of Parkinson's medications without first seeking advice from a specialist in managing Parkinson's disease such as a Parkinson's nurse specialist.

More information on Parkinson's disease is available at [Homepage | Parkinson's UK \(parkinsons.org.uk\)](http://Homepage | Parkinson's UK (parkinsons.org.uk))

