



**Bedfordshire, Luton  
and Milton Keynes**  
Integrated Care Board

## **When Required (PRN) Medication in Adult Social Care**

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Care Home Pharmacist – Bedford Borough

# Session Plan

- 1 Introduction & Housekeeping
- 2 When Required (PRN) Medication
- 3 Completing a PRN Protocol
- 4 Case Study – interactive session
- 5 Quiz
- 6 Questions

# Housekeeping

- Please write your name and the care home/provider you are from in the chat
- Please remain on mute when not speaking
- Q&A section at the end – please use the “raise hand” function or “chat” function
- This session does not equate to competency in the subject area – individual providers are responsible for assessing competency.

## Meet the Team - NHS BLMK ICB Care Home Medicines Optimisation Pharmacists & Pharmacy Technicians

### Bedford Borough Place

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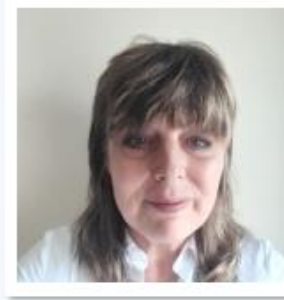
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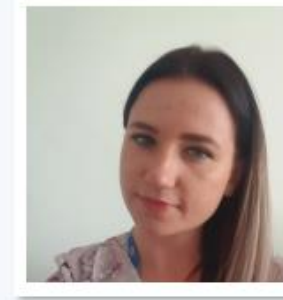
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## Bedfordshire, Luton and Milton Keynes Integrated Care Board

### Our Role

- Supportive – the ICB is not a care home regulatory body.
- The team provides support to a number of key stakeholders including:
  - Care homes / Learning Disability Homes
  - Primary Care Networks (PCNs) / Practices
  - The ICB Quality Team
  - Local Authorities
  - Other community services
  - Secondary care

Please send details of your query/referral to the relevant area's team email address (no proforma required). Individual contacts can be used if needed.

Emails are monitored Monday—Friday, 9am—5pm (excluding Bank Holidays) and will be triaged to the most appropriate member of the team.

Patient identifiable details should ONLY be sent from and to secure email addresses (e.g. NHS.net to NHS.net).

More information, guidance documents & newsletters can be found on the [BLMK ICB Care Home Medicines Optimisation \(MO\) team website](#).



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# BLMK ICB Medication Training Offer – Tiered System

1

- Medication eLearning – PrescQIPP

2

- Online Medication Training Sessions – BLMK ICB

3

- Medication Champions Scheme

# BLMK ICB Care home Medicines Optimisation team – Training offer

## Tier 1 – Medication eLearning:

- Hosted by [PrescQIPP](#) (Skills for Care and NICE endorsed)
- Care Home staff- [‘Medicines use in care homes: courses 1, 2 & 3’](#) (access code needed)
- Community-based Care staff – [‘Managing medicines for adults receiving social care in the community: courses 1 & 2’](#) (no access code required)
- Fully funded by BLMK ICB / Health Education England - free of charge
- Provides foundation knowledge in medicines management within social care and supports the implementation of recommendations in the [NICE SC1 \(Managing medicines in care homes\)](#) and [NICE NG67 \(Managing medicines for adults receiving social care in the community\)](#)

# BLMK ICB Care home Medicines Optimisation team – Training offer...continued

## Tier 2 – Online Medication Training Sessions

- Provided by the BLMK ICB Care Home Medicines Optimisation team, free of charge
- On the selected topics below and will focus on local guidance and procedures:
  - Homely Remedies and Self Care
  - When Required (PRN) Medication
  - Covert Administration of Medication
  - Medicines Reconciliation & Transfers of Care
  - Controlled Drugs & Controlled Drug Regulations in Care Homes
  - Medication Safety, Governance & Safeguarding

## Tier 3 – Medication Champions Scheme – COMING APRIL 2024



# When Required (PRN) Medication





# BLMK ICB 'When Required' (PRN) Medication – Guidance for Care homes



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## 'When Required' (PRN) Medication - Guidance for Care homes

