

# **Norfolk and Waveney ICB**

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## **Structured Medication Review and Medicines Optimisation**

**Guidance and Deprescribing Resource Toolkit**

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## Document Control Sheet

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

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<b>Produced by</b>	Hayley Hurst – Deputy Head of Quality and Safety (Medicines Optimisation)
<b>What is it for?</b>	The aim of this document is to support quality SMRs through guidance and identification of useful resources
<b>Evidence base</b>	NICE, BNF, SPC (See below in resource section)
<b>Who is it aimed at and which settings?</b>	Clinicians (predominately pharmacists) in Primary care
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<b>Impact Assessment:</b>	
<b>Other relevant approved documents</b>	
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## Version Control

Date	Summary of changes	Author(s)	Version Number
June 2025	New Guidance	Hayley Hurst	1.0

## Introduction

Prescribing of medication is the most common form of medical intervention. At any one time approximately 70% of the UK population are taking a regular medication with 80% of people over the age of 75 years on a long-term medication and 36% taking four or more medicines. However, studies estimate that up to 50% of medicines are not taken as prescribed and medicines are implicated in between 5-20% of hospital admissions, of which around half could be avoided. The risk of harm from medicines increases with the addition of multiple medications.

## What is polypharmacy?

Polypharmacy is the use of multiple medicines by an individual. It is increasingly common due to multiple factors such as an aging population and an increase in the rising prevalence of multimorbidity. Polypharmacy is more evident in:

- areas of deprivation
- older people and those living with frailty
- people from ethnic minority backgrounds
- some people with mental health conditions or disabilities

Historically polypharmacy was defined as the use of five or medicines however more recently it is acknowledged that some patients may need to take multiple medicines to manage their conditions. Therefore, polypharmacy is now described as either appropriate or problematic.

## What is appropriate polypharmacy?

Appropriate polypharmacy refers to the use of multiple medications prescribed to an individual according to best evidence that are clinically indicated and optimised to provide the most benefit. They extend life expectancy and improve quality of life for the patient.

## What is problematic polypharmacy?

Problematic polypharmacy, sometimes referred to as inappropriate polypharmacy, refers to the use of multiple medicines that are no longer appropriate for the patient because:

- there is no evidence-based indication, the indication is no longer valid or the dose is unnecessarily high
- one or more medicines fail to achieve the therapeutic aims they are prescribed for
- one, or the combination of several medications, cause unacceptable adverse drug reactions (ADRs) or increases the risk of the patient experiencing an ADR
- the patient is unable to or not willing to take one or more medication as prescribed

Hyperpolypharmacy refers to the use of ten or more medicines by an individual. It is common in older people, particularly those living with frailty and puts them at an increased risk of serious ADRs.

## Consequences of problematic polypharmacy

The number of medicines prescribed by the NHS has risen significantly over recent years. However, it is estimated that approximately 10% of medicines prescribed in primary care are inappropriate. Problematic polypharmacy increases the risk of:

- adverse drug reactions

- medication errors
- drug interactions
- non-adherence
- falls, particularly in frailty
- cognitive impairment
- avoidable hospital admissions
- increased cost to the NHS

## What is a Structured Medication Review?

A structured medication review (SMR) is a comprehensive, personalised and holistic evidence-based review of a patient's medication which considers all aspects of their health. SMRs are a National Institute for Health and Care (NICE) approved clinical intervention that can support patients who have complex health needs or problematic polypharmacy. A SMR is not the act of re-authorising repeat prescriptions or the review of some specific medicines during a long-term condition review.

## Why are Structured Medication Reviews important?

Evidence shows people with long-term conditions and prescribed multiple medications, have better clinical and personal outcomes following a SMR<sup>i</sup>. Completing SMRs in primary care will help to reduce the number of people who are overprescribed medication therefore reducing the risk of ADRs, hospitalisation and/or addiction to prescription only medicines.

It is estimated between 5% and 20% of hospital admissions and readmissions are a result of medicines; almost half of these are avoidable. This equates to approximately £400 million spent annually in avoidable medicines-related harm admissions to hospitals<sup>ii</sup>. Targeting SMRs to individuals most at risk of problematic polypharmacy will help support a reduction in hospital admissions due to medicines-related harm.

## Principles of a Structured Medication Review

By allowing patients to ask questions about their medication and highlight any concerns they may have, SMRs identify opportunities to help optimise the benefits from their medicines. It is also an opportunity to switch to a more suitable alternative or to stop medicines that are no longer suitable. Any changes made to prescribed medications must be agreed with the patient and documented in their medical notes. A plan must be made to monitor the impact of any changes made.

SMRs should be conducted using shared decision-making conversations with the patient to explore risks and benefits of all their medications to achieve a mutually agreed outcome. A SMR may include providing advice and signposting and in some instances, onward referrals where needed. Due to the complexity of a SMR, there may be a requirement for it to be conducted over multiple appointments with appropriate follow-up monitoring and as such they should not be treated as a one-off exercise.

