

# Care Homes Good Practice Guidance

## Mid-cycle medication changes

### Introduction

This document is intended to support care homes, prescribers and community pharmacies with practical guidance on managing mid-cycle changes that do not fall within the routine 28-day medication ordering cycle. (For guidance on the routine monthly medication ordering cycle, refer to the separate Hertfordshire and West Essex [guidance](#))

### Implementing mid-cycle changes

- New medicine started / increase in dose/ increase in frequency
  - For repeat medicines, a prescription should be provided for the remainder of the current 28-day cycle, as well as a further 28 days' supply if the monthly medication order has already been placed<sup>1</sup>.
  - For short-term acute medicines, such as antibiotics, the quantity required will vary depending on the intended length of treatment.
- Decrease in dose/ frequency
  - A new prescription is not always necessary, for example, if sufficient supply of the medicine is available. The new dose can be recorded on the Medicines Administration Record (MAR) chart by the prescriber or a member of the care home staff (see further guidance in the following section). Prescribers should update the resident's clinical record as soon as is practically possible.
- Where changes are considered non-urgent, the prescriber should consider whether the change can be implemented at the start of the next medication cycle<sup>1</sup>.
- Any mid-cycle changes should be communicated with the regular community pharmacy in a timely manner. If the community pharmacy finds any unexpected changes in medication, for example when processing prescriptions for the following medication cycle, liaise with the care home and/ or GP practice to confirm whether the change is intentional.
- For medicines supplied in a multi-compartment compliance aid (MCA), the prescriber should liaise with care home staff and the community pharmacist to ensure changes are made safely<sup>2</sup>. For further information on the appropriateness of an MCA, refer to the HWE ICB [guidance](#), which specifies that residents in care homes do not routinely require an MCA, and that MCAs should only be considered for individual residents who manage their own medicines and who have a genuine, clinical need.

### Medicines Administration Record (MAR) chart

The guidance in this section applies in situations where a printed or electronic MAR (eMAR) chart has not been produced by the community pharmacy. Examples may include: an acute prescription processed by an out-of-hours pharmacy, a resident discharged from hospital, or where a new prescription has not been required, such as a dose decrease.

- The new medicine/ dose can be recorded on the MAR chart as a new handwritten entry. The previous entry (if applicable) and any remaining space for recording of administration, should be scored through (changes should not be made to an existing entry). See [Appendix 1](#) as an example of a handwritten entry. The new entry can be made by either:
  - A prescriber - with the entry signed and dated by the prescriber
  - A member of care home staff – medication changes should be confirmed in writing by the prescriber. The new entry should be written by a member of care home staff with the training and skills for managing medicines<sup>3,4</sup>. The entry should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used<sup>3,4</sup>. Care home staff should ensure that any verbal instructions given by the prescriber to change a resident's medication, is also supported in writing by the prescriber (e.g. by secure email, entry in resident's care plan)<sup>4</sup>. This should be done before the next or first dose is given<sup>4</sup>.
- Prescribers making any medication changes during a care home visit should update the resident's clinical record as soon as is practically possible<sup>4</sup>.

### Instructions on dispensing labels

If the instruction on the MAR chart is different from the instruction on the dispensing label, due to a mid-cycle change, then the information on the MAR chart should explain why (as outlined above). To reduce the risk of an administration error, annotate the dispensing label with 'dose changed – see MAR chart', and sign and date the annotation (by two members of staff as good practice).

If there is any uncertainty about the intended dose, the prescriber should be contacted urgently for clarification.

Appendix 1 – Example of a MAR chart handwritten entry

Name: Winnie Jones			NHS number: 123456789														DOB: 27/04/1950															
Allergies: no known allergies			Gender: Female																													
Address: The Care Home			Room number: 10														Doctor: Dr Wright															
Start date: 1/3/25																																
Medication details			Commencing		Week 1							Week 2							Week 3							Week 4						
			Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
			Hour	Dose																												
Furosemide 20mg tablets  Take ONE tablet twice a day			08:00	1	DM	PH	KU	BH	DM																							
			12:00	1	KU	PL	PL	BD																								
			Dose changed 5/3/25 - see new entry DM / PL																													
Received	AB/BC	Qty 56																														
Furosemide 20mg tablets Take ONE tablet in the morning  DM / PL 5/3/25			08:00	1	_____																											
Received		Qty 47																														

## References

1. [PrescQIPP. Prescribing, ordering and receiving medicines in care homes. December 2021.](#)
2. [Hertfordshire and West Essex ICB Guidance for Optimising Medicines Support for Patients. June 2023.](#)
3. [Care Quality Commission \(CQC\). Medicines administration records in adult social care. November 2022.](#)
4. [National Institute for Health and Care Excellence \(NICE\) Social Care Guideline. Managing Medicines in Care Homes. March 2014.](#)
5. [Care Quality Commission \(CQC\). Multi-compartment compliance aids \(MCAs\) in adult social care. April 2024.](#)
6. [Royal Pharmaceutical Society. Multi-compartment compliance aids \(MCAs\). September 2022.](#)

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