

# MEDICINES MATTER

MOCH TEAM NEWSLETTER – JULY 2024

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## Marvellous Medicines!

Our MM sessions will have a break for the summer and will resume on Tuesday 10<sup>th</sup> September and Wednesday 18<sup>th</sup> September 2024, 2-3pm via Microsoft Teams. Calendar invites and agendas will be emailed nearer the time.

If there are particular medicines related topics you would like us to cover, please email your suggestions to us at [frimleyicb.moch@nhs.net](mailto:frimleyicb.moch@nhs.net)

These sessions are for you and your staff so we would love to hear your ideas! 😊

## Safe use of thickeners in care homes

Thickeners (such as Resource® ThickenUp® Clear) are used to thicken drinks following assessment by Speech and Language Therapists (SLT) for residents at risk of swallowing difficulties. Here are some tips to ensure you are using thickeners safely:

- If the resident is first prescribed a thickener by the GP, a referral to SLT should be made by the care home immediately. Ensure referrals and advice provided by SLT is documented in the resident's care plan.
- Thickeners should be stored so that residents and non-authorised staff members cannot access them. Review how to store and lock away thickeners in your care home. Appropriate risk assessments should be in place if a resident is managing their own thickener.
- Different brands of thickeners have differing number of scoops required for a particular IDDSI Level. For example, IDDSI Level 3 is:
  - Four scoops in 200ml for Resource® ThickenUp® Clear.
  - Three scoops in 200ml for Nutilis® Clear.
- Ensure staff members are familiar with the number of scoops required. The Thickener Record Chart ([accessed here](#)) can be used to detail this and can be kept in the resident's care plan and with the MAR chart.
- Where a resident is prescribed oral liquid medications with their thickener, ensure instructions and guidance on how to administer are documented and check staff are following this. If not, contact the GP practice/PCN Pharmacist for advice.
- When residents prescribed a thickener are also prescribed an oral nutritional supplement (ONS), check that advice on suitability (e.g. the thickness) of the ONS has been sought.

The Good Practice Guidances Use of thickeners in adults with dysphagia and Administration and recording of ONS in care homes can be accessed [here](#).

### Valproate- new safety and educational materials



Sodium valproate, valproic acid and valproate semisodium (collectively known as valproate) are medications that can be used to treat epilepsy and bipolar disorder. Common brand names include Epilim®, Depakote® and Convulex®.

For women, taking valproate during pregnancy poses a risk of birth defects and developmental disorders in the newborn baby. For men, taking valproate poses a risk of infertility. From January 2024, new safety measures were introduced and further information can be found [here](#).

Key messages include:

- From January 2024, valproate must only be started in new patients (male or female) younger than 55 years when two specialists independently consider and document that valproate is the only suitable treatment, or there are reasons that the reproductive risks do not apply. For most patients, other effective treatment options are available.
- At their next annual specialist review, women of childbearing potential will be reviewed using an updated risk acknowledgement form that will include the need for a second specialist signature if the patient is to continue with valproate. After this, annual reviews with one specialist will continue unless the resident's situation changes. If you are unaware of the residents annual review contact the GP Practice.
- Encourage and support residents (male and female) to attend appointments offered to discuss their valproate treatment plan.
- Speak to a healthcare professional if there are any concerns with the resident's valproate treatment.
- **Valproate treatment should not be stopped without advice from the specialist.**

To support the implementation of these measures for valproate, the following safety and educational materials are available:

- [Patient guide](#): Provides those taking valproate (or their parent, caregiver, or responsible person) with information on the risks of valproate in pregnancy and the risks to male patients and what they need to do. Frimley ICB are working toward producing an easy read format. Please contact the MOCH team and we can signpost you to our provider organisation easy read leaflets in the meantime.
- [Patient card](#): Provides key information for female patients receiving valproate on contraception and pregnancy prevention.

Although last updated in November 2022, further information on considerations for providers and staff may be found on the CQC website [High risk medicines: valproate - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

### Accidental swallowing of Potassium Permanganate



Potassium permanganate is used to treat weeping and blistering skin conditions. It comes as a concentrated tablet or solution which requires dilution before it is used as a soak or in the bath. **It must not be ingested orally.** The concentrated and diluted tablets and solution are highly toxic when swallowed and can cause severe harm.

[A National Patient Safety Alert \(NPSA\)](#) has been issued in April 2022 following reports of accidental swallowing of potassium permanganate leading to one case of death in an older patient.

#### Advice for care home staff:

- Potassium permanganate should not be on the resident's monthly repeat prescription for routine ordering.
- Recording of administration should be done using a 'Topical' MAR chart (TMAR) to avoid risk of accidental ingestion.
- There should be clear instructions to dilute before use on the dispensing label, TMAR chart and the residents care plan.
- It is good practice to highlight 'not for oral use,' 'tablet for cutaneous solution' and 'harmful when swallowed' on the TMAR chart and the residents care plan.
- Care staff should be familiar with how the concentrated forms should be diluted. If not seek advice from a pharmacist.
- As potassium permanganate can cause serious harm when ingested, it is suggested as good practice that two members of staff dilute and apply the solution and have this recorded on the TMAR.
- Ensure dilution of potassium permanganate occurs away from residents.
- The concentrated form and diluted form should not be left unattended until fully used or disposed of.
- A patient information leaflet should be provided with potassium permanganate and read by staff and residents.
- Ensure potassium permanganate is stored in a locked and secure place when not in use and keep separate from oral medication.

### Keep Hydrated! 7 glasses a day keeps the hospital at bay!

Dehydration is more common in hot weather and can lead to urinary tract infections (UTIs) and confusion, which can result in hospital admissions. Signs and symptoms of dehydration include:

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



Please make sure that both staff and residents are drinking enough to stay hydrated.

Good Hydration in care homes resources are [here](#) which includes resources for managing UTIs.