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| **Review Sheet** | |
| Last Reviewed Last Amended Next Planned Review in 12 months, or  13 Jun '19 13 Jun '19 sooner as required. | |
| Business impact | Changes are important, but urgent implementation is not required, incorporate into your existing workflow.  **MEDIUM IMPACT** |
| Reason for this review | Scheduled review |
| Were changes made? | Yes |
| Summary: | Annual review and updated content. References checked and updated. Warfarin details previously held within the procedure section have been converted into a staff guide, which now sits in the forms section of the policy. The reference number of this policy has changed as previously it was CM18. |
| Relevant legislation: | * The Care Act 2014 * The Controlled Drugs (Supervision of Management and Use) Regulations 2013 * The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 * Medicines Act 1968 * The Human Medicines Regulations 2012 * Mental Capacity Act 2005 * Mental Capacity Act Code of Practice * Misuse of Drugs Act 1971 * The Misuse of Drugs (Safe Custody) Regulations 1973 * The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 |
| Underpinning knowledge - What have we used to ensure that the policy is current: | * Author: NICE, (2014), *Managing medicines in care homes*. [Online] Available from: <https://www.nice.org.uk/guidance/sc1>[Accessed: 12/6/2019] * Author: NICE, (2018), *Decision-making and mental capacity - Guidelines NG108*. [Online] Available from: <https://www.nice.org.uk/guidance/ng108>[Accessed: 12/6/2019] * Author: NICE, (2017), *Managing medicines for adults receiving social care in the community*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67>[Accessed: 12/6/2019] * Author: Royal Pharmaceutical Society, (2018), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: [https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure- handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of- medicines](https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines) [Accessed: 12/6/2019] |
| Suggested action: | * Read Policy |



**1. Purpose**

* 1. The purpose of this policy and procedure is to ensure consistency of treatment when 'As Required (PRN) Medication' is needed by a Service User.
  2. To ensure that staff responsible for the administration of medication understand how to administer medication where the dose varies, specifically Warfarin.
  3. This policy should be read with the **Administration of Medicines Policy and Procedure**. It should support any locally required policies and procedures.
  4. To support Holbeach Hospital & Nursing Home in meeting the following Key Lines of Enquiry:

**Key Question Key Lines of Enquiry**

|  |  |
| --- | --- |
| RESPONSIVE | R1: How do people receive personalised care that is responsive to their needs? |
| SAFE | S4: How does the provider ensure the proper and safe use of medicines? |
| WELL-LED | W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed? |

* 1. To meet the legal requirements of the regulated activities that Holbeach Hospital & Nursing Home is registered to provide:
     + The Care Act 2014
     + The Controlled Drugs (Supervision of Management and Use) Regulations 2013
     + The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
     + Medicines Act 1968
     + The Human Medicines Regulations 2012
     + Mental Capacity Act 2005
     + Mental Capacity Act Code of Practice
     + Misuse of Drugs Act 1971
     + The Misuse of Drugs (Safe Custody) Regulations 1973
     + The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007



**2. Scope**

* 1. The following roles may be affected by this policy:
     + Registered Manager
     + Nurse
     + Care staff
  2. The following Service Users may be affected by this policy:
     + Service Users
  3. The following stakeholders may be affected by this policy:
     + External health professionals
     + Local Authority
     + NHS



**3. Objectives**

* 1. To ensure that there are clear and precise instructions for PRN and variable dose medication so that it is administered as intended by the GP or prescriber.
  2. To ensure that the Service User's needs are fully met and that PRN, or variable dose medication (if appropriate), is administered at the request of the Service User or when staff observe the need.



**4. Policy**

* 1. **PRN Medication**

Holbeach Hospital & Nursing Home understands that there must be clear and precise instructions for when Service Users require PRN medication.

