

Managing acute prescriptions for care home residents:

Please follow this guidance to ensure that the care homes receive acute medication in a timely manner.

What is an acute prescription?

An 'acute' supply is for medicine that the person has not had before or does not take regularly and will not usually be listed on a GP list of repeat prescriptions i.e. will not appear on right hand side of a repeat slip.

Examples include:

- ✓ Urgent treatments to treat infections (e.g. Antibiotics).
- ✓ Short courses of treatments.
- ✓ Changes to medication.
- ✓ Medication still under review before the GP can add as a regular monthly repeat.
- ✓ When required 'PRN' medicines.
- ✓ Items that aren't required to be ordered on a regular monthly basis (i.e. the quantity should last longer than the monthly cycle e.g. topical creams, inhalers).

Advice:

- It is good practice for interim/acute prescriptions to be dispensed by the usual pharmacy. This ensures the necessary clinical and safety checks can be undertaken against resident's repeat and regular medication.
- Start the new treatment as soon as possible, **within 24 hours after the prescription is issued, at the latest.**
- These medicines will be handwritten on the MAR chart and need to be double-signed for accuracy.
- The treatment is usually for a specified limited time- recording a stop date or review date is advised.

Ordering Urgent Acute Prescription:

Practice/Prescriber Responsibilities:

1. Inform the care home that an urgent prescription has been issued for a resident.
2. Document this and the reason for prescribing on the Clinical prescribing system, as soon as possible.
3. If the prescription is issued from the surgery:
 - a. If paper prescription: Inform the care home to arrange collection of prescription from surgery.
 - b. If EPS (Electronic Prescription Service): Provide care home with EPS token number via telephone or email (If via NHS secure mail).

Care home Responsibilities:

1. To agree a process for receiving, dispensing, delivering or collecting acute prescriptions to avoid delays in treatment.
2. If EPS: Must contact nominated pharmacy as they will **not know** that the prescription is being sent as it is **not** one of the planned routine prescriptions and confirm time of delivery.

*The prescription will be held on the digital central point (NHS spine) until it is downloaded by the pharmacist to be dispensed. They are identifiable as Acute but **not** that they are Urgent. Doing this can help ensure that the pharmacist looks for the prescription and that they deliver in a timely way and the patient's treatment is started as soon as possible.*

3. If paper prescription: The care home can deliver the prescription and collect medication from the nearest pharmacy; the pharmacy must be informed that the prescription is required **urgently**.
4. Log this request and the action taken in the care homes communication log book with a date of request, what was ordered and signature of staff member.
5. Ensure that the MAR chart is updated appropriately.

What the **care home** should do if medication is not delivered:

Prescriptions/medications should arrive in the expected time frame (within 24 hours at the latest), **If no medicine has been received:** It is the duty of staff on shift to check the communication book/fax request/email for details before;

- Contacting the pharmacy (**Check** - For EPS does the pharmacy know the token number?)
- Contacting the surgery.
- Alert a senior member of staff.
- Make a note in the communication book of any calls made and the outcomes discussed.