

High Risk Drugs and Vulnerable Patients: Prescribing Guidance

This guidance is applicable to all healthcare professionals (within City and Hackney CCG) prescribing medicines to NHS patients. The guidance covers medicines support for adults (18 years old and over) receiving social care in the community.

For the purpose of this guidance, the following interpretations apply:

High Risk Drug: Most medicines are used safely and help people to get better or stay well. Sometimes errors occur and these can lead to harm. High risk medicines are medicines that are most likely to cause significant harm to patients even when used as intended. These may be medicines with narrow therapeutic range or with serious side effects when administered incorrectly e.g. incorrect dose. The medicines most frequently associated with severe harm are opioids, anticoagulants, anaesthetics, insulin, antibiotics (allergy related), chemotherapy, antipsychotics and infusion fluids ^{1,2}.

Vulnerable Patient: This refers to children, young people and adults at risk of abuse or neglect.

This document supports:

CQC Outcome 4: Care and welfare of people who use services – People should get safe and appropriate care that meets their needs and supports their rights.

CQC Outcome 9: Management of medicines – People should be given the medicines they need when they need them, and in a safe way.

When prescribing for adults (18 years old and over) in receipt of social care in the community, it is important that healthcare professionals ensure that individuals are supported to take and look after their medicines effectively and safely (NICE NG67). The points below summarise key steps healthcare professionals should take when supporting such individuals.

The Guidance ³⁻⁹:

1. Assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment. As far as possible, people should manage their medicines themselves.
 - a. Responsibility for ordering, transporting, storing, administering and disposing of medicines usually stays with the person and/or their family members or carers (if this has been agreed with the person). However, if it has been agreed that a social care provider is responsible, effective medicines management systems must be in place.
 - b. When a person is assessed to be at risk because of unsecured access to their medicines, confirm that e.g. social care providers have agreed with the person and/or their family members or carers whether secure home storage is needed, for example, in a lockable cupboard. (NICE NG67).
 - c. Robust processes must be in place to ensure there is safe access to medicines e.g. controlled drugs, when social care providers are responsible for storage.
2. Take into consideration that the person may need support with medicines administration procedures, which might require e.g. registered nursing input. Ensure measures are in place to enable individuals who require support with medication in acute and community settings receive this from suitably trained and competent staff.

3. Where support is required for the use of medicines, consider:
 - a. What medicines the person uses and when.
 - b. Why and how they take the medicines.
 - c. How they manage and store the medicines.
 - d. What help they need e.g. devices to help administer the medicines.
 - e. Possible changes to their ability to make decisions about their medicines.
 - f. What might affect the type, amount or timing of support the individual needs e.g. 'when required' medicines, medicines needed at a particular time, devices used to help administer the medicines.
 - g. Use of over-the-counter medicines, herbal medicines or nutritional supplements.
 - h. Who will order, collect and/or deliver the medicines.
 - i. Record the discussion and document any decisions made in relation to these issues in the person's care record and/or personal plan.
4. Ensure roles and responsibilities are clarified in relation to the provision of support with medication.
 - a. General practices should record details of each person's medicines support needs and who to contact about their medicines (the person or a named contact) in their medical record, when notified that a person is receiving medicines support from a social care provider.
 - b. Health professionals should encourage social care practitioners to seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.
 - c. Health professionals should provide ongoing advice and support about a person's medicines and check if any changes or extra support may be helpful.
5. Periodically review and rationalise the patient's medicines and medicines support needs, to ensure desired outcomes continue to be achieved.
 - a. Provide a timely review to ensure that any support provided is appropriate to the person's ability and needs.
 - b. Adopt a structured patient centred approach to polypharmacy where applicable.
 - c. Communicate changes to a person's medicines by informing the person or their named contact, providing written instructions of the change, issuing a new prescription as necessary, informing the person's community pharmacy where needed and in agreement with the person and or their named contact or carer.
 - d. Where verbal changes are made in order to avoid treatment delays, provide written instructions as soon as possible and send the written confirmation by an agreed method.
 - e. Liaise with care home staff, where applicable, to determine medicine usage (e.g. when required medicines) and how well the medicine has worked.
6. Ensure that care home residents have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes, and that residents get the support they need to help them to take a full part in making decisions.
 - a. Prescribers should ensure that there is a clear written process for prescribing and issuing prescriptions for their patients who live in care homes (NICE SC1) and those receiving care in their own homes.
 - b. When prescribing variable dose and 'when required' medicine(s), prescribers should note in the resident's care record or patient's personal plan the instructions for:

- i. when and how to take or use the medicine (for example, 'when low back pain is troublesome take 1 tablet')
 - ii. include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine's label
 - iii. prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment)
 - iv. the effect they expect the medicine to have
 - v. monitoring (what to monitor, how, and when).

7. Patients and/or their carers should be advised of the following with regards to the storage of Controlled Drugs (CDs):
 - a. CDs should be kept securely as possible, prescribers should perform a risk assessment with regards to the potential for misuse of CDs in the domiciliary or care home setting. This risk assessment should be uploaded onto the patient's notes. Where concerns are identified the prescriber should formulate a plan to manage any issues identified
 - b. Patients and carers should be encouraged to store CDs in the original dispensed labelled boxes, keeping different strengths physically separated, especially injectable morphine and diamorphine, to minimise risk of accidental preparation and administration of a wrong dose
 - c. All medicines should be kept in one location to avoid them being mislaid.
 - d. Prescribers should explain that CDs are potentially dangerous and vulnerable to misuse, and that a drug which is appropriate to the particular needs of a patient might be a temptation or a danger to others, and that it should be looked after accordingly. Any such discussions or conversations must be documented clearly in the patient's record.
 - e. Prescribed drugs including CDs are the property of the patient and remain so even after death. It is illegal for anyone to possess CDs that have not been prescribed for them. Relatives/carers should be advised that it is illegal to possess the CDs and that all CDs should be returned to a community pharmacy for safe destruction; whether that is because of discontinuation of the CD or due to the death of the patient

References:

1. <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=61392> (Accessed 19 October 2017)
2. Patient Safety First. The 'How to Guide' for Reducing Harm from High Risk Medicines. London: DH; 2008.(Accessed 19 July 2018)
3. <http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guidance%20for%20Health%20Boards%20and%20Trusts%20in%20Respect%20of%20Medicines%20and%20HCSWs.pdf> (Accessed 11 October 2017)
4. <https://www.nice.org.uk/guidance/sc1/chapter/1-recommendations#developing-and-reviewing-policies-for-safe-and-effective-use-of-medicines> (Accessed 11 October 2017)
5. <https://www.sps.nhs.uk/wp-content/uploads/2017/05/NICE-Bites-Apr-2017-Man-Med-Social-Care.pdf> (Accessed 11 October 2017)
6. <https://www.nice.org.uk/guidance/ng67> (Accessed 11 October 2017)
7. <https://www.nice.org.uk/guidance/qs171/chapter/Quality-statement-1-Assessing-medicines-support-needs> (Accessed 19 July 2018)
8. <https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Discussing-and-planning-medicines-support-quick-guide.pdf> (Accessed 19 July 2018)
9. <https://www.cppe.ac.uk/learningdocuments/pdfs/ipdf%20hrm%20%20murs%20jun%2016%20d2.pdf> (CPPE pack on MUR with definition of high risk meds) (Accessed 19 July 2018)
10. ELFT policy for use of Controlled Drugs in domiciliary care (Community Health Services)