* 1. Holbeach Hospital & Nursing Home will ensure that there is a specific plan for PRN medication and that this is written in the Service User's Care Plan.
  2. The Nurse will ensure that consideration is given to the Service User's capacity to refuse the medication. When providing staff with information about the Service User, the needs of the Service User will be identified, e.g. if signs of pain are expressed in a non-verbal way.
  3. The Service User's response to the PRN medication will be monitored and if PRN medication is given regularly, then a referral to the prescriber will be considered for a review of the Service User's medication, as their medical condition may have changed and the treatment required may need altering. Similarly, if the medication is not having the expected effects, the prescriber will be contacted. In both cases, the response to the medication will be clearly recorded.
  4. Holbeach Hospital & Nursing Home will administer PRN medication from the original packaging and will not administer PRN medication from a monitored dosage system.
  5. **Variable Dose Medication - Anticoagulants**

Holbeach Hospital & Nursing Home will ensure that there are procedures in place that are followed, to promote the safe administration and monitoring of anticoagulants.



**5. Procedure**

* 1. **PRN Medication**

Staff administering medication should have the appropriate training and follow the procedures set out in the suite of medication management policies at Holbeach Hospital & Nursing Home. However, when administering PRN medication, the following points need to be considered:

* + - If a PRN medicine is being administered on a regular, rather than an occasional, basis (best practice is no more than 3 days), a referral to the prescriber should be considered for a review of the Service User's medication. This action must be clearly recorded in the Service User's Care Plan
    - Should the PRN medication not have the expected effects, the prescriber should be contacted. This action must be clearly recorded in the Service User's Care Plan
    - All PRN medication that is prescribed must give details of a maximum of how much and how often the medication can be administered
  1. To ensure that the medication is given as intended, a specific plan for administration must be recorded in the Care Plan.
  2. Consideration should be given to the Service User's capacity to refuse the medication. When providing staff with information, the needs of the Service User must be identified, e.g. if signs of pain are expressed in a non-verbal way.
  3. A record does not have to be made at each medicine round to show that the Service User has been offered the medication.
  4. In the case of medication prescribed to be taken “as necessary” or “as required” (PRN), the indication must be made clear on the medication label, on the MAR and in the Care Plan.
  5. **Variable Dose Medication**

When variable dose medication is prescribed (for example, give ONE or TWO tablets), it is essential that the actual dose given is recorded.

5.7 **Anticoagulants**

There needs to be a Care Plan in place that includes:

* + - The frequency of blood testing
    - Who does this and how
    - The INR target range
    - Who to contact in the case of a query
    - The risk factors to observe for when a Service User is taking anticoagulants
    - contraindications

Staff should follow good practice guidance in relation to the use of Warfarin. This can be located in the Forms section of this policy. There are also links within the further reading section that staff and Service Users can access detailing other anticoagulants.



**6. Definitions**

* 1. **PRN Medication**
     + As required (PRN) medication is administered when the Service User presents with a defined intermittent or short-term condition, i.e. not given as a regular daily dose or at specific times, e.g. medication rounds
     + PRN is a Latin term that stands for “pro re nata,” which means “as the thing is needed”
  2. **Warfarin**
     + Warfarin is prescribed to prolong the clotting time of blood and thereby protect against thrombotic events (blood clotting that can cause disease). The dose of the medication may be changed (varied) to ensure that the correct blood clotting time is maintained. This is specific to an individual
     + The most common reasons for the use of oral anticoagulants are:
       - **Atrial fibrillation** (abnormal beating of the heart that can cause blood pooling and thrombus (clot) formation in the small chambers of the heart (atria)
       - The treatment and prevention of **deep vein thrombosis** and **pulmonary embolus** (clot formation in the blood vessels in the lungs); the treatment of patients with mechanical heart valves, where the artificial valves may lead to clot formation
  3. **International Normalized Ratio (INR)**
     + Prothrombin time is the time it takes for blood to clot in a test tube. This ratio is called INR
     + A person on warfarin with an INR of 2.6 takes 2.6 times longer for their blood to clot than a person not on warfarin
  4. **Anticoagulant**
     + Anticoagulants are medicines that help prevent blood clots. They're given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.
     + The most commonly prescribed anticoagulant is warfarin.

