Section five
Medication

Homely Remedy Protocol for Adult Care Homes

NHS North Somerset Clinical Commissioning Group

Medicine	Indications for use	Dose, frequency & maximum daily dose all doses stated are for adults with normal kidney and liver function	Further information	Max. treatment time before Dr advice is sought
Dioralyte® Rehydration Sachet	Diarrhoea- replacement of fluid and electrolytes	Dissolve sachet contents in 200ml of cold water. One or two sachets may be taken after each loose stool. If patient is vomiting small amounts should be sipped frequently.	Discard unused solution after one hour. Do not use and consult a doctor if the resident has persistent vomiting and unable to tolerate oral fluids, diabetes or follows a low sodium or potassium diet. **Dioralyte Relief®: Maximum of five sachets in any 24 hour period**	**48 Hours**
Dioralyte Relief® Rehydration Sachet (Sugar Free)				
Paracetamol 500mg as tablets, or capsules or caplets	Mild pain	Two tablets may be taken up to four times a day. Leave at least four hours between doses. **Maximum of 8 tablets in any 24 hour period**	Do not use if resident is taking other Paracetamol containing products e.g. Co-dydramol, Co-codamol (Zapain®, Solpadol®, Kapake®, Tylex®) or Co-proxamol	**72 hours**
Peptac® sugar-free Suspension	Relief of symptoms of heartburn and indigestion	10-20ml may be taken after meals and at bedtime. **Maximum of 80ml in any 24 hour period**	**Caution: Chest pain due to angina or heart attack can be mistaken for indigestion or heartburn.** Antacids can significantly impair medication absorption. Check with a pharmacist about interactions with resident's medication**.**	**72 hours**
Mucogel® sugar free suspension (low in sodium)		10-20ml may be taken 20 to 60 minutes after meals and at bedtime, or when required. **Maximum of 80ml in any 24 hour period**		
Senna 7.5mg tablets	Constipation	One or two tablets may be taken at night	Do not use if nausea or vomiting is present or for patients with intestinal obstruction. May take 8-12 hours to work	**72 hours**
Aveeno®cream/lotion, Cetraben® cream, Diprobase®cream, Doublebase®gel, E45® cream, Epimax	To rehydrate dry or chapped skin conditions	Apply to affected areas as often as required	Fire hazard with paraffin-based emollients, residents should keep away from fire & flames and not smoke. Pump dispensers are preferred to reduce contamination & waste.	**No maximum treatment duration***

Do not use a medication if a known allergy to it.

* Please note Aveeno is not routinely available on prescription.

Homely Remedy Protocol for Adult Care Homes

- Homely remedy protocols enable administration of general sales list (GSL) and pharmacy only (P) medicines in care homes and are required for liability purposes. A homely remedy is a medicine that can be obtained without prescription and is used for treating a minor, self-limiting ailment. Dressings, items for first aid such as plasters or bandages and licensed devices (such as Deep Heat Rub) are NOT homely remedies and manufacturer's directions should be followed.
- Homely remedies are purchased from a pharmacy and held by the home as stock or purchased by a resident. Where a homely remedy is purchased by a resident it must be used for that resident only.
- Homely remedies should be stored in a locked medicines cupboard, separate from prescribed medicines and the expiry dates must be regularly checked.
- **Homes should maintain a list of staff members approved as competent to decide or establish if it is appropriate for patients to receive a homely remedy and competent to administer a homely remedy. We recommend the list is reviewed, amended, re-approved on an annual basis by care homes**
- If there is ANY doubt that a homely remedy is suitable for a particular resident, due to known allergies, possible interaction with current medication or due to the residents' current illness, then the opinion and advice of a pharmacist or GP should be sought and documented in resident's care plan.
- Homely remedies may be administered for a maximum set period before the advice of a doctor must be sought and documented in resident's care plan. Using homely remedies does not remove care home staff's obligation to contact a doctor if they feel a resident's health is deteriorating.
- The administration of all homely remedies must be recorded in an appropriate space on the resident's Medicines Administration Chart (MAR).
- All creams and ointments must be for individual use only, to avoid contamination and cross infection. Once opened label the pot/tube/pump-dispenser with the patients name and date of opening. To reduce waste use pump-dispensers which do not expire until the date stated by the manufacturer. Alternatively dispose of the pots one month and tubes three months after opening, unless stated otherwise on the packaging.

