



Medication management and disposal

This pack aims to provide Care Home Teams with a step by step guide to returning medication that is no longer required by a resident. This guidance supports Care Inspectorate best practice.

Can you help to reduce medication waste?

How can you help to reduce medication waste?

Why?

- Medications returned to community pharmacies ***cannot be reused***
- Excess medications increases the amount of secure space required to store them within the care home
- Keeping medications that are no longer required can increase the chance of medication errors
- Small steps, big impact: working together to protect our planet

What is meant by medication waste?

In relation to care homes, medication waste refers to a resident's discontinued or expired prescribed medications including tablets, liquids and medicated dressings

Medication waste may occur due to the following:

- a resident has died
- the resident's prescribed medication has reached its expiry date
- the resident's prescribed medication has been stopped by the clinician.
- the dosage of the resident's medication has been changed and the current strength cannot be used

What does not need to be returned to the pharmacy?

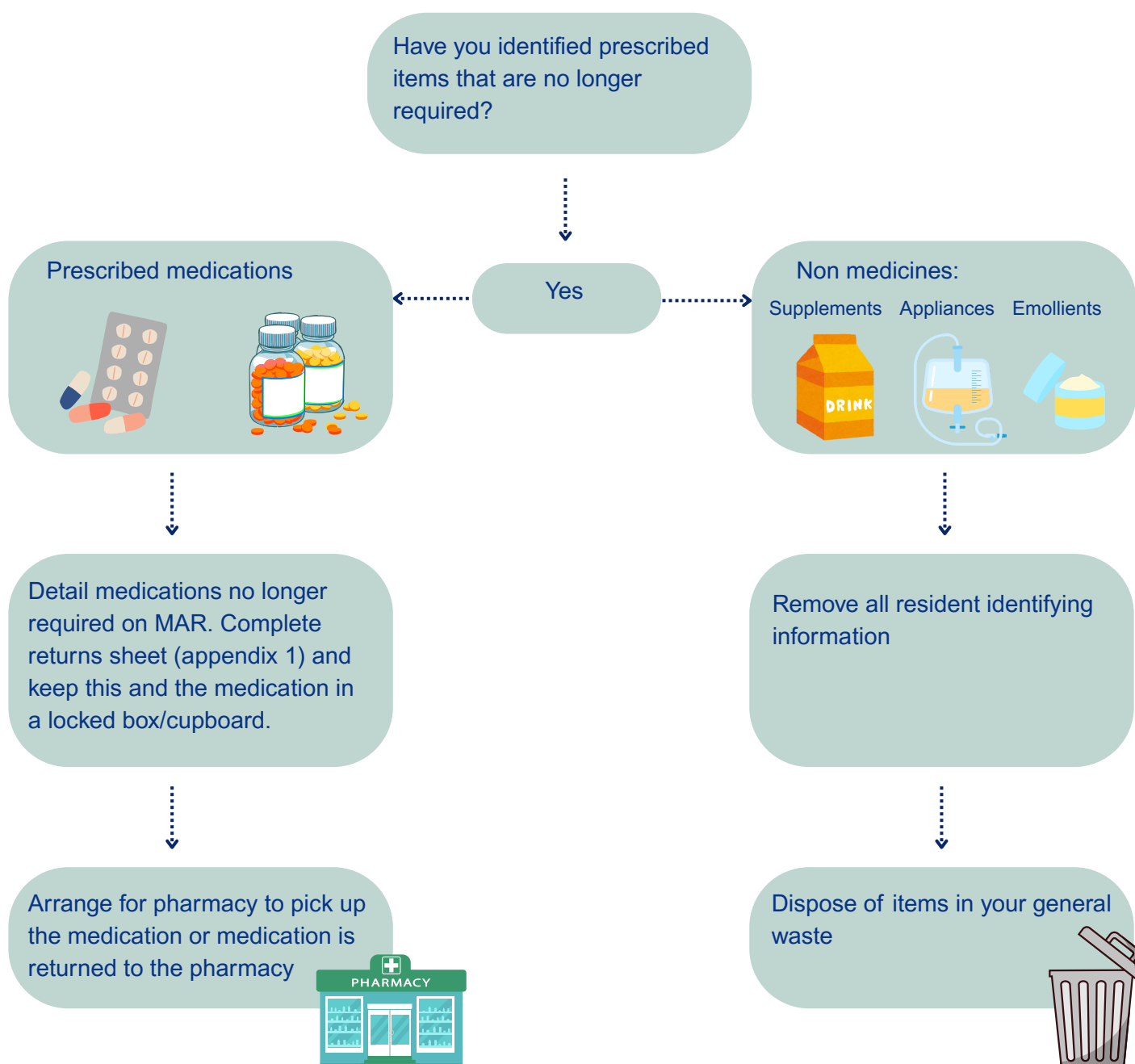
- Excess stock – medication that is currently prescribed for a resident and is still in date ***should not be returned***
- Dressing and appliances – non-medicated dressings and appliances such as catheter and stoma bags can be ***disposed of locally***
- Dietary supplements – these can be ***disposed of in the general waste*** once the resident's details have been removed/obscured



How can you help?

