

Changes to Medication Management during COVID - 10th May 2020

The following guidance has been devised to safely support the prescribing and administration of medication during the Covid-19 pandemic where there is a requirement to reduce footfall through inpatient services to avoid spread of the infection.

In the case of remote prescribing prescribers will always need to weigh up the risks/ benefits before remotely prescribing in each circumstance e.g. prescribing a complex cross-titration on a low risk ward is better done physically than remotely.

Changes to Remote Prescribing

- Chapter 5 of the Medicines Code still applies with regard to accepting, recording and receiving an electronic confirmation of the remote prescription.
- During the current crisis the advice in chapter 5 of the Medicines Code on what can be prescribed and how long any remote prescription is valid is overridden by the following temporary advice.

What can be prescribed remotely for inpatients?

- A doctor (but not a non-medical prescriber) may need to remotely prescribe a medicine that has not previously been prescribed, amend doses of current medication or to restart medication already prescribed.
- Rapid Tranquilisation can only be remotely prescribed by a **consultant** and not a **junior doctor**.
- Medication given to patients who are detained under the Mental Health Act needs to be checked and if not already present should be documented remotely on Section 62 form (MHA tab) or Section 63 form (Assessment tab) on Carenotes by the Responsible Clinician or on-call Responsible Clinician.
- Up to 3 medicines (usually no more than one) can be prescribed for palliative care or if at least two of the 3 medicines have been prescribed already and the remote prescription is a dose change.
- **Controlled Drugs** (e.g. temazepam, opiates, stimulants and pregabalin) **cannot be prescribed** remotely though other **benzodiazepines can**.

Who can accept a remote prescription?

- Only registered nurses (RN) and pharmacists can accept a remote prescription or dose changes.

Length of validity of remotely prescribed medicines

- The prescription will be valid for up to 7 days (normally 72 hours)
- "As required" medication can be written in the "as required" section of the chart but a stop date must be written that does not exceed 7 days (normally prescribed remotely for 1 dose only) or when the end of that box is reached i.e. a remote prescription in Section J cannot be extended into Section K.
- The entry must be countersigned by a prescriber (ideally the original prescriber) whenever a box has finished or within 7 days of the remote order being given to safeguard patient welfare and minimise risk.

The following guidance in the Medicines Code on remote prescribing remains unchanged

Receiving a remote prescription

- The person receiving the remote prescription must inform the prescriber of all other medicines being taken by the patient. They should request and receive information from the prescriber regarding contra-indications and side effects of the remotely prescribed medications.
- In all instances the prescriber must confirm the prescription in Carenotes. If the prescriber doesn't have access to Carenotes then an email should be used to transmit information between the prescriber and the inpatient unit. In exceptional circumstances text messaging can be used.
- If the transmitted prescription does not match the medication discussed verbally, the prescriber must be contacted again to clarify the remote prescription.
- If Carenotes is not used a copy of the email must be stapled to the drug chart until the prescription has been countersigned by the prescriber or their deputy. Upload the original to Carenotes. A note detailing the prescriber's name, date and time and the name(s) and signature(s) of the staff receiving the remote prescription must also be made on Carenotes.
- If a text message has had to be used, the message should be retained on the receiving mobile-phone until the chart has been countersigned. A verbatim transcription of the text message and details of the mobile phone that received the text must be made on Carenotes. A note must also be made detailing the prescriber's name, date and time and the name(s) and signature(s) of the staff receiving the remote prescription.

Recording the remote prescription

- The remote prescription must be recorded in the appropriate section of the drug chart and the additional information written in the 'additional instructions box'.
- Additional information:
 - The maximum number of doses if more than one (not to exceed 7 days)
 - "This is a remote prescription by (name of doctor) who has (made an entry in Carenotes/sent an email/text message to confirm the prescription".
 - The name of the member of staff who has received the remote prescription.
- Registered nurses and pharmacists retain the right to refuse to accept remote prescriptions if they do not feel competent to do so, if there are communication problems so the intentions of the prescriber are not clear, if they feel the order is inappropriate or if they feel it is not in the patient's best interests.
- Any active remote prescription not yet signed by a prescriber must be reported to the next shift at handover and/or recorded in the patient's care notes until this has been signed.