For local adaptation to fit within individual Care Home  
medication policies

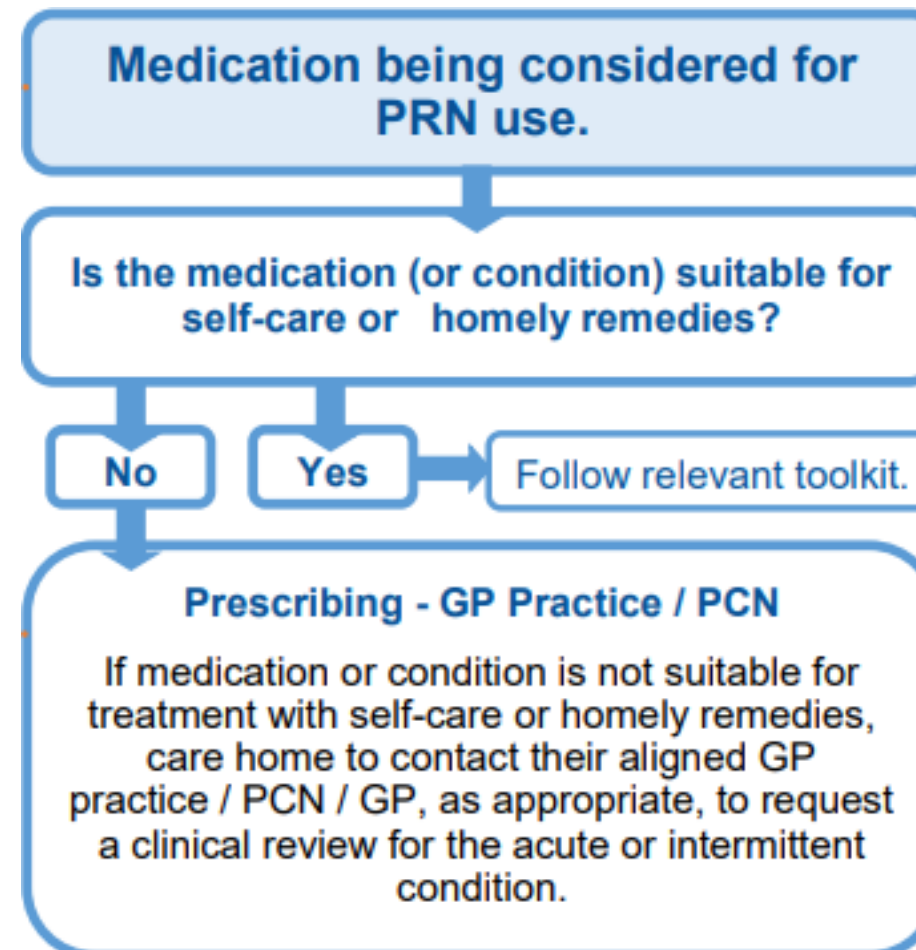
October 2021

['When-Required-PRN-Medication-  
Guidance-for-Care-Homes.pdf \(icb.nhs.uk\)](https://icb.nhs.uk/When-Required-PRN-Medication-Guidance-for-Care-Homes.pdf)

# What is a 'PRN' Medication

- Medication that is not required on a regular basis.
- Often prescribed for acute, short-term or intermittent conditions
- Not confined to the times of the medicines round – should be administered when the resident requests or requires them.
- Should be supported by a protocol detailing use and restrictions.
- Examples include:
  - Analgesics, laxatives, inhaled reliever medicines for people with asthma

# Obtaining PRN Medication



## What is a homely remedy?

A homely remedy is a medicine used to treat minor ailments. They are purchased over the counter. They do not need to be prescribed. They are kept as stock in a care home to give any resident access to medicines that would commonly be available in any household. Treatment is limited to 48 hours.

## What is a self-care medication?

Self-care medicines are purchased for an individual resident for their use only. This may be on the advice of a healthcare professional to treat a minor ailment.