The following GP has agreed that, for the limited indications listed above, the medicines listed above, may be made available for (insert name of resident or name of care home*) …… This agreement does not remove the obligation on care home staff to ensure the homely remedy is suitable for the residents' particular circumstances (suitable with current medicines and current illnesses) at the time of administration. Homely remedy plans should be reviewed for on-going suitability following medicine changes or changes in the patient's condition.

Name of Home: ……

Name of Professional: …… Professional number: ……

Professional Signature: …… Date signed:……

***It is good practice to have an individualised homely remedy plan for each resident. It is recognised this is not always necessary and the authorising GP should decide whether there is a separate plan for each individual or whether one plan is used for all residents within that particular care home. (GP's may wish to liaise with the care home to decide which option would meet the care home's needs.**

The GP practice and care home may wish to arrange for the pharmacy providing medication to the home to take on the role of authorising homely remedy plans.

Document updated August 2016 for review August 2018

Produced by the North Somerset CCG Medicines Management Team

Medication Administration

When medication is prescribed more than once a day, doses must be spread evenly throughout the day and attention must be paid to the interval between each dose.

Below are practical suggestions on how to manage medication frequencies within your care home.

Prescription directions	Intended frequency of dose every 24 hours	Suggested dosage times which accommodate sleep routines*
Once a day	Every 24 hours	Same time each day
Twice a day	Every 12 hours	8am and 8pm
Three times a day	Every eight hours	7am, 3pm, 11pm (or usual bedtime) or in line with usual medication rounds
Four times a day	Every six hours	Adjust to usual sleeping pattern to split doses evenly throughout waking hours

***Unless time specified by the GP e.g diuretics, parkinsons meds, isosorbide mononitrate**

Reducing Harm from Omitted and Delayed Medicine Doses in Care Homes

All medicines should be administered at the prescribed frequency; however incorrect administration of some medications has more significant implications than others. When used to treat specific conditions, missing a dose entirely or delaying administration of a medicine may cause significant harm.

What should we do to reduce the harm caused by missed or delayed medicine doses?

- **General rule:** it is usually acceptable for doses of oral medication to be taken within two hours of the prescribed time (*exceptions are the critical medicines in table*)
- If a dose is more than two hours late, medication that is taken once or twice daily, should be given as soon as possible (*as long as the next dose is not due in a few hours*). For medicines which are taken more frequently, the dose should be omitted. The Medication Administration Record (MAR) chart should be clearly annotated with the reason for omitting medication or time the dose was administered.
- Never administer a double dose if a dose has been missed
- If a patient refuses medication or is asleep the dose should be offered again before the end of the drug round. Patients should be woken to administer medication on the second attempt (*with the exception of sleeping tablets*)
- If a patient misses more than one day of medication, the patient's GP should be contacted for advice
- If a patient refuses or misses more than three days of medication in a seven day period the patient's GP should be contacted (sooner if you notice any deterioration in the patient's condition)
- If a patient is unable to swallow medication contact a pharmacist for advice.

Where should we find more information about missed doses of specific medications?

- The patient information leaflet supplied with the medication which will usually give information about missed doses
- If necessary, contact a pharmacist, Clinical Lead or appropriate specialist disease nurse for further information about the indication of the medication and the implications of missing doses.

Anticoagulants

Oral Anticoagulants	Parenteral Anticoagulants
Warfarin	Enoxaparin (Clexane®)
Rivaroxaban (Xarelto®)	Fondaparinux (Arixtra®)
Dabigatran (Pradaxa®)	Dalteparin (Fragmin®)
Apixaban (Eliquis®)	Tinzaparin (Innohep®)
Edoxaban (Lixiana)	

Indication
The medications listed above are prescribed for patient's requiring treatment to prevent blood clots from forming inappropriately in the body.

For example:
DVT – Deep Vein Thrombosis
PE – Pulmonary Embolism

Anticoagulants are also prescribed for patients with AF – (Atrial Fibrillation) to prevent the patient from having a stroke.

Severe adverse effects
The medications act to keep the blood thin so that blood clots do not form when they shouldn't. Patients taking these medications should be monitored for signs of bleeding, including bruising, nose bleeds, dark stools, blood in urine or sputum.

Actions
If the patient cuts themselves, or has a nose-bleed it may take longer to stop. Pressure should be applied and an ambulance called if the bleeding is severe, won't stop or causes major trauma.

If the patient bangs their head or has recurrent headaches, the GP or Out-of-hours Doctor should be consulted.

If the patient shows any of the side-effects associated with bleeding the GP should be consulted.

