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Good practice guidance for care homes

Switching from monitored dosage systems to original packs

For prescribers and all staff responsible for administering medications in care homes

Definition

A monitored dosage system (MDS) is a medication storage device that assists with medicines adherence to individual patients. An MDS device is prepared by trained pharmacy professionals who repackage and dispense prescribed medications into the storage device.¹ Original Packs (OP's) are neither repackaged nor re-dispensed and are supplied to patients in the original medicine's container.

Background

The concerns surrounding patient safety and effectiveness around medicines supply in MDS devices are not new. This had led to guidance from Specialist Pharmacy Service (SPS)² and Royal Pharmaceutical Society (RPS) that called for the change of supply of medicines to original packs to be promoted as a standard.³ The majority of published evidence refers to the care home setting where MDS are used to save staff time and have the perceived idea that MDS cause fewer administration errors than manufacturers' original packaging.⁴

There have been several errors reported to the National Pharmacy Association (NPA), in which MDS trays prepared in advance by the pharmacy have been given or incorrectly dispensed to the wrong patients resulting in both fatalities and serious harm.⁵ **The most prominent published case of errors reported in 2016 identified 22 instances where methotrexate medication errors was listed as a cause of death from national error reporting data.**⁶ It is likely that adverse patient safety reports involving MDS are under reported and so a lack of reports does not imply patient safety.

Aim or Purpose

- To provide guidance that supports safe administration of medications when care homes are changing from MDS to original pack administration.
- To highlight key issues to consider when care home staff administer medications from Original Packs.

Recommendations

Staff members should have robust training on administering medication from OPs before the changeover and care home medication policies will need updating⁷. Local community pharmacies will be able to provide care homes with support during the process of transitioning from MDS to Original Packs.

Stock balance checks

- On receipt of medication with multiple packs, only one box should be opened at one time. The remaining boxes should remain sealed until needed. This ensures that during the stock checks these can be accounted for as the full quantity stated on the box without having to open it up.
- For packages of medications with lots of strips i.e., paracetamol, an elastic band can be used to separate the part-used strip from the unused whole strips. This will help to simplify the stock counting process for this medication.

- Stock balance checks should be done as good practice. Fortnightly checks should ideally be carried out, which should take place at the beginning and end of each cycle. If this highlights any discrepancies, then further counts mid-cycle will be needed.
- It is recommended that when first moving to original packs, counts should be more frequent and reduced over the course of the first month if no discrepancies are identified.
- Exceptions for fortnightly checks would be for medications such as warfarin or any controlled drugs. These stock counts should be carried out each time the medication is administered to a resident, ensuring any discrepancies relating to these medications are picked up immediately.
- Excess stock holding is not encouraged⁸ however if any, this should be locked away and not put into use until needed. Although, this should still be included within the regular stock balance checks.
- Report to safeguarding and CQC if there are many stock count errors following the changeover to original packs, as this could lead to further serious issues and effects on residents.

Calendar packs

- If the original pack is a calendar pack (day specific blisters), staff members should be checking that the patient is being given that tablet on the correct day. If the days do not match up, this should trigger a full stock count on that item sooner than when the scheduled balance check is due.

When Required (PRN) Medication

- If PRN medication is left over at the end of the monthly cycle and it is still in date, then this should be 'Carried forward' from one month to the next. This will avoid unnecessary medicines waste.

MAR sheet stock balance

- The quantity of PRN medicines 'carried forward' should be recorded on the new MAR chart so there is an accurate record of the stock level which will help when undertaking audits.
- MAR charts should document balance checks for all medications prescribed for that patient, including PRN medications and fridge items.

Benefits of changing to Original Packs⁹

- Maintains the residents' dignity and independence.
- A patient information leaflet is enclosed in each individual pack for reference and information requirements.
- The resident can identify the medicine from the original packs.
- Reduces medicines waste.
- Easier to amend medications following changes or if a medicine is stopped.
- There is a lower risk of infection when original packs are used.
- Original packs take up less space compared to MDS.

References

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