

Care home – Hospital medication guidance

Reasons why all medicines must accompany residents to hospital

1. Although the MAR chart will detail what items a patient has had prescribed and when they were last administered, if the patient does not have medications with them when admitted to hospital, a requisition has to go to pharmacy which takes time to complete and may result in the patient receiving their medication later than the prescribed times or missing it altogether.
2. Not all medications are stocked in a hospital pharmacy. This may lead to another delay in treatment whilst the item is being sourced, ordered, supplied and dispensed
3. Safety. It is highly likely that some medications may be stopped or changed whilst your resident is in hospital. If you have kept medication at the home, there is an increased risk of error of administration when the resident is discharged – the old medicine may be administered by mistake.
4. *Do not order medications for residents whilst they are in hospital.* Where medication regimes have been changed during the patients stay this will lead to waste and administration errors as above
5. *Medicines reconciliation, provided by trained, qualified and experienced staff at the hospital, should ensure the medicines provided on discharge are the most current and accurate for your resident
6. Medications dispensed in 'original packs' are no different in content to those supplied in 'MDS' and should be used prior to requesting further MDS supplies from the residents' GP practice
7. Medicines belong to the resident not to the home so these should be available for the resident to take no matter where they are staying

Residents arriving back from hospital

1. Check there is a minimum of 7 days' supply of medication for the resident
2. Read the discharge summary carefully. Not all information regarding changes to medicines is listed in the medication template. (Often there is an addendum or info provided under dietary advice)
3. Check the medications listed on the summary match the medication dispensed. Confirm names, strengths, frequency and quantity. *If there are any discrepancies with the medications, contact the hospital ward for further clarification and rectification*
4. Update the residents MAR sheet ensuring any stopped drugs are clearly recorded with date and information from discharge summary
5. Add any additional drugs onto the MAR sheet, have them second checked and signed by another member of staff
6. Ensure copy of discharge summary is given to GP practice when requesting initial further supply of medications

*Medication reconciliation is 'the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the aim of providing correct medications for the patient'