Newer types of anticoagulants are also available and are becoming increasingly common. These include:

* + - * rivaroxaban (Xarelto)
      * dabigatran (Pradaxa)
      * apixaban (Eliquis)
      * edoxaban (Lixiana)



**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

* + - Staff administering medication should have the appropriate training and follow the procedures set out in the suite of medication management policies at Holbeach Hospital & Nursing Home
    - In the case of medication prescribed to be taken when necessary or when required (PRN), the indication must be made clear on the medication label, on the MAR and in the Care Plan
    - PRN Medication should not be dispensed in Monitored Dosage Systems - they should be in the original packaging



**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

* + - If you require anticoagulants, you should carry a Yellow Card



**Further Reading**

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**NPSA** Actions that can make anticoagulant therapy safer: Work competencies - (these resources can be accessed via the National Archives following a move to NHS Improvement): [http://webarchive.nationalarchives.gov.uk/20101125185252/http://www.nrls.npsa.nhs.uk/resources/search](http://www.nrls.npsa.nhs.uk/resources/search-)- by-audience/community-nurse/?entryid45=59814

**Anticoagulation UK - Living with Warfarin:** <http://www.anticoagulationuk.org/downloads/Living%20with%20Warfarin%20August%202017.pdf> **NHS - Warfarin:** <https://www.nhs.uk/medicines/warfarin/>

**NHS - Anticoagulants:** <https://www.nhs.uk/conditions/anticoagulants/>



**Outstanding Practice**

To be ‘ outstanding ’ in this policy area you could provide evidence that:

* + - There is evidence that staff are able to understand and recognise a Service User's needs in relation to PRN medication and respond appropriately
    - Regular audits of MARs take place and there is a focus on PRN Medication. Corrective action takes place when required
    - There are risk assessments in place and Care Plans reflect the Service User's needs, wishes and expectations



**Forms**

The following forms are included as part of this policy:

|  |  |  |
| --- | --- | --- |
| **Title of form** | **When would the form be used?** | **Created by** |
| Warfarin Good Practice Guideline - CN18 | To support staff to implement safe practice with the use of Warfarin | QCS |
| PRN (When Required) Medication Protocol - CN18 | To be used for each medication that is prescribed as PRN for each Service User | QCS |

* Warfarin tablets should be taken at the same time each day with a full glass of water
* If a dose is missed, a note should be made on the blood test form and the Medication Administration record (MAR) . Continue the next day with the normal dose; do not give an extra dose to ‘catch up’
* Warfarin should be administered from original packs and should not be included in Monitored Dosage Systems, e.g. nomad or dosette boxes
* It is important that the Nurse administering medicines is familiar with the different colours of the various strengths of Warfarin tablets as different colours (strengths) of tablets may be required to make up a dose
* Always double check the most recent International Normalized Ratio (INR) report when giving a dose. It is essential that dosages are not given from old INR reports
* There should be a local procedure at Holbeach Hospital & Nursing Home for ensuring that blood tests are taken at the correct time, that INR results are received and that the correct dose is transcribed on to the MAR
* There should also be a local procedure in place at Holbeach Hospital & Nursing Home to follow up results if they have not been received within 3 days
* If you have not received the record within 3 days, contact the anticoagulation service or GP
* It is safe practice to attach the written oral anticoagulant dosage supplied by the lab to the MAR
* If there are any concerns that the INR result for a Service User is out of date, contact the anticoagulation service or GP for advice

# Identifying Concerns

Like all medicines, anticoagulants have side effects. The most common side effect of anticoagulants is bleeding. You should contact the Service User's GP immediately if they experience any of the following:

* Nose bleeds that last more than 10 minutes
* Blood in vomit or sputum
* Passing blood in urine or faeces
* Passing black coloured faeces
* Severe or spontaneous bruising
* Unusual headaches

# Warfarin Tablets

Warfarin is available in four different strengths of tablets, 500micrograms, 1mg, 3mg and 5mg. Care must be taken to ensure the correct strength of tablet is chosen.