	Homely Remedy	Self-care	PRN
<b>What is it?</b>	Product used to treat a minor ailment which can be bought over the counter and does not require a prescription.	Action taken by people to recognise, treat and manage their own health – includes purchase of over the counter medicines	Medication that not required on a regular basis and is not intended to be given as a regular dose
<b>When would it be purchased?</b>	Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household	A self-care product is purchased for or by an individual in response to a specific medical condition	Often used for acute, short-term or intermittent conditions for an individual for a specific medical condition
<b>Who can it be given to?</b>	Can be administered to any appropriate resident as per Homely Remedies toolkit	Can only be given to the individual resident for whom it was purchased	Can be given to the individual person for whom it was prescribed (or purchased if a self-care prn product)
<b>What products are included?</b>	Only the named preparations listed in the Homely Remedies policy	Products for conditions listed in Self-care toolkit	If self-care – as listed in self-care toolkit If prescribed – any appropriate licensed product
<b>Who pays for it?</b>	Funded by Care home	Funded by resident or their representative	If self-care, funded as per self-care toolkit If prescribed, NHS prescription charges apply unless patient exempt
<b>Does the GP need to approve before administration?</b>	Provided the care home follows the BLMK ICB Toolkit, care home can start without consulting a GP/HCP. GP/HCP sign off is not required if the BLMK ICB approved list of products and toolkit is used	Provided the guidance in the BLMK ICB Toolkit is followed, GP/HCP approval is not required BUT care home staff should seek advice from GPs or HCPs to check if the product is suitable for the individual resident where appropriate.	If not under self-care, should be prescribed by GP/authorised prescriber. Prescriptions should include the indication for which the medication is prescribed, include the maximum dose in 24 hours and have clear directions. PRN protocols do not need to be signed off by a GP/HCP
<b>How long can it be used for?</b>	Used for limited period of time (usually 48 hours)	Duration of use dependent on condition and/or GP/HCP advice	Dependent on conditions and/or GP/HCP advice – should be regularly reviewed
<b>Who can administer it?</b>	Care home staff who have been trained in how to use Homely Remedies	Care home staff in accordance with Self-care Toolkit and any appropriate GP or HCP advice	Care home staff in accordance with PRN protocols and any appropriate GP or HCP advice
<b>Whose property is it?</b>	It is care home property	It is the property of the individual	It is the property of the individual
<b>Exceptions</b>	Care home staff should follow the flowcharts in the Toolkit and seek further guidance as indicated	The self-care toolkit has a table listing exceptions to self-care	Subject to regular reviews

# Prescribing PRN Medication

If a PRN Medication is prescribed, prescriptions should:

- Include the indication for which the PRN medication is prescribed
- Have clear directions - 'as directed' is not acceptable
- Include the maximum dose within 24 hours

# PRN Protocols

- A separate PRN protocol is required for each PRN medicine
- Should be person-centred.
- Should be completed and signed by suitably trained care home staff – does not need to be approved or signed by GP/HCP
- Should include:

• Name of the medicine	• Signs/symptoms/cues to look for
• What the medicine is for	• If the individual has capacity to request or refuse the medication
• Route, dose and frequency	• Non-pharmacological intervention/appropriate alternative support
• Minimum time interval between doses	• Where more than one PRN medicine is available for the same condition, how and what order to administer
• If variable dose, clear directions as to what dose should be given	• When to refer to HCP
• Maximum number of doses in 24 hours	• Date for review

# Administration of PRN Medication

- Check the PRN Protocol for what the medication is being used for, what symptoms to look out for and when to offer.
- Offer the medication to the person when they are experiencing symptoms.
- Give consideration to residents who may not have the capacity to consent to PRN medication offered.
- Provide decision-making aids such as 'The Universal Pain Assessment Tool' to assist residents in describing their current symptoms.
- Do not limit the offers to the medication rounds; however, do not offer more frequently than the minimum interval between doses and the maximum dose in 24 hours allows.
- Contact a healthcare professional if any concerns/queries/uncertainty



# Documentation

## When a PRN medicine is administered, record:

- The reason(s) for administering the PRN medication
- The exact time of administration
- The dose given (if a variable dose)
- The outcome of giving the medication and if it was effective
- MAR chart should be signed in usual manner
- The administration of all medication should be recorded on the MAR chart **immediately** to prevent an incident or accidental overdose occurring.
- It is also good practice to record in the resident's daily notes when they were offered each PRN medication.