Management of Medicines within the COVID-19 COVID 19 Positive Cohorted area of the ward

- All medication and drug chart(s) relating to a patient currently being nursed in the COVID-19 cohorted area of the ward will need to remain in this area.
- The medication will need to be placed in a lockable cabinet or cupboard in a lockable room within the COVID-19 cohorted area.
- Medication will need to be ordered and supplied for individual patients within the COVID-19 cohorted area.
- Medication will be administered and dispensed as per NMC Code, namely the same nurse will both dispense and administer the medication. Drug charts will only be handled using gloves.
- The medication will be dispensed into disposable pots, which will be disposed of within the clinical waste.
- Reviewing and re-writing of prescription cards will need to occur in the cohorted area with the doctor and pharmacist wearing PPE.
- Pharmacy staff will continue to check medication levels and re-order as necessary, although this may be on a less frequent basis to reduce footfall through inpatient and cohorted areas.
- Once the patient is able to leave the COVID-19 cohorted area, the drug chart must be re-written for use in the general part of the ward. The old drug chart(s) must be scanned and uploaded into medication section of Carenotes before destroying in the cohorted area by shredding and placing into the clinical waste.

Use of medication in the control of acutely disturbed and violent behaviour - Rapid Tranquillisation (RT).

- The Trust Rapid Tranquillisation Policy should still be followed for any incident where oral or intramuscular as required sedative medications are used for the management of acute disturbance on an inpatient setting. Additional supporting guidance has been produced by the Trust for the use of medication in management of acute disturbance in COVID-19. Full policy and additional guidance can be found at [medication-related-guidance](#).
- Before oral as required or rapid tranquillisation medication(s) is administered, it is important to consider the physical presentation of patients and the associated side-effects of medication being given. This is especially important in the context of COVID-19.
- Local data shows increased use of rapid tranquillisation across the Trust and National data suggests increased use of rapid tranquillisation during COVID-19 pandemic. It is important to remember:
 - RT and oral "as required" medication must only be considered once de-escalation and other interventions have failed.
 - Oral "as required" medication must always be offered first.
 - If oral "as required" medication or RT are administered, patient is monitored appropriately (see below).
 - Refer to the RT treatment algorithm in all inpatient clinic rooms or the full Trust RT policy for further information.
- **Monitoring:**
 - Post administration of oral PRN medication for acute & severe agitation should be **hourly for at least ONE hour** on standard Trust NEWS monitoring form.
 - For all parenteral (IM or IV) drug administration of rapid tranquillisation physical health monitoring is at **least every 15 minutes for a minimum of one hour**. Monitoring should be recorded on the Trust RT monitoring form. These should be kept with the current drug chart(s) and uploaded to medication section of Carenotes when patient leaves the ward or drug chart(s) is completed & re-written.
- All episodes of restraint and rapid tranquillisation should be recorded in patient Carenotes record and an incident report completed. Both the patient and staff should be offered the opportunity to take part in a post incident review following any use of restraint and/or rapid tranquillisation.

Patient Discharge and Medicines Management during COVID-19 Pandemic.

- COVID-19 has placed significant pressures and demand on all healthcare services, including primary care services. Most GP practices and community pharmacies currently require longer notice for any new or repeat prescriptions requests, taking 7-10 days for a prescription to be issued and dispensed.
- For patients discharged from inpatient wards, please ensure:
 - Electronic discharge prescription only is used and that this is written, confirmed and sent in advance of the patient discharge.
 - Patient GP is still correct, this is particularly important for patients being discharged to care homes, where the GP is likely to change.
 - All medication supplied on discharge is checked against the discharge prescription and supplied to the patient or arrangements are made to send to patients care home or carer.
 - Patients are supplied with at least 2 weeks supply of medication where clinically appropriate. If smaller supplies are made - for example urgent discharge or specific risks determine that limited quantities are clinically appropriate, arrangements are made for further supplies until the GP can issue a further prescription.

Medicines Guidance during COVID-19 Pandemic.

- The Trust has developed a series of medication related documents for healthcare professionals and patient information. This includes:
 - Clozapine guidance for healthcare professionals and patient information
 - Long Acting Injection and Depot guidance for healthcare professionals and patient information
 - Lithium guidance for healthcare professionals and patient information
 - Frequently Asked Questions relating to medication
 - Updated Oxygen MAUP
 - Operational guidance including advice on remote prescribing, issuing of FP10 prescriptions
 - Other related guidance, including vitamin D prescribing advice
- These can be found in the [Medication Section](#) of the Trust internet page under "COVID-19 medication guidance" of medication.

Further Information [Medication Section](#) of Trust website and [Trusts Medicine Code](#).

For further information please contact james.atkinson2@sussexpartnership.nhs.uk or ray.lyon@sussexpartnership.nhs.uk