* 500 micrograms: white (0.5mg) tablet
* 1mg: brown tablet
* 3mg: blue tablet
* 5mg: pink tablet

# Warfarin and Other Medication

* Many medicines can interact with anticoagulants. If, during a course of anticoagulants, a Service User is also starting or stopping another medication, the prescriber may advise that they should have a blood test within 5 to 7 days of starting or stopping the new medication. This is to make sure that the INR remains within the desired range
* Oral anticoagulants interact with a wide variety of other medicines (for example, commonly prescribed antibiotics and painkillers), in most cases leading to an increased anticoagulant (blood thinning) effect. Before using over-the- counter medicines, including alternative remedies, Holbeach Hospital & Nursing Home should get advice from the pharmacist. Where Service Users are self-managing, they should also be advised to seek advice

# Warfarin and Diet

* It is important for Service Users to eat a well-balanced diet. Any major changes in diet may affect how a Service User's body responds to anticoagulant medication
* Foods rich in vitamin K may affect an INR result. Such foods include green leafy vegetables, chickpeas, liver, egg yolks, cereals containing wheat, bran and oats, mature cheese, the seaweed found in sushi, blue cheese, avocado and olive oil. These foods are important in a diet but eating them in large amounts may affect the INR result. It is important to take the same amount of these foods on a regular basis. It is the change in the vitamin K intake that affects an INR result
* A moderate intake of alcohol will not affect anticoagulation but changing the amount a Service User drinks or drinking large quantities is dangerous
* Drinking cranberry juice and possibly grapefruit can also affect INR levels and so should be avoided in large

quantities

# INR Blood Results

* For most Service Users at Holbeach Hospital & Nursing Home, the anticoagulation service will usually contact the GP with details of a Service User's INR test result, new dose and the date of the next blood test
* Service Users should continue to take their previous dose of Warfarin until you receive this information in written form from the GP
* The new dose may differ on different days of the week and this will be clearly stated in the letter
* The anticoagulation service may need to telephone Holbeach Hospital & Nursing Home if the dose needs to be changed urgently

# Good Practice - Service User commencing treatment

When a Service User is initiated on Warfarin, this should be recorded in the Care Plan stating the:

* Location where anticoagulant therapy is managed (at the anticoagulation clinic at the hospital, GP practice or community pharmacy)
* Date the Warfarin commenced
* Medical condition it is prescribed to treat, e.g. atrial fibrillation
* INR target and range
* Date of next INR test – contact the prescriber if not stated
* Current dose, in milligrams (not number of tablets)
* Time of day the dose is to be given
* Date to stop treatment, if applicable
* Dosing instructions up to the next INR test

# Good Practice - Maintaining the Service User's Warfarin treatment record

* Periodically, the Service User will need to have a blood test to determine the INR reading
* It should be established at the outset where the test is performed
* The test may result in a change in the Warfarin dose
* The frequency of the blood test is dictated by the INR reading and is specific to each Service User
* The date of the next INR test will be decided at the time of dosing and should be documented in the Care Plan
* For effective handover of information to staff working on different shifts, ensure that appropriate staff are aware if a Service User has had an INR test and when/how the results are expected to be received. This may result in the next dose of Warfarin being altered
* The information received from the clinician managing the anticoagulation will include the date of the last INR test, the dose of Warfarin, and the date of the next INR test
* This information should be made available to the prescriber (when requesting a repeat prescription) and to the community pharmacist (when having the prescription dispensed) so a check can be made to ensure that monitoring is up to date
* When a Service User is discharged from hospital, they may be prescribed Warfarin doses for a few days only. Holbeach Hospital & Nursing Home should contact the ward that discharged the Service User if:
  + The dosing instructions run out before the next INR test
  + There is no date for the next INR test