# Reviewing PRN Medication

- Contact the GP if the individual:
  - Experiences side effects
  - Has no benefit from the medication
  - Is taking the medication infrequently or not at all
  - Requests the PRN medication more frequently than prescribed
  - Shows deterioration of the medical condition
  - Needs the PRN medication regularly
- PRN medication should be reviewed routinely – at least every 6 months
- Time periods between reviews will differ between individuals and circumstances
- The review date should be clearly stated in the care plan

# Practical Tips

## Tips for Care Homes:

- PRN medicines should be stored securely and accessible upon request.
- They should be kept in original packaging with pharmacy label on the medicine
- Keep appropriate stock levels to meet the residents changing needs.
- Where appropriate, residents should be made aware of their PRN medication so they can ask for it if needed.

## Waste Reduction

- ALWAYS check stock before ordering.
- ONLY order the amount that is required.
- ALWAYS keep PRN medication in original packs to maintain longer shelf life.
- DO NOT dispose of medication just because it is the end of the cycle.
- ALWAYS carry stock forward to the next month.

# Completing a PRN Protocol

# BLMK ICB Blank PRN Protocol Template

## Appendix 1: Blank PRN Protocol Template When Required' (PRN) Medication Protocol Template

The following information must be referred to when offering and administering PRN medication. Protocols should be kept in an easily accessible location, including when staff are administering medication on the routine medication rounds (e.g. with MAR charts). Response to therapy should be recorded in the resident's clinical note or care plan.

Resident's Name:	Date of Birth:
Name of medication & start date (if known):	Formulation (e.g., tablets, liquid):
Strength:	Route (e.g., oral, topical): Oral
Dose and Frequency:	Minimum time interval between doses:
Maximum dose in 24 hours:	Prescribed or self-care?
Reason(s) for administration: when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)	
Any special instructions (e.g., before or after food):	Predictable side effect (use current BNF or patient information leaflet):
Any additional comments or information:	
Prepared by - Name & signature *:	Designation:
Checked by - Name & signature *:	Designation:
Date:	Review date:

# Blank PRN Protocol Template

Resident's Name:	Date of Birth:
Name of medication & start date (if known):	Formulation ( <i>e.g., tablets, liquid</i> ):
Strength:	Route ( <i>e.g., oral, topical</i> ):
Dose and Frequency:	Minimum time interval between doses:
Maximum dose in 24 hours:	Prescribed or self-care?
Reason(s) for administration: <i>when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs &amp; symptoms, behaviours, type of pain, expected outcome, specific to this resident)</i>	

# Blank PRN Protocol Template contd.



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Any special instructions (e.g., before or after food):	Predictable side effect (use current BNF or patient information leaflet):
Any additional comments or information:	
Prepared by - Name & signature *:	Designation:
Checked by - Name & signature*:	Designation:
Date:	Review date:



# Example of Completed PRN Protocol - Paracetamol

<b>Resident's Name:</b> Jane Doe	<b>Date of Birth:</b> 05/08/1940
<b>Name of medication &amp; start date:</b> Paracetamol 500mg tablets. Start date: 10/05/2021	<b>Formulation</b> ( <i>e.g., tablets, liquid</i> ): Tablets
<b>Strength:</b> 500mg	<b>Route</b> ( <i>e.g., oral, topical</i> ): Oral
<b>Dose and Frequency:</b> ONE to TWO tablets up to FOUR times a day when necessary for pain	<b>Minimum time interval between doses:</b> 4 to 6 hours
<b>Maximum dose in 24 hours:</b> 4000mg = 8 tablets Maximum of 4 doses in 24 hours.	<b>Prescribed or self-care?</b> Prescribed by GP (Dr A)

# Example of Completed PRN Protocol contd.



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**Reason(s) for administration:** *when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)*

Jane (preferred name) enjoys participating in the care home gardening activities. She used to love taking care of her own garden at home, so this brings her much joy. Jane is given knee pads to use for when she must kneel. She often gets carried away in the gardening. However, kneeling can make Jane's knees sore and achy.

