

## Transfer of Medicines between Lewisham Care Homes and Hospital “Golden Rules”

### Responsibility of Lewisham Care Home staff:

#### Preparing for admission

1. Provide a photocopy/print out of all pages of the current MAR/eMAR chart including pages that show the external preparations i.e. creams and ointments
2. Ensure any changes to the medicines on MAR chart are documented clearly, i.e. signed and dated in line with current care home policy; and it is clear when a medicine has been stopped
3. State on MAR chart the details of the dispensing community pharmacy, and add Allergy Status if not already documented
4. Send the MAR chart along with the other red bag paperwork (Checklist, Cares Escalation Record and Health and Care Summary Record) with resident
5. Send **all inhalers** and only medication unlikely to be available from the hospital e.g. **Specials formulations**, with the resident. There is no need to send any of the resident’s usual medicines, keep these in the home ready for use when the resident returns
6. Inform LIMOS of admission within 48 hrs or first working day if admitted over the weekend and include which hospital the resident has been admitted to. Email LEWCCG.LIMOS@nhs.net - or call 07557815978
7. Inform the dispensing community pharmacy of their resident’s admission to hospital

#### Post-discharge

1. Reconcile the discharge summary, medicines supplied and the medicines already available at the home. Any medicines unaccounted for and discrepancies should be highlighted and discussed with the GP or LIMOS
2. Remove any medicines that are no longer required by following the current care home policy
3. Hospital supplied discharge medication should be used until the next cycle commences  
i.e. do not request prescriptions from the GP for the current cycle of medicines if enough has been supplied from the hospital to cover until the next cycle
4. Send/ give a copy of the discharge prescription/ discharge summary to the GP to ensure that the medication record is up to date  
(N.B. GP practices should automatically receive an electronic copy following discharge)
5. Inform the dispensing community pharmacy of any changes to medication so their records can be updated to ensure safe future supplies of medication  
(NB community pharmacists should have received a copy on discharge but it is appropriate to check to ensure changes to medicines are clear)
6. Inform LIMOS of resident’s discharge by phone or email. Email [LEWCCG.LIMOS@nhs.net](mailto:LEWCCG.LIMOS@nhs.net) or call 07557815978

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### Responsibility of Hospital Pharmacy team:

#### Upon admission

1. Reconcile medication history with a current list of medicines obtained from the GP records and using the care home **MAR chart**. There may be discrepancies but the MAR chart will show what is actually being administered, and indicate any medications recently stopped or started. For patients at University Hospital Lewisham (UHL), refer to LIMOS Bleep 7038 or 7039, or call Ext: 6468 /8687 or the LIMOS care home mobile on 07557815978
2. Involve the patient where appropriate. Reconcile any of the patient’s own medicines if these are available (i.e. Inhalers and specialist medicines)
3. Contact the care home and identify how medicines for the individual patient are supplied to the home e.g. multi-dose blister pack, original packs; and discuss any outstanding issues from the medicines reconciliation
4. Record all information, including any *information on how medication is actually given (e.g. Covert administration)* on the relevant section of the electronic prescribing system as per medication reconciliation policy. *Relevant useful information can be found on ‘care home health and summary record’*

#### At discharge

1. Contact care home to discuss re-supply of medicines;
  - a. For any new/changed medicines –Inform the home that supplies of medicines will be provided in original packs
  - b. For unchanged medicines - **Do not supply if care home state they have enough available as these often get thrown away**
  - c. For any medication being supplied, provide original packs and the same duration for all items. For **patients returning to the same care home** give a **minimum of 14 days including for PRNs**. For **patients new to the home**, consider to give a **28 day supply to enable time for registration with new GP**
  - d. If a medicine is of high cost, discuss with care home staff what quantity is required to keep in line with usual repeat medication cycle
2. A MAR chart will be required if there are changes to medicines. A MAR chart is not needed if there are no medication changes and the home confirm they have medication supplies and a MAR chart at the care home (see MAR chart guidance- <https://lgnet.lewishamandgreenwich.nhs.uk/search?term=mar+chart&search=Search&searchType=allk>).
3. If medication is administered in an unusual way, e.g. requires crushing/dispersing in water, administered via PEG etc., ensure instructions for administration are written clearly on the discharge letter, dispensing label and MAR chart
4. Document any medication changes clearly on the discharge letter including rationale e.g. stopped medicines, dose or frequency changes. All directions should have clear times and site of application stated e.g. morning or evening instead of BD and give reasons for all ‘as required’ medication
5. Where a MAR is required: this must be included in the medication list of the discharge summary, to ensure the MAR is sent with the patient/medicines. Return any patient’s own medicines that are still required, to the care home and ensure there are adequate supplies e.g. doses of inhalers
6. Email (nhs.net) a copy of the discharge letter to the Community Pharmacy or send via PharmOutcomes to notify of any changes including special instructions e.g. crushing etc.
7. Inform LIMOS of discharge Bleep 7038 or 7039 Ext: 6468 or 8687