References
British National Formulary Online, via www.medicinescomplete.com, accessed 24th November 2014

Xarelto 15mg film-coated tablets, Summary of Product Characteristics, Bayer plc, via www.medicines.org.uk/emc, updated 15/08/2014, accessed 24th November 2014

Creams

Key Points

- Wash hands before and after applying creams and ointments. Especially where they contain steroids.
- Only use creams and ointments prescribed for the named patients.
- Emollient preparations contained in tubs should be removed with a clean spoon or spatula to reduce bacterial contamination of the emollient.
- Many creams and ointments are used for treatment of skin diseases. They only work well if used correctly in the right place and with the right amount.
- Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis. Ointments may exacerbate acne and folliculitis.
- Please note when using emollients in the bath or shower the floor will become very slippy. Extra care must be taken to avoid falls.
- Squeezing a tube of steroid cream/ointment onto the finger tip to produce a "sausage" of cream the length of the finger to the first joint is called a 'finger tip unit'.
- A finger tip unit is the right amount of treatment to apply to an area of skin twice the size of the front of one hand.

= 2x

- Steroid creams are best applied in the direction in which the hair grows. Apply to the skin surface and gently rub in the direction of the hair. There is no need to rub hard as this could cause irritation around the hairs.
- Topical steroid are typically prescribed once a day for a specific course length, although twice daily may be required initially in some cases.
- There are no standard rules regarding whether to apply a steroid preparation after or before using an emollient. However, whichever order of care you choose it is important to leave as long a period as practical, at least 15 minutes, between the two treatments. (National Eczema Society).
- We would recommend applying the steroid first just to the affected area. If the skin is dry then a moisturiser can be used all over 15 minutes later.
- The patient may need more than one topical steroid to treat their eczema. Make sure that you are clear which preparation to use on which part of the body.

Moisturisers (emollients)

Moisturisers are used for dry, scaly or itchy skin problems. Ideally preparations with a small number of ingredients are chosen to reduce the risk of allergy. All ointments and creams which mix with water contain detergents as emulsifiers. Emulsifiers can sometimes irritate inflamed skin so patients may need to try a different brand to find one which suits them.

Doctors often recommend ointments instead of creams for patients with very sensitive skin. This is because creams contain water, and ingredients to stop the water getting infected. These anti-infection ingredients may be useful if you need a moisturiser that is also antiseptic. However, antiseptics can sting and can also cause allergies.

A cream or ointment applied before, during or after bathing can replace the oil which is lost. Some patients and carers find it easier to apply the moisturiser before entering the bath or shower, then wash it off using just warm water without soap.

Steroid Creams

Some patients do not like using steroid creams as they prefer 'natural substances' derived from plants. However, we naturally produce steroids including hydro-cortisone every day which circulates in the blood continuously. Hydro-cortisone is a more natural treatment for the human body than plant chemicals. The topical corticosteroids used for treating eczema are totally different from steroids used in contraceptive pills or for body building.

Steroid creams are used for some skin conditions, acting within a few hours. They must be used correctly to reduce the risk of skin thinning and to ensure improvement in the skin is maintained. Too little steroid cream will not have any effect. It is important to follow the instructions.

Steroids must be used correctly but they can be safe enough to use, without worries, to help most people with eczema. Get advice from a doctor, nurse or pharmacist about the correct amount. When using any treatment it is important to apply the correct amount. Work out the area of skin that needs to be treated. Compare it with the front of your hand with the fingers together. E.g. An area the same as four hands would need two finger tip units.

Topical corticosteroids come in ointment, cream and lotion in four different strengths: mild, moderate, potent and very potent. A very potent steroid cream used for too long can thin the skin so the instructions about the lengths of course given by the doctor, nurse or pharmacist must be followed.

When more than one cream or ointment is prescribed it can be difficult to know which to use first. According to the National Eczema Society the order of application doesn't matter too much as long as at least 15 minutes is left in between to allow the product to soak in.

Allergy to the steroid itself or to the base ingredients of the preparation can sometimes occur. If the eczema gets worse after using a particular topical steroid let your doctor know.

Some people worry about the side effects of topical corticosteroids, such as thinning of the skin. Side effects can occur, but are usually due to incorrect use and are often reversible. Applied appropriately with advice from your doctor, or other healthcare professional, and/or the National Eczema Society, corticosteroids are a safe and effective treatment for eczema.