Jane suffers from advanced dementia. She does not always verbally communicate she is in pain. When she is in pain, she can show distressed behaviour, throwing objects around the room. Staff should take Jane aside, sit her down and ask if she is in any pain. It may help if staff point to her knees to try and establish if this is where the pain is and show her a box of paracetamol. Once she sees the box, she recognises them and will nod to indicate yes, she is in pain. Staff should gently remind Jane that the paracetamol tablets will help with her knee pain and ask if she wants to take some to feel better.

# Example of Completed PRN Protocol contd.



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Start Jane on the lower dose of ONE tablet FOUR times a day and monitor her pain. You can monitor Jane's pain using the Abbey Pain Scale. It is important to use the pain scale while she is being moved during her general care by observing her facial expressions. Is she whimpering, frowning, or crying? Observe her body language, any physiological or physical changes-temperature, pulse, and blood pressure. Is she perspiring more than normal? Is she still showing distressed behaviour? Jane can also communicate well with picture cards. If her pain levels have not improved increase to the higher dose of TWO tablets FOUR times a day.

Staff should also ensure Jane is not gardening for long periods of time. If Jane does not want to leave her gardening remind her there are plants to water in the care home. If the plants do not need watering yet you can use an empty watering can as Jane does not recognise the difference.

# Example of Completed PRN Protocol contd.



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<b>Any special instructions (e.g., before or after food):</b> Can be taken with or without food. Swallow the tablet whole with a glass of water. If weight <50kg the lower dose of 'ONE' tablet should be given.  Check if taking any other medication which may contain paracetamol. Do not over administer.	<b>Predictable side effect (use current BNF or patient information leaflet):</b>  Itchy lumpy rash- stop taking paracetamol and consult GP.
<b>Any additional comments or information:</b>  If Jane is taking paracetamol regularly to manage pain or if pain is not managed with paracetamol, GP to review.	
<b>Prepared by - Name &amp; signature:</b> Staff A	<b>Designation:</b> Senior Carer
<b>Checked by - Name &amp; signature:</b> Staff B	<b>Designation:</b> Care Home Manager
<b>Date:</b> 29/09/2021	<b>Review date:</b> 6 months (29/03/2022)

# Example of Completed PRN Protocol - Lorazepam

<b>Resident's Name:</b> Fran Doe	<b>Date of Birth:</b> 10/10/32
<b>Name of medication &amp; start date:</b> Lorazepam Started 12/3/21	<b>Formulation (e.g., tablets, liquid):</b> Tablets
<b>Strength:</b> 1mg	<b>Route</b> Oral
<b>Dose and Frequency:</b> 0.5mg (half a tablet) every four hours when required for distressed behaviours	<b>Minimum time interval between doses:</b> Four hours
<b>Maximum dose in 24 hours:</b> Two doses (1mg)	<b>Prescribed or self-care?</b> Prescribed by Dr A, ABC Medical Centre

# Medicines used to manage behaviour

## CQC guidance

- Staff should know how to support a person in a different way before using a medicine to manage behaviour, for example, making changes to the person's environment.
- Providers should follow the principles laid out in [STOMP](#) (stopping overmedication of people with a learning disability, autism or both)
- When required (PRN) medicines to manage a person's behaviour should be prescribed for as short a time as possible.
- The use of these medicines reviewed regularly.
- The prescriber should be contacted if there are any concerns of overuse.
- Overuse of medicines to control behaviour may need to be reported as a safeguarding incident.

