

Care Homes Good Practice Guidance

High Risk Medications

Introduction

High risk medications are more likely to cause harm or injury if incorrect monitoring or administration takes place. It is the responsibility of the staff administering to be competent and skilled to always meet the needs of the residents^[1]. In the case of medications, it is important that staff are aware of the risks, monitoring requirements and any particulars for the medication being administered, to ensure the residents are kept safe. If unsure about a medication or dose contact appropriate healthcare professional. This document covers the common high-risk medications used in care homes, however, this is not exhaustive. Always refer to the latest medication information found in the British National Formulary ([BNF](#)) or Electronic Medicines Compendium ([EMC](#)). **This is a carer's guide to some high-risk medications.**



Parkinson's Disease medications

It is important to note the exact time these medications are required to be administered and to give the resident their medications on time. If medications are missed or delayed, it can mean symptoms worsen for the resident and it can take a while for them to return to baseline.

Tips on administering medications on time:

- Set an alarm (as medications can be prescribed to be administered out of the routine medication round times)
- Hand over to any new or agency staff regarding patients on medications for Parkinson's Disease
- If using paper Medication Administration Records (MAR) you can get 'get it on time stickers' to alert staff

Patches

Any medicated patch, it is important to know the last site of location and remove it, and rotate sites. It's also important to know some patches are applied every 3, 4 or 7 days, so ensure instructions are followed as per prescription. Patches although not given orally still have side-effects. Ensure patient's bowels are monitored and any signs of constipation is reported to the prescriber.

Avoid touching the adhesive side of patches, and wash hands after application; do not cut patches and avoid exposure of patches to heat including via hot water; ensure that old patches are removed before applying a new one. The old patch should be folded and disposal policy followed.



Blood thinning medication

Monitor for risk of bleeding or bruising. Seek urgent medical attention if resident:

- develops severe bleeding, e.g. blood in faeces, vomit or sputum, vaginal bleeding



- falls or injures themselves during treatment, especially if they hit their head, due to the increased risk of bleeding
- has headaches that are unusual for the resident.

i. Direct-acting oral anticoagulants (DOACs) e.g. rivaroxaban, edoxaban, apixaban or dabigatran. These are blood thinning medications. Ensure resident does not have any signs of bleeding or bruising. Residents will need blood tests to check if the medication is still suited for them. Ensure you are aware when the next blood test is due. See [Good practice guidance for anticoagulants](#) for more information.



ii. Warfarin
Like DOACs, warfarin is a blood thinning medication, so ensure you seek medical attention if there are any signs of bleeding or bruising. With warfarin, the dosage is determined by the resident's blood test it is therefore usually labelled as 'Take as directed'. The resident will either have slips which informs you when the next blood test is, or a warfarin booklet.

Insulin

Short acting insulin needs to be given with a meal for example Actrapid and Humulin S. If a district nurse is administering this, then ensure you have a meal ready for the resident. If you administer insulin, ensure you understand how many units of insulin to give the resident and understand the device. It is important to know the [signs of a low blood sugar](#). The resident on admission should have a care plan detailing their own signs of low blood sugar and how they like to manage it.



If a resident has low blood sugar and is awake and responding (blood sugar below 4mmol/L) give them something with a boost of sugar. Knowing the person's preferences (as that will influence what they will take) e.g. 200ml orange juice, a few jelly babies, glucose tablets or a high sugar (not diet) drink. If resident is excessively sleepy or unresponsive, contact 999.

Medicines that require careful handling



Examples of medicines that require caution on handling and are used in care homes are finasteride, tamoxifen and methotrexate. These drugs can be harmful to those handling them, especially to those who are pregnant or of child-bearing age. Methotrexate is a 'cytotoxic' medicine meaning that it can cause damage to the cells in the body.

These medicines should be handled using gloves to avoid being absorbed through the skin.

Methotrexate

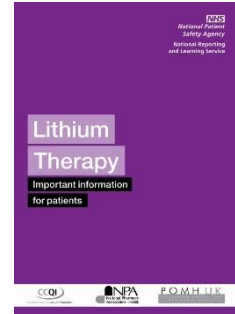
Always double check the methotrexate dose as this should be administered weekly on the same day each week. Folic acid should not be administered on the same day methotrexate is given. If a patient taking methotrexate presents with sore throat,



bruising, mouth ulcers, nausea, vomiting, abdominal discomfort, dark urine or shortness of breath, then these must be immediately reported to the GP as these may be signs of a blood disorder caused by methotrexate. Disposal needs to be in a cytotoxic waste bin, care homes (without nursing) will need to return cytotoxic medication to the pharmacy for disposal. For disposal, the tablets must be put in a sealed container clearly marked cytotoxic medication.

Lithium

Needs 6 monthly (maybe more frequently) blood tests to make sure the levels are correct. If the resident presents with flu like symptoms or stomach issues this could be a sign of toxicity, report to the GP. Lithium can interact with a lot of medications so ensure any medication is checked with the GP/Pharmacist to see if it is safe for the resident. The resident should either use an app or have a [purple book](#) with all their Lithium information in it.



References

- [1] Care Quality commission (2023) Regulation 18. Accessed online April 2025: [Regulation 18: Staffing - Care Quality Commission \(cqc.org.uk\)](#)
- [2] Care Quality Commission (2022) High Risk Medicines. Accessed online April 2024: [High risk medicines: anticoagulants - Care Quality Commission \(cqc.org.uk\)](#)

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