There are things
**we can all do to help
reduce waste**

Before returning items to the pharmacy please consider the pathway below:



Frequently asked questions

Question – A clinician has increased the dose of a resident's Ramipril caps from 2.5mg one daily to 5mg one daily – should we return the 2.5mg capsules?

Answer - No, in this case the resident can be given two of the 2.5mg capsules. A new prescription will be required for the new dose as supply will run out before the end of the cycle. Calculate quantity required and request from GP.

Question - A clinician has decreased a resident's dose of Bisoprolol from 5mg to Bisoprolol 1.25mg. Do you return the Bisoprolol 5mg?

Answer - Yes, this is an appropriate waste to return to community pharmacy as we cannot use the 5mg bisoprolol tablets to provide the new dose of 1.25mg. Once the details of the bisoprolol 5mg are recorded on mar for return. Complete the medication returns sheet (appendix 1) and store bisoprolol 5mg tablets in a tamper proof container in a locked cupboard. Arrange for community pharmacy to collect

Question - A clinician has changed the frequency of medication/time of medication - Risperidone 0.5mg twice daily changed to risperidone 1mg at night. Do we return the Risperidone 0.5mg?

Answer - No, the risperidone 0.5mg tablets can be used to give 1mg. Carry forward the quantity of stock from the discontinued entry if it can be used and any new stock which is received.

Question - Topical preparations - A tube of Zero-base cream has been opened during the homes four week medication cycle but it still has cream in the tube at the end of the 4 weeks. Should we return these creams?

Answer - No, it should not be returned unless it is contaminated or out of date. You should confirm the following:

- still prescribed and required
- Within its expiry date.

Always check the manufacturer's literature to ensure it does not include anything about a short shelf-life once the product is opened. It is good practice to date topical preparations on opening. The exception to the above would be if there is visible contamination.

Question - A new resident is admitted into the care home and they have brought their own medication from home. Should this medication be return to the community pharmacy?

Answer - No, if the resident is still on the medication, then it should not be returned to the pharmacy. Check the expiry date/label details, confirm the resident is still on the medication at the same dose with the same administration details. It should then be counted and added to the MAR chart and carried forward.

Further Information & Useful Links



Information on returning medication and mid cycle dose changes can be found in "[Guidance about medication personal plans, review, monitoring and record keeping in residential care services](#)" Care Inspectorate Guidance



If you need any help or advice in relation to this, please feel free to contact

- Caroline Tunnock – Primary Care Clinical Pharmacist
• Caroline.Tunnock2@nhs.scot
- Margaret- Ann Paterson- Primary care Pharmacy technician
• Margaret-ann.paterson@nhs.scot
- Dr David Marshall - Care Inspectorate - Senior Improvement Adviser (Pharmacy)
• david.marshall@careinspectorate.gov.scot
- Gillian Currie - Scottish Care Independent Sector Lead (Glasgow City)
• gillian.currie@scottishcare.org
- Amy Gray - Scottish Care Independent Sector Lead (Inverclyde)
• amy.gray@scottishcare.org

Appendix One

Care Home Medication returns form

To be completed by manager (or deputy) of home - medication returns can only be picked up once this is completed and handed to driver.

CARE HOME: _____

I verify that the medication returns dated _____ have been checked by myself as Care Home manager (or deputy in absence of manager) and meet the Care Inspectorate guidelines for medication returns and wastage.

1. Returns only include:

- Medication from deceased patients.
- Medication which is date expired.
- Medication which has been stopped by the clinician.
- Medication which has had a change in dose and the current medication is a strength that cannot be used.

2. No excess stock

- No medication has been returned that is still in date and which the patients are still currently prescribed.

3. No non-medicated dressings, appliances such as catheters or stoma bags are included in the waste.

- No food supplements

Name: _____ Signed: _____

Position: _____ Date: _____