# Example of Completed PRN Protocol contd.

**Reason(s) for administration: when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)**

*Fran was diagnosed with Alzheimer's dementia in 1999. Normally Fran is content and happy to mingle with other residents, often wandering around 'tidying' and 'fixing' things.*

*On occasions, Fran demonstrates distressed behaviours and will shout loudly, swear and lash out at staff and other residents. When this happens, staff should gently encourage Fran to walk to get a cup of tea to deflect the reasons for this behaviour or invite her to 'help' them tidy as Fran is known to enjoy this activity. If this fails, Fran should be taken to her room with two carers as often the quiet and conversation away from other residents will help Fran to regain calm.*

*If these non- pharmacological methods have failed, and Fran is still demonstrating distressed behaviours, half a tablet of lorazepam (0.5mg) can be administered. This dose can be repeated after four hours if necessary. If there is deterioration or no improvement, the GP should be contacted.*

*The outcome following administration must be recorded on the MAR chart or the daily notes.*



# Case Study

# Case Study – Writing a PRN Protocol

John Doe is a care home resident who is on a number of medicines including regular paracetamol as well as PRN codeine for arthritis.

He has recently been prescribed senna.

The prescription states:

Senna tablets 7.5mg, to be taken as directed when needed  
x 60 tablets

Develop a PRN protocol for the Senna

# PRN Protocol



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<b>Resident's Name:</b>	<b>Date of Birth:</b>
<b>Name of medication &amp; start date:</b>	<b>Formulation (e.g., tablets, liquid):</b>
<b>Strength:</b>	<b>Route</b>
<b>Dose and Frequency:</b>	<b>Minimum time interval between doses:</b>
<b>Maximum dose in 24 hours:</b>	<b>Prescribed or self-care?</b>

# Things to consider

- Are you happy with the information provided on the prescription?
- What further details do you need?
- Who do you need to contact about the prescription?
- What would you do if the GP prescribed a variable dose of 1 – 2 prn?

# Example of Completed PRN Protocol – PRN Laxative



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<b>Resident's Name:</b> John Doe	<b>Date of Birth:</b> 05/11/1940
<b>Name of medication &amp; start date:</b> Senna 7.5mg tablets Start date: 10/05/2021	<b>Formulation (e.g., tablets, liquid):</b> Tablets
<b>Strength:</b> 7.5mg	<b>Route (e.g., oral, topical):</b> Oral
<b>Dose and Frequency:</b> ONE to TWO tablets at night when necessary for constipation.	<b>Minimum time interval between doses:</b> 24 hours
<b>Maximum dose in 24 hours:</b> Two tablets (15mg)	<b>Prescribed or self-care?</b> Prescribed by GP (Dr A)

# PRN Protocol contd.



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***Reason(s) for administration: when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)***

# Things to consider

- Who could help you develop this part of the protocol?
- How can you make the protocol person-centred?
- Does it make a difference if John has capacity or not?



# Example of Completed PRN Protocol contd.

**Reason(s) for administration: *when the medication should be given – describe in as much detail as possible and in a person-centred manner (e.g., signs & symptoms, behaviours, type of pain, expected outcome, specific to this resident)***

John suffers from back pain due to his arthritis. He takes paracetamol tablets to manage his pain daily. If John is more uncomfortable because of his pain he takes longer to come out of bed and struggles more than usual to walk short distances. He will ask for more assistance while walking. This is when he will verbally request to take his PRN codeine medication as well.

The codeine tablets can sometimes make John constipated. He knows this and does not like taking codeine unless he is in severe pain. Staff must observe John as he does not always verbally inform staff he is constipated. If he is holding onto his stomach as he sits or walks it may be an indication he is constipated. He will also lose his appetite as he worries if he eats, he will not be able to use the toilet. John's bowel movement is normally every two days. Monitor his bowel movements by using a bowel chart. He can use the toilet himself but does need to be encouraged to keep hydrated so he can pass stool with ease.

# Example of Completed PRN Protocol contd.

Exercise should be encouraged to help with John's constipation. He enjoys dancing and playing the piano. John's diet should include a healthy variety of fruit and vegetables high in fibre such as prunes, pears, broccoli, carrots, and beans. This will help maintain his health overall.

