Practical steps to amending medication dosage regimens safely in care homes during COVID-19

1. Summary

This document gives advice on factors to consider when changing medication dosage regimens of care home residents to reduce the frequency of administration during COVID-19. It is aimed at registered healthcare professionals supporting care homes. The objectives are both to protect residents from unnecessary contacts during medication rounds, and to assist with staff capacity.

This guidance aims to aid the decision making by providing overarching principles to consider.

These **key principles** should be followed:

1. A prescriber or pharmacist should be available for advice remotely;
2. Refer to a prescriber where recommendations made require a new prescription;
3. Registered healthcare professionals must be able to justify and clearly record their clinical decision-making, taking responsibility for their decisions within the spirit of the law, their own competence and ethical codes of practice (which may be updated during a pandemic);
4. Person-centred care and shared decision-making (SDM) must continue to be embedded in the consultation process;
5. Only consider amending medication regimens in patients with stable medical conditions where the medicines are long-term and well-established;
6. Avoid amending regimens for 'critical medicines' defined as those used for medical conditions where symptoms can change rapidly or if the condition could deteriorate if changes are made. See point 2.2 below for examples;
7. For any proposed change, ensure that care home staff are aware and understand the rationale. Amending medication times, particularly in the morning must suit staff capacity, particularly if changes are proposed for a number of residents.

2. Process for reviewing the medication of an individual patient

Each patient should be considered individually, taking full account of their medical history including their medicines.

If circumstances demand that amendments need to be made, go through each of the patient's medicines and evaluate against each of the points below:

2.1 Check if there are any medicines that:

- SHOULD be stopped or held, e.g. medicines that could affect a temporary illness such as 'sick day rules'. See example here
- COULD be temporarily stopped or held safely, e.g. long term medication such as statins or bisphosphonates, some vitamins or dietary supplements

2.2. Check if the medicine is for a high-risk indication or has timings/formulations that must not be changed

These are known as 'critical medicines'. If in doubt, seek advice or do not amend the timings.

Examples include: some types of insulin/anticoagulants/epilepsy and Parkinson's disease medicines; medicines to prevent rapid symptomatic decline (e.g. in heart failure); glaucoma eye drops; phosphate binders.

2.3. Check the timings of medicines that are given once a day

These medicines could be aligned or synchronised without serious consequences, to reduce the number of medication administration rounds.

Examples include: Some ACE inhibitors, antiplatelet agents, proton pump inhibitors

2.4 Check the timings of doses for medicines that are given more than once a day

Some medicines have fixed dosing intervals but the timing of those intervals is less important. Changing these times may allow administration of at least one dose to be aligned or synchronised with other medicines to reduce the number of medicine rounds as long as subsequent doses follow the prescribed dosage interval.

Examples include: Non-steroidal anti-inflammatory drugs (NSAIDs), laxatives.

2.5 Check if multiple daily dosing could be changed to daily or less frequent dosing

Some of these actions will require authorisation by a prescriber:

- Switching the formulation, e.g. to a modified-release product or patch
- Switching the medicine to another in the same therapeutic group with less frequent dosing requirements (e.g. rivaroxaban or edoxaban rather than apixban)
- Prescribing a combination product
- Relaxing, where appropriate, requirements to administer with or without food, or others such as administering at night (e.g. statins)

3. Implementation process when changes are made

3.1 Consult with the patient or representative

It is imperative to discuss each proposed change with the patient if possible, or the patient representative. This may be undertaken in person or remotely via a telephone or video call. Consider the individual patient's/representative's likely anxiety, receptiveness to reassurance, insight into the current situation, for example the effect on mental wellbeing of the pandemic.

Consultation agenda:

1. Describe the proposed change and the rationale, indicating where the change is temporary
2. Discuss the potential impact of change and provide reassurance that the patient will be monitored

3. Provide a 'safety net' by providing reassurance that the change will be actively reviewed and reversed if it does not suit the patient
4. Explain how to report concerns about the changes made and their impact, e.g. side effects or loss of symptom control
5. If the patient/representative doesn't agree to the changes, document concerns and discuss with the prescriber. Consider alternative plans or seek to address the patient's/representative's concerns in other ways. If that is not possible, do not make the proposed changes

3.2 Refer to a prescriber when proposed changes require a new prescription

3.3. Medication supply, documentation and communication

- Liaise with the community pharmacy for the purposes of drug supply, including repeat prescriptions and other aids to support medicines adherence (if required). Consider the burden of additional workload to the community pharmacy for any change
- Document changes in the local patient record
- Write to the GP practice detailing the agreed changes so that it can be added to the patient's clinical record as well as added to the patients care plan in the home
- Ensure that there is a mechanism to reverse, where appropriate, the changes made when possible

3.4 Monitoring

If making any changes to a patient's treatment, it is important to review the patient regularly after the change to ensure that they are physically and mentally well. This could be done remotely.

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