

LASA medication

CD Series - Part 1 Recording

NHS mail

LASA Medication

What are look-alike, sound-alike medicines?

These are medicines that either look similar, often due to having similar packaging, or have similar sounding names (either when written on a prescription or said out loud, for example, over the phone or in person). These are called look-alike, sound-alike medicines or LASA medicines.

Examples: **Amlodipine - Amitriptyline**

Carbamazepine - Carbimazole

Propranolol - Prednisolone

Rosuvastatin - Rivaroxaban

What are the risks?

Medicines that look or sound similar to other medicines can be mistaken for the wrong medicine and so extra care has to be taken when administering them. This is why it is always important to have a robust process in place to support your residents in taking their medication including following the 6 R's of administration.

> **Right Dose** 1. **Right Person** 4.

2. **Right Medicine**

Right Route

3.

- 5. **Right Time**
- Person's right to Refuse 6.

NHS MAIL

A reminder that it is now nationally mandated that all health and social care organisations must have secure email in place. Care providers **must** meet the secure email standard as detailed here: https:// digital.nhs.uk/services/nhsmail/the-secure-email-standard

All emails containing any sensitive/confidential patient information emails sent to and from health and social care organisations must meet the secure email standard (DCB1596) so that everyone can be sure that sensitive and confidential information is kept secure.

NHSmail queries:	NHSmail helpdesk Email: helpdesk@nhs.net Phone: 0333 200 1133
Account unlocking an	nd password resets: <u>https://support.nhs.net/article-</u>
categories/user-pass	words/

CD Series - Part 1 Recording

This is the first part of our series in controlled drugs where we will be covering topics such as disposal, storage and reporting. First of all we will be looking at Controlled Drug recording.

What does good recording in the CD register look like ?

- Each drug (including where different brands of the same drug have been supplied) for each resident must be recorded on separate page in the CD register.
- The name, form (e.g. patch, capsule) and strength of the CD, as well as the resident's name must be written at the top of each page.
- The CD register must be used to record the receipt, administration, disposal and transfer of CDs.
- A running balance must be recorded.
- Entries need to be signed and witnessed by TWO appropriately trained members of staff in indelible ink.
- When transferring the drug record to a new page in the CD register, the amount remaining must be identified with "carried forward from page x" written clearly on the new page. It is good practice to write "balance transferred to page x" on the old page.
- Deduction and entries should be made as soon as possible and on the same day and running balance should always reflect quantities left in CD cupboard at any point in time.
- An audit of the CD register, and drugs cupboard should be carried out routinely this is not just a balance check and should include all aspects of a standard medicines audit. This should be done weekly, fortnightly or monthly at the discretion of the care home manager, or in accordance with the local authority monitoring requirements. Audits should be carried out by two authorised members of staff and recorded in RED pen. Any discrepancies must be reported to the manager immediately.
- It is good practice to carry out a balance check at the end of each shift for CDs in use, and at the time
 of administration. For liquids the volume should be visually estimated. It is not recommended to
 measure the volume, as this will lead to loss and potential contamination of the liquid. For 'Just-inCase' CDs that are not currently being used the frequency of balance checks is at the discretion of the
 care home manager.
- Disposal records should be treated as part of a person's care record. Care records must be retained for eight years.

Example of BAD recording

Can you spot the errors? Answers on the next page

Date	Name and address of	Quantity	Current	Date	Time	Quantity	Quantity	Given/Disposed	Witnessed by	Balance Left In
Supply	person/supplier from	Obtained	Balance			Supplied (to	Disposed	by (signature)	(signature)	Stock
Obtained	whom <u>obtained</u>	(from	In stock			service user)				
		supplier)								
1	2	3	4	5	6	7	8	9	10	11
1/10/24	pharmacy	4	4					AR.	TF	8
			8	2/10/24	09.30	X 1			TF	7
			ን	5/10/24	09.24	1		AR	TF	6
			6	8/10/24	09.14	1		AR		5
			36 5	11/10/24	09.15		1	AR	TF	4
			4	14/10/24		Returned to pharmacy		TF	AR.	

Example	e of BAD record	ding ans	swers							
CONTROLL	ED DRUG – NAME, FO	RM, STREN	GTH Pygg	ageste Dican	s patoh <mark>.</mark>	<mark><u>1</u></mark>	SERVICE USE	RS NAMEM	abel Smíth	
Date Supply Obtained	Name and address of person/supplier from whom <u>obtained</u>	Quantity Obtained (from	Current Balance In stock	Date	Time	Quantity Supplied (to service user)	Quantity Disposed	Given/Disposed by (signature)	Witnessed by (signature)	Balance Left In Stock
1	2	supplier) 3	4	5	6	7	8	9	10	11
1/10/24	рнатасу	4	4					AR	TE	8
			8	2/10/24	09.30	3 <u>21</u>		2	TF	チ
			チ	5/10/24	09.24	1		AR	TE	4 😓
			6	8/10/24	09.14	1		AR	5	5
			6 <u>36 5</u>	11/10/24	09.15		I	AR	TE	4
			4	14/10/24		Returned to	o pharmacy	TF	AR.	7
8										
	ing strength		4.	Balance	overw	ritten		•	ock balance	
2. Miss	ing signature		5.	Missing	witnes	s signature	e 8	B. No record	of stock che	eck

Error crossed out

- Current balance scribbled over

Example of GOOD recording

Date	Name and address	Quantity	Current	Date	Time	Quantity	Quantity	Given/Disposed	Witnessed by	Balance Left In
Supply Obtained	of person/supplier from whom obtained	Obtained (from supplier)	Balance In stock			Supplied (to service user)	Disposed	by (signature)	(signature)	Stock
1	obtaineu	supplier)	4	5	6	7	8	9	10	11
	2		-		J	,	5			
Balance ca	rried forward from p	age 24								
1/10/24	Pharmacy	4	4					TF	AR	8
			8	2/10/24	09.30	1		AR.	TF	7
			7	5/10/24	09.24	1		AR	TF	6
7/10/24				Baland	ce checked	and correct		TF	AR	6
			6	8/10/24	09.14	2		TF	AR	5
			6	8/10/24	09.14	1		TF	AR	5
			5	11/10/24	09.15	1		AR	TF	4
				12/10/24	Returne	d to pharmacy	4	TF	AR.	0
* entered in	n error TF & AR 8/1	0/24*								

Discrepancies

- Entry errors must not be crossed out. Errors should be marked as "entered in error" signed, witnessed and dated. The correct entry should then be made using a new line.
- If there is a balance error, check back over the controlled drugs register entries to ensure that there has not been a bookkeeping or numerical error. Check the MAR chart and records of medicine disposal. If the discrepancy can be identified the outcome should be recorded and the CD register should be corrected with a retrospective entry referencing how the discrepancy was resolved.
- CD incidents should be reported by the care home using the <u>Sign in (cdreporting.co.uk)</u>, registration is required to report.
- Incidents involving CDs must be reported to the Care Quality Commission (CQC) and the local NHS England Accountable Officer for Controlled Drugs: england.ea-cdao@nhs.net

Please refer to our CD guidance for further information: HWEICB Controlled Drugs Guidance



be found at our new website Prescribing, Policies and Pathways (hweclinicalguidance)