If by day three John has not had a bowel movement and is showing signs of constipation (holding his stomach) staff should gently remind John that he has constipation (senna) tablets that will make him feel better by encouraging a bowel movement. Start John with the lower dose of ONE tablet at NIGHT. If he does not empty his bowels within 24 hours increase to the maximum dose of TWO tablets at NIGHT.

John sometimes gets a urinary tract infection (UTI). Constipation increases the risk of developing a UTI. It is important to keep him hydrated. John likes drinking strawberry flavoured water. This will encourage him to keep hydrated. Staff should observe for any signs of a UTI, especially if constipated (e.g., cloudy urine, burning sensation, urinating more often than usual). Low stomach pain may also be associated with a UTI and should not be confused with stomach pain associated with constipation.

You will notice John is feeling better when he is expressing how much he is looking forward to supper. He also likes to walk around to invite his friends to eat with him as this is one of his favourite times of the day.

# PRN Protocol contd.



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<b>Any special instructions (e.g., before or after food):</b>	<b>Predictable side effect (use current BNF or patient information leaflet):</b>
<b>Any additional comments or information:</b>	
<b>Prepared by - Name &amp; signature:</b>	<b>Designation:</b>
<b>Checked by - Name &amp; signature:</b>	<b>Designation:</b>
<b>Date:</b>	<b>Review date:</b>

# Things to consider

- Where would you find out side-effects?
- What monitoring is required (if any)?
- What staff will support you to write the protocol and countersign it?
- What review date will you use?

# Example of Completed PRN Protocol contd.

## Any special instructions (e.g., before or after food):

Senna normally causes a bowel movement within 6 to 12 hours. So, it is best to take at night to produce a bowel movement the next day.

**Predictable side effect** (use current BNF or patient information leaflet): Senna tablets may discolour urine. Uncommon side effects include stomach cramps/abdominal pain and spasms.

## Any additional comments or information:

Refer to health care professional if there is no bowel movement for more than 72 hours or if there is diarrhoea for more than 24 hours. This can be monitored by keeping a bowel chart for John.

**Prepared by** - Name & signature: Staff A

**Designation:** Carer

**Checked by** - Name & signature: Staff B

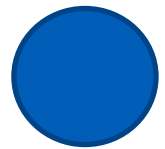
**Designation:** Senior Carer

**Date:** 29/09/2021

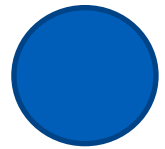
**Review date:** 6 months (29/03/2022)

# Quiz

**1. PRN medicines should be kept in their original packaging to maintain longer shelf-life**



**True**



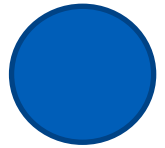
**False**

## 2. What would you do if the PRN is not having the desired effect?

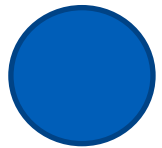
- a. Contact the resident's GP for a review
- b. Use another resident's medication
- c. Continue to give the PRN medication



**3. PRN medicines can be kept as stock in a care home to treat minor ailments for up to 48 hours**



**True**



**False**

# When PRN medication is given to a resident, administration should be documented....

- a. Immediately
- b. At the end of the medication round
- c. At the end of the day
- d. The next day

# Which of the following could be a PRN medication?

- a. Ramipril (blood pressure medication)
- b. Apixaban (blood thinner)
- c. Senna (laxative)
- a. Simvastatin (cholesterol medication)

