Appendix 2

Top Tips for Care Homes for Interpreting Hospital Discharge Letters

NICE National Guideline for Managing Medicines in Care Homes March 2014 states:

"The care home manager or person responsible for a resident's transfer into a care home should coordinate the accurate listing of all the resident's medicines as part of a full needs assessment and care plan ……..in a timely manner"

What discharge letters mean:

DIAGNOSES
This gives information as to why the patient was admitted to hospital and any treatment(s) that were given.
Are there any new medical conditions listed that you weren't previously aware of?
Has the resident's care plan been updated?

FOLLOW-UP/GP ACTION
Has necessary follow-up been carried out or arranged by GP and/or hospital as stated?
If the resident is to attend an **outpatient clinic** has this appointment been arranged?
Has the resident's care plan been updated so that this will be followed up if an appointment date is not received?

MEDICATION CHANGED DURING ADMISSION
If this section states "no" do not assume there are no changes but still check the list of discharge medications against the MAR chart to ensure there are no differences.

Medications that have been **STOPPED** – cross them off the MAR chart immediately and stop giving them. Check any repeat slips currently held in the care home and cross off any "stopped" medications. Inform the pharmacy that medication(s) have been stopped.

Medications that have been **STARTED** – handwrite these on the MAR chart with 2 staff to witness and sign. Administer when next due using medication supplied by the hospital. Check how many days' supply has been supplied by hospital, if supply runs out before next medication cycle starts order enough medication to last until new cycle. Ensure all new medication(s) are ordered from GP surgery for next medication cycle. Inform the pharmacy of any new medications that have been started.

Medications that have been **CHANGED -** the resident may be on the same medication but the form strength, dose, frequency or directions may have changed. Check that not just the medication but the **form, strength, dose, frequency and directions** are correct on the MAR chart. Inform the pharmacy of any medication changes.

DRUG INTOLERANCES
Check any information provided against the MAR chart. If there are any changes update the MAR chart **immediately**. Inform the pharmacy of any changes.
NKDA = no known drug allergies. If it states this but there is already a drug allergy or intolerance recorded on the resident's MAR chart **do not remove** but **CONTACT GP** to check what is correct.

INFORMATION CONCERNING THE MEDICATION LIST (TO BE COMPLETED BY PHARMACY ONLY)

Not checked: when the resident was admitted to hospital the pharmacy department did not complete a full check of the medications the resident was taking before coming into hospital. There may therefore be differences between the list of medications on the discharge letter and those on the MAR chart. If any of these differences are not stated in the "Medication changed during admission" section **do not assume** a medication has stopped, **CHECK WITH GP.**

Checked: when the resident was admitted to hospital the pharmacy department completed a full check of the medications the resident was taking before coming into hospital. If there are any differences between the discharge medication list and the MAR chart these should be listed in the "Medication changed during admission" section. However if there are any differences that are not stated in the "Medication changed during admission" section **do not assume** a medication has stopped, **CHECK WITH GP.**

New and changed: this is used when only new or changed items have been dispensed and listed on the discharge letter. This is most commonly used for very short admissions e.g. on medical admissions unit. These medications should be added to the MAR chart or changes made to the MAR chart for existing medication **immediately** in addition to medications already on the MAR chart.

Check the **"Duration"** on the discharge letter for any new or changed medications. If a short course or end date is not specified check how many days' supply has been supplied by hospital. If supply runs out before next medication cycle starts order enough medication to last until new cycle. Ensure all new medication(s) are ordered from GP surgery for next medication cycle.

DISCHARGE MEDICATION LIST

Check every medication on the discharge letter against the MAR chart.

Is the medication already on the MAR chart?
Are the form, strength, dose, frequency and directions the same as on the MAR chart?
If **YES** continue to administer as per MAR chart.
If **NO** does the discharge letter say a change has been made? If so change on MAR chart **immediately,** 2 staff to witness and sign**.** If discharge letter does not say a change has been made **CHECK WITH GP.**

Is the medication not already on the MAR chart?
Handwrite the medication on the MAR chart with 2 staff to witness and sign. Check the **"Duration"** on the discharge letter. If not clear **CHECK WITH GP** if medication is to continue once hospital supply runs out and order further supplies as needed.

Check every medication on the MAR chart against the discharge letter.

Is the medication on the discharge letter?
Are the form, strength, dose, frequency and directions the same as on the MAR chart?
If **YES** continue to administer as per MAR chart.
If **NO** does the discharge letter say a change has been made? If so change on MAR chart **immediately,** 2 staff to witness and sign**.** If discharge letter does not say a change has been made **CHECK WITH GP.**

Is the medication not on the discharge letter?
Does the discharge letter say this medication has been stopped?
If **YES,** cross off MAR chart **immediately,** 2 staff to witness and sign.
If **NO, CHECK WITH GP** if medication is to continue.

References; NICE Guideline Medicines Management in Care Homes March2014 v1
http://www.nice.org.uk/guidance/sc/SC1.jsp