

## **Acute Medication Process**



## What is an Acute prescription Item?

Acute medicines will not appear on the 'right hand side' repeat slip of a prescription or on the online ordering by proxy repeat medication tab.

#### Examples include:

- Short courses/one off treatments
- Urgent treatments to treat infections
- Changes to medication under review
- Items that aren't required to be ordered on a regular basis
- Medication still under review before the GP can add as a regular monthly repeat.

If the acute medication is needed to treat an *urgent* infection or condition it should be *started as soon as possible and at least within 24 hours of prescribing*. The care home should communicate with their supplying pharmacy to ensure the item is delivered as soon as possible.

# Process for re-ordering of acute items

## Step 1 Confirm that the medication is to be continued.

Check if the course has been completed or needs to be reviewed. Check how much is in stock before placing an order.



### Step 2 Placing an order

Acute medication should be requested *directly* from the surgery. Usually via email (or other agreed method such as weekly ward round or online form on the surgery website). Care home staff should query with the GP if medication is to continue or state the reason for request.

#### The request should include:

- residents name and date of birth
- medication name, strength, form, dose and quantity required
- reason for request or asking item to be reviewed
- · how urgently it is required
- name of the staff member making the request

The email should be saved and/or a note should be made in the communication book with date of request, what was ordered and signature of staff member requesting.







### **Step 3 Arrange delivery**

The care home is responsible for communicating with the surgery and the pharmacy. The supplying **pharmacy will not be aware** that acute medication is required outside of the usual monthly order. The care home should make the pharmacy aware the prescription requires delivery via the agreed communication process.

It is good practice for acute prescriptions to be dispensed by the usual pharmacy. This allows checks for any interactions to be made by the dispensing pharmacy against current medication and for appropriate MAR charts to be produced.

On occasion items may be required to be sent to a different pharmacy (e.g., out of hours). In this event the care home can ask the surgery to alter the nominated pharmacy for EPS prescriptions or ask for the EPS prescription token number. The number can be provided to the pharmacy so they can retrieve the prescription from the NHS Spine. Once the prescription has been fulfilled the care home should make sure the nominated pharmacy is changed back to their usual supplier for future prescriptions. For those care homes using online ordering by proxy the nomination should be checked before future requests are submitted and changes made per usual process.

If a paper FP10 prescription has been issued during a GP visit, the care home needs to take the prescription to the pharmacy or arrange for it to be collected so that the prescription can be dispensed in a timely manner.



#### Step 4 Receive the medication

Book in and check the medication following the homes' usual process. If a handwritten MAR chart is required ensure this is written and double checked by trained staff.

*If no medicine has been received* within the required timeframe, check the communication book/email for details then take appropriate action such as:

- Contact the pharmacy
- Contact the Care Home Medicines Support Line to check if prescription has been issued (only if available for your GP surgery)
- Contact the surgery
- Alert a senior member of staff
- Make a note in the communication book of any calls made and the outcomes discussed.
  Communication should be made and recorded each day until the medicine is received.