References

National Eczema Society Online

British National Formulary Online, accessed via www.medicinescomplete.com, on 2nd December 2014

Norfolk and Norwich University Hospitals, How to use steroid creams and moisturisers safely (topical treatments), accessed via www.nnuh.nhs.uk, on 8th December 2014

Medication Patches

Some medications are available as patch form instead of tablets. They are prescribed topically and need to be changed at regular intervals depending on the type of patch. Common examples of patch medications:

Pain	Fentanyl	Every 72 hours (three days)
	Buprenorphine	Every 4 days (96 hours) or 7 days or three days (72 hours)
Dementia	Rivastigmine	Every day
Parkinson's	Rotigotine	Every day
Nausea and Vomiting	Hyoscine	Every 72 hours (three days)

Preparing the skin
Apply to hairless, flat skin. The skin should be dry, clean and cool before applying. If the skin needs to be cleaned use cold water. Do not apply directly after a hot bath or shower.

Patch locations:

Fentanyl	Upper body or upper arm		Do not reapply to same site for three days
Buprenorphine	Upper arm, outer arm, upper chest, upper back or side of chest		Do not reapply to same site for 21-28 days
Rivastigmine	Outer arm, upper chest, upper or lower back		Do not reapply to same site for 14 days
Rotigotine	Belly, flank, hip or thigh		Do not reapply to same site for 14 days
Hyoscine	Behind ear		Clean the area after the patch is removed

Medication Patches (continued)

Instructions
Do not use soap or any other cleansers, creams, moisturisers, oils or talc before applying the patch.

Avoid rashes, spots, cuts or other blemishes. If skin has hair, do not shave (this can irritate the skin), clip as closely as possible.

The site should be rotated at each application.

Patches should be changed at appropriate intervals, at the same time each day. If using multiple patches to make up a dose, these should all be changed at the same time.

Open the packet
- Each patch is sealed in its own pouch
- Tear or cut open the pouch at the edge of the pouch completely (if you use scissors, cut close to the sealed edge of the pouch to avoid damaging the patch)
- Grasp both sides of the opened pouch and pull apart. Take the patch out and use straight away
- Use the empty pouch to dispose of the used patch later
- Use each patch once only
- Do not take the patch out of its pouch until you are ready to use it
- Inspect the patch for any damage, do not use the patch if it has been divided, cut or looks damaged
- Never divide or cut the patch.

Apply the patch
- The previous patch should be removed when the new one is applied
- Make sure the patch will be covered by loose clothing and not stuck under a tight or elasticated band or under a dressing
- Try not to touch the sticky side of the patch, press this sticky part of the patch onto the skin
- Remove the other part of the backing and press the whole patch onto the skin with the palm of your hand
- Hold for at least 30 seconds. Make sure it sticks well, especially the edges
- Do not apply heat to patches (e.g. hot water bottle, heat patches).

Discarding the old patch
- As soon as you take a patch off, fold it firmly in half so that the sticky side sticks to itself
- Put it back in its original pouch and put the pouch in the pharmaceutical waste bin
- Used patches may still include some drug; therefore, used patches need to be disposed of safely
- Any patches containing metal (aluminium) should be removed prior to Magnetic Resonance Imaging (MRI) scanning.

Wash hands
- Wash hands before and after applying patches.

How to apply eye drops

1	Make sure you have the correct eye drops for the right patient. Do not share eye drops between patients.
2	Check you know what the drops are for, how often they need to be applied and for which eye.
3	Wash hands.
4	Ask the patient to bend their head backwards, or lie flat.
5	Remove the cap from the eye drop bottle and position the bottle over the eye (some people find it easier to rest on the patient's forehead).
6	Gently pull the lower lid downwards.
7	Squeeze the bottle until a single drop falls into the eye.
8	Ask the patient to blink a couple of times and then dab any tears away with a clean tissue.
9	Put the lid back on the bottle and store in a cool dark place (or fridge if required).
10	Wash hands again.

Key points

- Eye drops are generally instilled into the pocket formed by gently pulling down the lower eyelid and keeping the eye closed for as long as possible after application
- One drop is all that is needed. Instillation of more than one drop should be discouraged because it may increase systemic side-effects. A small amount of eye ointment is applied similarly; the ointment melts rapidly and blinking helps to spread it.
- When two different eye-drop preparations are used at the same time of day, dilution and overflow may occur when one immediately follows the other. The patient should therefore leave an interval of at least five minutes between the two; the interval should be extended when eye drops with a prolonged contact time, such as gels and suspensions, are used. Eye ointment should be applied after drops
- Systemic effects may arise from absorption of drugs
- The extent of systemic absorption varies between drops
- Nasal drainage of drugs is associated with eye drops much more often than with eye ointments. Pressure on the inside corner of the eye for at least a minute after applying eye drops reduces this effect
- After using eye drops or eye ointments, patients should be warned not to drive or perform other skilled tasks until vision is clear
- Check if the drops are suitable for use with contact lenses if required for the patient
- Eye drops in multiple-application containers should not be used for more than four weeks after first opening (unless otherwise stated by the manufacturer). Drops for an infection should have a specific stop date
- Please note some drops may sting when first applied, the patient should have been warned which drops will sting.
- If prolonged stinging or redness occurs please see the GP.