# Good Practice - Receiving changes to the Warfarin dose

Where the dose of the Warfarin is changed due to the INR reading or changes to other medication that the Service User may be taking then:

* Observe the Service User's anticoagulant record for the current dose of Warfarin
* Any changes to the dose received by telephone must be verified by another suitably qualified staff member and a written copy or fax requested. Written confirmation will ensure that there is documentation of the change in dose from the clinician managing the Service User's therapy
* When new dosing instructions have been received, the MAR must be updated with the new dose and date of the next INR test. Two signatures are required to check the daily dose regime with the clinician’s instruction
* It is safe practice to place written confirmation of the Warfarin dose supplied by the clinic or the prescriber with the MAR

# Good Practice - Administering the Medication

* Due to the variable dose of Warfarin, it is unsuitable to be placed in a monitored dosage system, e.g. NOMAD. Therefore, it will be supplied by the community pharmacy in an original pack
* Check the Service User’s current dosage instructions (in an anticoagulant record book or equivalent) against the handwritten dosage schedule on the MAR to ensure they are the same
* Check if there are different strengths prescribed in order for the Service User to receive the prescribed dose
* Check if the Service User is prescribed a variable dose (different doses to be given on different days, e.g. 2mg one day alternating with 3mg the next)
* When variable doses are prescribed, document on the MAR and in the Care Plan the combination to be used in order for the Service User to receive the correct dose, e.g. 2mg dose = 2 x 1mg tablets, 3mg dose = 1 x 3mg tablet
* Check the Service User's name, the drug name, strength of the tablets and expiry date on the original pack supplied by the community pharmacy
* Warfarin should be taken at the same time each day, generally around 6 pm. This is to allow any urgent change to the Warfarin dose to be made following a blood test earlier that day
* It is very important that Warfarin is given daily as prescribed. Missing doses of Warfarin may have serious consequences. Please ensure that all staff are aware of this. It is not acceptable to omit a dose of Warfarin due to the Service User sleeping
* If a dose is missed at the prescribed time, it can still be administered on the same day, i.e. before midnight. If staff realise the previous day’s dose was missed, a double dose must not be taken. The missed dose must be documented and reported to the clinician managing the Service User’s Warfarin as soon as possible. Subsequent doses should be taken at the usual time

# Good Practice Guidance - Signing the MAR following administration

* The MAR is signed immediately after staff have administered the Warfarin to the Service User
* If there is a combination of tablets to be taken, then this must be entered on the MAR to inform others of how the dose was given

# Good Practice Guidance - Service User carrying Anticoagulant Alert Card and having a Yellow Book

* An Anticoagulant Alert Card is provided with the NPSA (now referred to as NHS Improvement) oral anticoagulant therapy booklets. The alert card must be completed informing healthcare professionals of all appropriate details in case of emergency. The hospital also provides a similar anticoagulant alert card
* The alert card is to be carried with the Service User when leaving Holbeach Hospital & Nursing Home, e.g. day excursions
* Service Users taking Warfarin must have a copy of the ‘NHS oral anticoagulant therapy – Important information for patients’ (Yellow Book)

|  |  |
| --- | --- |
| **Service User Name** |  |
| **Date of Birth/Room Number** |  |
| **Name of medication** |  |
| **Dose** |  |
| **Reason for giving the medication** |  |
| **Dosage to be given (e.g. give 1 if…., give 2 if….)** |  |
| **Max dose in 24 hours** |  |
| **How often dose can be repeated** |  |
| **Further information e.g after food** |  |
| **How the decision is reached about how and when to give** |  |
| **Actions to take prior to administration** |  |
| **Actions to take after administration** |  |
| **Expected outcome** |  |
| **Circumstances for reporting to the GP** | Persistent need for upper level of dosage Never requesting dose  Requesting too often Side effects experienced  Other : |
| **Signature** |  |
| **Date** |  |
| **Review Date** |  |