**Care Home Medication Reviews – Tips on Good Practice**

Care home residents often have complex chronic conditions, so their medicines need to be reviewed regularly to ensure they remain safe and effective. The frequency of the medication reviews should be based on the care needs of the resident with the interval between reviews never exceeding more than a year (1).

* It is vital to gain a detailed insight into the needs of the resident. Speak to a member of staff who knows the resident well. If the resident has capacity, discuss the medication review with them to ensure shared decision-making.
* **Check the Medication Administration Record chart (MAR chart). Reconcile the EMIS medication list with the current MAR chart to ensure the current medication matches on both records and any anomalies are addressed. Always check any allergies recorded on the EMIS record, are reflected on the MAR chart and care plan.**
* Take note of any **up-to-date** observations recorded in the resident’s care plan by the care home. Record these observations and **the date on which it was obtained** in the residents EMIS record. These may include
* MUST score
* BMI
* Current weight
* BP and pulse.

 These parameters will help with the review of the safety and effectiveness of the resident’s medicines.

* Are the resident’s bloods up to date? As a result of the latest blood result:
* Is a dose adjustment of any prescribed medication required?
* Do bloods need repeating?
* Is the resident taking their medication covertly? Is there an up-to-date covert plan in place and clearly documented in the resident’s notes? [Useful covert medication resources can be found here.](https://www.blackpoolsafeguarding.org.uk/assets/uploads/220928%20%20Covert%20Medication%20Guidance%20Final%20.pdf)
* Is the resident prescribed any anti-psychotics or benzodiazepines for dementia? Have these been recently reviewed? Is there a positive behavioural plan in place? What are the resident’s triggers? Are non-pharmacological interventions being tried? (See [LSCMMG Management of behavioural and psychological symptoms (BPSD)](https://www.lancsmmg.nhs.uk/media/1063/26-primary-care-guidelines-for-bpsd-revised-may-2022.pdf)
* **Communicate any medication changes to the pharmacy and care home in a timely manner via an NHS.net email. Consider adding a read receipt to the email to ensure changes have been received.** **This will ensure that all records including the MAR chart are updated and are accurate eg this will reduce the risks of stopped medicines being left on the MAR chart and subsequent medication errors occurring.**

Other things to consider:

* Check for any compliance issues. If the patient is regularly refusing medication, is this due to any underlying reason eg patient has swallowing difficulties?
* Has the resident fallen in the last 12 months? Consider the falls risk and the additive anticholinergic burden associated with each medicine See [ACB calculator](https://www.acbcalc.com/)
* Is the patient mobile with/without aid? If immobile, is this likely to remain long term?
* How is the resident’s diet and fluid intake? Have there been any changes in their sleeping pattern?
* Check stool chart for bowel habits? Is this suggestive of overuse or underuse of laxatives?
* Check continence status? Could a review of resident’s diuretic medication be helpful?
* Can the resident verbalise needs such as pain? If not, check that the resident has a pain assessment plan in place.

References

1. [Managing medicines in care homes (nice.org.uk)](https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765)