# Resources

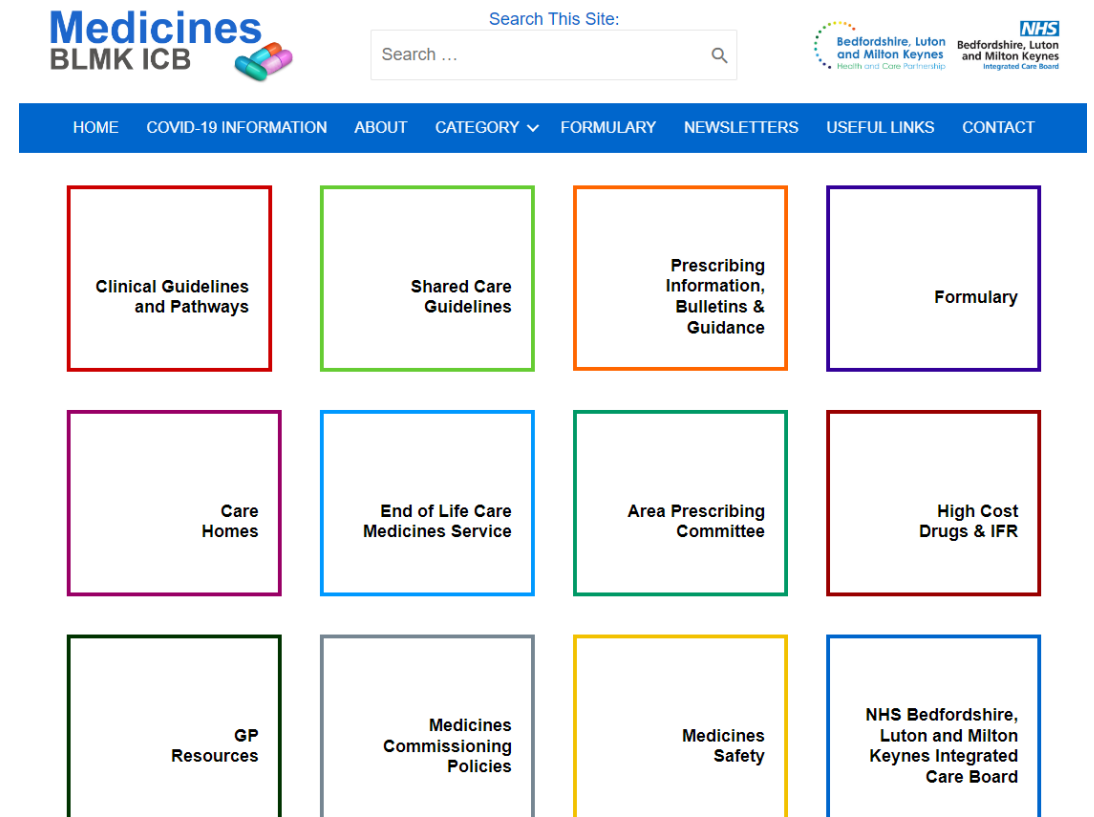
BLMK ICB Medicines website - [BLMKICB Medicines Management](#)

Care Homes page (purple box):

[Care Homes – BLMKICB Medicines Management](#)

## Key Documents:

- [Care Home team Service Referral Pathway](#)
- [Homely remedies toolkit and First Dressing scheme](#)
- [Self Care Tool Kit for Care homes](#)
- [Covert Administration Guidance \(Adults\)](#)
- ['When required' PRN Guidance for Care homes](#)
- [Expiry dates for medication - Guidance for Care homes](#)
- [Meds room and refrigerator temperature guide](#)
- [Falls Documents – leaflet and poster](#)
- [Care home newsletters](#)



# Other resources

- British National Formulary (BNF)
  - Paper copy - ensure using an up-to-date copy.
  - Online: <https://www.medicinescomplete.com>
- Electronic Medicines Compendium (EMC)
  - <https://www.medicines.org.uk/emc>
- National Institute for Health & Care Excellence
  - <https://www.nice.org.uk>
- CQC Website
  - <https://www.cqc.org.uk>

# BLMK Care Home Medicines Optimisation Team

## Contact Details



Bedfordshire, Luton  
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# Questions



# Evaluation

BLMK ICB Medication Training for  
Adult Social Care - When Required  
Medication (12/07/23)



<https://forms.microsoft.com/Pages/ResponsePage.aspx?id=sITDN7CF9Ueylge0jXdO41dV-3SJwJ9MtvG1NJD14GZUN1IINVMYUVFMQkpHWEpSM0tQSlpCNktYOS4u>