

Care Home Prescription Management

Frequently Asked Questions



TARGET AUDIENCE	Care home staff Primary care staff providing care to patients in care, nursing or residential home settings, Community Pharmacy teams supplying medication to care home residents.
PATIENT GROUP	Patients living in care, nursing or residential homes in Lanarkshire.

Clinical Guidelines Summary

Please note the guidance in this document does not apply to controlled drugs.

- This guideline complements the Care Home Prescription Management Guidance. It answers frequently asked questions using specific examples and advice from the Care Inspectorate. It provides practical guidance to support decision-making when initiating changes to a resident's medication or when trying to determine whether or not a new prescription is required.

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1. The prescriber (GP, Nurse, Pharmacist) has reduced the dose of a medication

- A) The change has reduced the frequency of administration of the medication e.g. ferrous fumarate 1 tablet three times daily to 1 tablet once daily. Should the care home request a new prescription and send the medication with the old dosage back to the community pharmacy?**

No, the medication should not be returned to the community pharmacy. The MAR chart should be updated with the new dosage frequency, the stock in the care home should be used and a new prescription will not be required until the current supply is finished.

The new instruction should be recorded on the MAR sheet by the prescriber or by a nurse/senior carer. To allow a member of care home staff to write the instruction on the MAR, the prescriber should provide the care home with some other form of written direction for the change e.g. secure email. If the instruction on the MAR chart is different from the instruction on the dispensing label, then the information on the MAR should explain why. The dispensing label should be annotated 'dose changed – see MAR sheet' to avoid dosing errors.

Care Inspectorate advises:

Instructions on dispensing labels

The MAR chart is the document which will be kept for a period of time as the record of what medication has been given. These records may be needed as evidence in any scrutiny inspection, complaint investigation or legal proceedings. If the instruction on the MAR chart is different from the instruction on the dispensing label, then the information on the MAR should explain why.

This might be because the dose was originally to "Take two in the morning" and it has now been changed to "Take one in the morning". As the dose was reduced there is sufficient supply for the person so there is no need to get another prescription dispensed. There is no need to get the medicine re-labelled to reflect the new dosage instructions if the MAR chart explains the reason for the change. Once the medicine is finished the pack with the dispensing label which says the "Take two in the morning" will likely end up in the bin and the MAR chart is the piece of paper kept for legal reasons.

- B) The change requires a reduced number of tablets/capsules/volume of liquid e.g. paracetamol 500mg tablets, 2 tablets four times daily to 1 tablet four times daily. Should the care home request a new prescription and send the medication with the old dosage back to the community pharmacy?**

No, the medication should not be returned to the community pharmacy and a new prescription will not be required until the next cycle. The MAR should be altered to reflect this change, see question 1 above.

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- C) The change requires a lower strength of the medication e.g. ramipril 10mg capsules once daily to ramipril 5mg capsules once daily. Should the care home request a new prescription and send the medication with the old dosage back to the pharmacy?**

Yes, a new prescription is required and the stock in the care home should be returned to the community pharmacy as we cannot halve the 10mg capsule to make the new dose. This is an example of appropriate waste.

Capsules cannot be halved; however, some tablets can be. Always check with your community pharmacist for advice on which tablets can be halved.

2. The prescriber has increased the dose of a medication

- A) The change involves an extra dose of existing medication e.g. Lamotrigine 50mg once daily to 50mg twice daily. Should the care home request a new prescription and send the medication with the old dosage back to the pharmacy?**

No, the medication should not be returned to the community pharmacy. The MAR chart should be updated with the new dosage frequency and the stock in the care home should be used. As this is a dose increase, stock will likely run out before the end of the cycle. A new prescription will therefore be required for the balance of medication needed to complete the current cycle, **and** for the next cycle if the monthly order has already been placed.

- B) The change requires a higher strength of medication e.g. Losartan 25mg once daily to 50mg once daily. Should the care home request a new prescription and send the medication with the old dosage back to the pharmacy?**

No, the medication should not be returned to the community pharmacy. The MAR chart should be updated with the new dosage and the dose can be administered by giving two tablets daily until the stock in the care home is used. As this is a dose increase, stock will run out before the end of the cycle. A new prescription will therefore be required for the balance of medication needed to complete the current cycle, **and** for the next cycle if the monthly order has already been placed. The new prescription should be done for the higher strength tablet.

3. The prescriber has requested a change in administration time e.g. donepezil 10mg in the morning to donepezil 10mg at night. Should the care home request a new prescription and send the medication with the old time back to the pharmacy?

No, the medication should not be returned to the pharmacy and a new prescription is not required for the new administration time. The MAR chart can be altered to reflect this change, see question 1.

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- 4. There has been a requested change to formulation e.g. paracetamol liquid to paracetamol tablets. Should the care home request a new prescription and send the medication back to the pharmacy?**

Unless the formulation change is required for patient compliance/swallowing difficulties, the prescription may be changed for the next cycle and the medicine in stock in the care home can be used until the supply is finished. If the change in formulation is clinically required a new prescription would be required for the remainder of the current cycle and for the next cycle.

- 5. A tube of Epimax Isomol Gel has been opened during the cycle and it still has gel in it at the end of the cycle. Should the tube be used for the next cycle or should it be returned to the community pharmacy as waste?**

The tube should not automatically be returned to the pharmacy. Some items can be used all the way up until the expiry date printed on the packaging. However, some items have a limited shelf life once opened, which can be shorter than that stated on the pack. The product literature will give information on this and the date of opening should be written on the pack. Ensure this is not added to the external packaging which is likely to be disposed of. Provided the date of opening has been recorded and it is still within the shelf life once opened as specified in the product literature it can still be used. The exception to that would be if there is visible contamination, or the unopened expiry date has passed, in which case it should be returned as pharmaceutical waste. In the case of Epimax Isomol Gel, the product literature states it must be used within 3 months of initial opening.

Eye drops would be another good example. Some have a 4-week expiry date after opening but there are some that have a 6-month expiry after opening and they can be used until that date, again provided the unopened expiry date has not passed and have been stored according to manufacturer's guidance. This should also be considered for liquid medications.

- 6. What should the Care Home return to community pharmacy for safe disposal and what items should the Care Home dispose of themselves?**

Care homes should only return medication to the community pharmacy if the medication has been discontinued, it is date expired or if it is from deceased residents.

Prescribed items such as catheters, leg bags, drink supplements, non-medicated dressings etc. should be dealt with by the home for disposal.

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References/Evidence

References

Guidance about medication, personal plans, review, monitoring and record keeping in residential care services: Care Inspectorate 2012.

NHSL Care Home Prescription Management Guidance [care-home-prescription-management-guidance-20.pdf](#)

NHS Tayside Medication Waste and Returns Letter February 2024

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Appendices

1. Governance information for Guidance document

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CHANGE RECORD

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		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
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