References

British National Formulary Online, accessed via www.medicinescomplete.com on 2nd Dec 2014.

Oxford Radcliffe Hospitals, How to Instil Eye Drops Patient Information Leaflet, accessed via www.ouh.nhs.uk on 8th Dec 2014.

Medication Effects

Why might the resident's medication make them unwell?

- Side effects can occur when commencing, decreasing/increasing dosages or ending a period of medication treatment.
- Sometimes long-term medication can cause problems.
- Unpleasant side effects are also why some residents might refuse to take their prescribed medication.
- When side effects of a drug or medication are severe, the dosage may be adjusted or a second medication may be prescribed

Is the resident Self-medicating?

INVESTIGATE:
Have they remembered to take the correct dose at the correct time?

If they use a dossett box, are they filling it correctly?

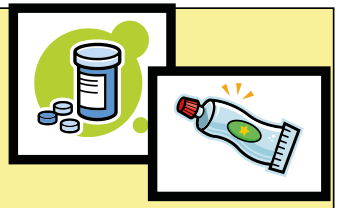
Have they had access to over the counter medication or herbal remedies?

Older people commonly manipulate the dose and time they take certain drugs to enhance their quality of life e.g. skipping a diuretic dose if they are going out for the day, then doubling it to catch up later.

Over the counter medicines and herbal remedies may seriously increase the risk of over medication or create interactions between the drugs, but the resident may feel that their privacy is invaded if their room and belongings are searched for these- Check your homes policy on this and ask the relatives.

(Mitty & Flores.(2007). Geriatric Nursing V 28 (2) .83-89)

Check the resident's prescription and INVESTIGATE



- Have any new medications, creams and lotions been started recently?
- Has their regular dose or application increased or decreased?
- Has the resident's medication, cream or lotion been stopped suddenly? Or been unavailable today?
- Did the resident refuse their medication, creams or lotions earlier today? Or during the previous shift?
- Were the medications, creams and lotions given or applied at the correct time?

Are the prescribed medications long term?

Are there more than 4 medications on the resident's prescription?

Has 6 months passed since the medication was reviewed by the GP or Pharmacist?

Has the resident a history of reacting to a particular drug or type of drug?

Find out if the resident has an allergy or had a previous reaction towards a type of drug/cream

How long ago was the last incident?

How long had they been on the medication/cream before?

Is this a new problem?

Ask the resident about their symptoms or observe the resident to find out.

When did the symptoms start?

How long after taking the medication did they become unwell?

Have they taken someone else's medication by mistake e.g. from a self medicating resident?

Reducing Harm from Omitted and Delayed Medicine Doses in Care Homes

NHS North Somerset Clinical Commissioning Group

All medicines should be administered at the prescribed frequency; however incorrect administration of some medications has more significant implications than others. When used to treat specific conditions, missing a dose entirely or delaying administration of a medicine may cause significant harm.

What should we do to reduce the harm caused by missed or delayed medicine doses?

- General rule: it is usually acceptable for doses of oral medication to be taken up to 2 hours late (exceptions are the critical medicines in table)
- If a dose is more than 2 hours late, medication that is taken once or twice daily, should be given as soon as possible (as long as the next dose is not due in a few hours). For medicines that are taken more frequently, the dose should be omitted. The MAR chart should be clearly annotated with the reason for omitting medication or time that the dose was administered.
- **Never administer a double dose if a dose has been missed**
- If a patient refuses medication or is asleep the dose should be offered again before the end of the drug round. Patients should be woken to administer medication on the second attempt (with the exception of sleeping tablets).
- If a patient misses more than 1 day of medication, use the sources below to determine the purpose of the medication, identify any additional monitoring that may be required (e.g. regular monitoring of blood sugars for patients diabetic medication; blood pressure monitoring for patients on antihypertensives; awareness of increased confusion for patients on dementia medication) and seek appropriate medical advice.
- **If a patient misses more than 1 day of medication on the critical list (see table over page) the patient's GP should be contacted for advice.**
- **If a patient refuses or misses more than 3 days of medication in a 7 day period the patient's GP should be contacted (sooner if you notice any deterioration in the patient's condition)**
- If a patient is unable to swallow medication contact a pharmacist for advice

Where should we find more information about missed doses of specific medications?

