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Good Practice Guidance: Reducing Medicines/Dressings/Appliances Waste in Care Homes

For care home staff, prescribers and pharmacists working with care homes

Key Recommendations

If medication, dressing or appliances are still being prescribed for a resident and are in date:

- Do not throw them away at the end of the month, carry them over and use them for the same resident the following month*
- Do not re-order the item(s) if it is not needed

All members of staff involved or responsible for the management of medicines within care homes have a responsibly to ensure NHS resources allocated for medicines are used efficiently. Care home residents are often on eight or more medicines. Having good procedures for ordering, storing, administering and reviewing medicines can help reduce waste. Local issues include:

- Unused medicines that the resident is currently prescribed are being thrown away at the end of the month
- Medicines are being prescribed that are rarely used to ensure supply is available when it is needed
- Medicines are being over ordered and stockpiled

1. Ordering medication

- Care home providers should retain responsibility for ordering medicines from the GP practice. This can be done via Proxy Access, for more information please see <u>link</u>
- The responsibility should not be delegated to the community pharmacy
- The care home should have a monthly ordering system for medicines
- Ordering processes should ensure previous usage of medicines is reviewed before reordering. If the medication is not needed it should not be ordered
- If residents continually refuse to take medicines discuss with the prescriber before reordering.
- Medication can be used until the expiry date recommended in table 1 and does not need to be re-ordered automatically each month. The waste log should be reviewed regularly to ensure medicines are not being returned and re-ordered each month
- Monitor medicine disposal to identify trends and discuss with prescriber or the person ordering medicines.

When a resident has died, returned home, or moved to another care home, advise the GP surgery and pharmacy as soon as possible to prevent a whole month's worth of medication being issued when no longer required

2. Medication review

Any medication that the resident is no longer taking should be crossed off the MAR chart. GP and community pharmacy records should be updated to reflect this.

^{*}This does not apply to part used Monitored Dose Systems. These should be disposed of at the end of the month. Any unused medication should be reviewed.



3. When required (PRN) medication

- With "when required" medicines, there must be systems in place to ensure that stock levels are kept at safe levels and date expired medication is not given i.e., stock rotation.
- Should be dispensed in their original packs whenever possible to give their longest shelf life
- It is recommended that Care Homes develop clear, individualised "prn" protocols for each "prn" medicine so that staff are clear of the reasons for each prescription for each resident

4. Dressings

- Check stock levels before ordering any dressings
- Only order once a week, maximum twice weekly
- Only order for a maximum of a two-week supply, wounds can change and will require a different dressing

5. Catheters

- Repeat catheter orders should only be for 1 month supply
- Appliances/accessories that last longer than 1 month should not be requested monthly Residents only need to keep two catheters in stock at any one time, in case of catheter insertion failure

6. Inhaler

- Inhaler technique should be checked and review by an appropriately trained health professional. When appropriate provide a spacer device.
- Check that the dose and number of inhalers prescribed synchronised with the monthly cycle, e.g., Seretide Evohaler® contains 120 doses, therefore if the dose is 2 puffs twice a day, 112 doses will be needed so one inhaler would be sufficient for a month's supply.
- Reliver inhalers intended to be used as when needed do not required monthly reordering. If a resident has a spare inhaler, a new prescription can be re-ordered when the one in use runs out.

7. Oral nutritional supplements

Remember food first! Follow local guidance

- These are supplements and should be given between meals.
- On-going need should be reviewed periodically and the current weight, BMI and MUST score should be communicated to the prescriber on a monthly basis.



Expiry date guidelines

Medication/Dressing/Appliance	Recommended expiry date	Comments/guidance
Tablets and capsules:		
 In Monitored Dose System (MDS) 	Eight weeks	
In original packs	Manufacturer's expiry date	Medicines kept for use in the next cycle should be recorded in the carried forward section of the MAR chart
Loose tablets within a container	Six months from the dispensing date or pharmacy label expiry date where shorter	Medicines kept for use in the next cycle should be recorded in the carried forward section of the MAR chart
Ointments:		
In a pump dispenser	Manufacturer's expiry date or manufacturer's recommendation where shorter	Write date of opening on dispensing label
• In tube	Six months once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date	Write date of opening on dispensing label
In tub with lid	Three months once opened or manufacturer's recommendation where shorter. If unopened, follow manufacturer's expiry date	Write date of opening on dispensing label
Creams:		
In pump dispenser	Manufacturer's expiry date or manufacturer's recommendation where shorter	Write date of opening on dispensing label



a la toda a	Three menths area around ar	Write date of eneming on
In tube	Three months once opened or	Write date of opening on
	manufacturer's recommendation	dispensing label
	where shorter. If unopened,	
	follow manufacturer's expiry	
	date	
In tub with lid	One month once opened or	Write date of opening on
	manufacturer's recommendation	dispensing label
	where shorter. If unopened,	
	follow manufacturer's expiry	
	date	
Others:		
Liquids	Six months once opened or	Write date of opening on
	manufacturer's or pharmacist's	dispensing label
	recommendation where shorter	
Suppositories/pessaries/rectal	Manufacturer's expiry date	
tubes/patches		
Glyceryl trinitrate (spray)	Eight weeks after opening (spray	Write date of opening on
	- manufacturer's expiry date)	dispensing label
Ear and nose drops and sprays	Three months once opened,	Write date of opening on
	unless manufacturer advises	dispensing label
	otherwise. If unopened, follow	
	manufacturer's expiry date.	
Eye drops	28 days once opened. If	Write date of opening on
	unopened, follow the	dispensing label
	manufacturer's expiry date.	
Insulin	28 days once opened, can be	Write date of opening on
	stored outside of the fridge. If	pen/cartridge
	unopened and stored in a fridge	
	between 2° and 8° follow	
	manufacturer's expiry date	
Inhalers	Manufacturer's expiry date.	
	Note some inhalers may have	
	shorter expiry date once	
	dispensed or opened. Refer to	
	the patient information leaflet or	
	instructions from your	
	pharmacy.	
Inhalers with capsules	Refer to manufacturer's expiry.	Follow manufacturer's
	The expiry may vary for both the	instructions for cleaning
	device and capsules. See Patient	device
	Information Leaflet for	337.00
	instructions on cleaning device	
	where appropriate.	
Dressings & Appliances	Refer to manufacturer's expiry.	
Diessings & Appliances	For nursing homes use stock	
	where possible. If ordered on an	
	FP10 prescription use only for	
	that patient. Only order more if	
**Adapted from Oxfordshire Clinical Commissic	needed.	

^{**}Adapted from Oxfordshire Clinical Commissioning Group Guidance



Acknowledgement:

PrescQIPP Bulletin 93: Care Home - Reducing medicines waste in care homes: Information for care home staff. Available here:

https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1237%2fb93-care-homes-reducing-waste-information-for-care-home-staff-21.pdf