- The British National Formulary (BNF) (available in your care home or accessed by www.bnf.org) should be used to identify medicines included in the groups listed in the 'critical medicines' table overleaf.
- The patient information leaflet supplied with the medication which will usually give information about missed doses
- If necessary, contact a pharmacist, community matron or appropriate specialist disease nurse for further information about the indication of the medication and the implications of missing doses.

Ideal frequency of medication doses

When medication is prescribed more than once each day, doses must be spaced evenly through the day and attention must be paid to the interval between each dose. Below are practical suggestions on how to manage medication frequencies in your care home.

Prescription directions	Intended frequency of doses	Suggested dosage times which accommodate sleep routines
Once a day	every 24 hours	At the same time each day e.g. 8am
Twice a day	every 12 hours	8am, 8pm
Three times each day	every 8 hours	7am, 3pm, 11pm (or usual bedtime) or in line with usual medication rounds
Four times each day	every 6 hours	Adjust to usual sleeping pattern to split doses evenly throughout waking hours

Medicines Management Team - North Somerset CCG – March 2014 - Review March 2016

The table below contains groups of '**critical medicines'**, that when used to treat specific conditions. These medicines should be given within TWO hours of the scheduled dose:

Medicines Group	BNF section	Examples of common medicines	When used for…	Give within TWO hours of scheduled dose
Anticoagulants	**2.8.1 2.8.2**	warfarin, dabigatran, apixaban, rivaroxaban, phenindione	Prevention and treatment of blood clotting e.g. DVT, PE or stroke	✓
Regular short acting bronchodilators	**3.1.1.1, 3.1.1.2, 3.1.2, 3.1.4**	salbutamol, ipratropium, terbutaline	Patient with worsening respiratory conditions e.g. asthma, COPD	✓
Opioid Analgesics	**4.7.2**	morphine, oxycodone, fentanyl, buprenorphine	Acute or chronic pain	✓
Anti-epileptic drugs	**4.8.1**	carbamazepine, lamotrigine, phenytoin, sodium valproate, levetiracetam, clobazam, clonazepam	For epileptics - the long-term management of all types of seizures (fits)	✓
Drugs used in Parkinson's Disease	**4.9.1, 4.9.2, 4.9.3**	co-careldopa, co-beneldopa, ropinirole, pramipexole, entacapone, procyclidine, tetrabenazine	Parkinson's disease, tremors and involuntary jerky movements of the limbs or face	**Give every dose at the prescribed time**
Oral anti-infectives – antibacterials, antifungals, antivirals	**5.1, 5.2, 5.3, 5.4, 5.5**	amoxicillin, clarithromycin, doxycycline, metronidazole, fluconazole, aciclovir	Fighting infection (does not include topical products such as eye drops or creams)	✓
Insulins	**6.1.1.1, 6.1.1.2**	Actrapid, Novorapid, Humalog, Humulin I, Humalog Mix25	Reducing high blood sugar levels in diabetics	✓
Drugs affecting immune response	**8.2.1, 8.2.2**	azathioprine, mycophenolate, ciclosporin, tacrolimus	Preventing rejection in people who have an organ transplant (e.g. kidney, heart, lung, liver)	✓
Eye drops – (e.g. corticosteroids mydriatics, cycloplegics)	**11.4.1, 11.5**	betamethasone, dexamethasone, prednisolone, chloramphenicol	Prescribed by eye hospital following eye surgery	✓

One off doses of medication prescribed by a GP or other prescriber for acute conditions or emergency situations (such as vitamin K for prevention of bleeding due to high INR, glyceryl trinitrate (GTN) for acute chest pain) must be given as soon as practically possible.

References:

NPSA Rapid Response Report: Reducing Harm from omitted and delayed medicines in hospital A tool to support local implementation October 2010 [online] http://www.medicinesresources.nhs.uk/upload/UKMi%20Tool%20to%20suppport%20NPSA%20omitted%20and%20delayed%20medicines%20RRR.pdf

Medicines Management Team - North Somerset CCG – March 2014 - Review March 2016