A SMR will take considerably longer than an average GP appointment, although the exact length will vary depending upon the needs of the patient. Provisions must be made to ensure appropriate time has been allocated for the review and flexibility given to appointment lengths of SMRs, depending upon the complexity of the individual patient. Norfolk and Waveney ICB expect a **minimum** of 30 minutes to be allocated for each SMR.

An SMR should ideally be conducted as a face-to-face consultation, including in care homes or in the patient's home if housebound, alongside full access to their medical notes to allow a holistic review of all medications the patient takes including over-the counter and complementary medicines. In some situations, a remote consultation may be appropriate, but this should be only done where it meets the needs of the patient, and the clinician must be cognisant of the different skills required to deliver a remote consultation.

The GP practice/PCN should have a Standard Operating Procedure (SOP) detailing the SMR process.

## Who can conduct a Structured Medication Review?

SMRs should only be completed by appropriately trained clinicians working within their sphere of competencies. These clinicians are expected to hold a prescribing qualification and should have completed additional training to support assessment and history taking (or enrolled on a pathway to develop these skills). Primarily it is expected that clinical pharmacists should undertake SMRs although GP and Advanced Nurse Practitioners (ANPs) who are able to demonstrate the ability to holistically assess the patient's needs may also undertake a SMR.

Pharmacists who undertake SMRs should have completed, or be enrolled on, the Primary Care Pharmacy Educational Pathway (PCPEP) or a similar training programme which includes independent prescribing. It is required that any ANP's who undertake SMS are experienced in working in a generalist setting and be able to take a holistic view of a patient's medication.

## How should a Structured Medication Review be conducted?

SMRs must always be tailored to the individual to meet their needs and should follow high-level principles and best practice guidance, including NICE guidance. A SMR should follow the '7 steps medication review' process.

- **Shared decision-making principle** – these must underpin the conversation. The patient must be provided with appropriate information to make an informed decision about the medicines they should or should not take. The final decision to prescribe or de-prescribe must be based equally on the clinical evidence, the prescribers experience and the patient's values, experience and wishes. There should be an agreed plan on how treatment will be monitored in the future and a date set for the next review.
- **Personalised and tailored to the patient** - There should be consideration into what the patient would like to get out of the SMR to ensure it meets their needs. It is also important to explore how medicines impact the patient's quality of life and a discussion of what medicines the patient is taking or not taking and why.
- **Safety and the balance of benefit versus risk** - Explore whether the patient is experiencing any side effects and, if so, do these outweigh the benefits of the medication? Consideration should also be given to whether there are any other risks of harm due to comorbidities, for example, high risk medicines, drug interactions or contraindications.
- **Effectiveness of medicines** – Establish the indication for each medication and whether the patient is aware of why they are taking their medicines. All indications must be clearly documented in the patient's medical notes. Ensure the medication is still indicated and remains appropriate, taking into consideration changes to the patient's health since initiation. Explore with the patient whether is still working, this can include review of drug monitoring and discuss with the patient if they still want to take it. Review whether long-

term conditions are well controlled or should consideration be given to additional medication to improve outcomes. Where a patient has been prescribed multiple courses of antimicrobials, the clinician must consider antimicrobial resistance (AMR). If a patient has received repeated prescriptions of antimicrobials the cause of prescribing should be investigated and consider whether alternative treatments may be more effective at treating the underlying infective cause.

The clinician should always ensure any appropriate follow-up SMR appointments are arranged to ensure the safety and effectiveness of any interventions and ongoing monitoring. The clinician undertaking the SMR, in collaboration with the patient, will determine the number of follow-ups needed which will depend upon the complexity.

## Which patients should be offered a Structured Medication Review?

Patients suitable for SMR may be identified using tools such as ECLIPSE or via the EPACT2 dashboard (Proactive Identification) or as a reactive process, for example care home referral or due to recent falls or hospital admission. It is expected most SMRs will be proactive.

The 2025/26 Network DES<sup>1</sup> contract also outlines an expectation to include, but not restricted to, the following groups of people:

- in care homes
- with learning disabilities
- with complex and problematic polypharmacy, specifically those on 10 or more medications
- on medicines commonly associated with medication errors and risk of harm
- with severe frailty who are particularly isolated or housebound or who have had recent hospital admission and/or falls
- using one or medicines associated with dependence or withdrawal symptoms, from the following groups: antidepressants; opioids; gabapentinoids; benzodiazepines; and Z-drugs

Practices must also consider other individuals who may be at risk of health inequalities. This includes CORE-20PLUS5 population, BAME and those with learning disabilities.

Once patients who would benefit from a SMR have been identified, the practice/PCN should develop a SMR caseload so those patients with the greatest need are seen in a timely manner.

## Invitations and communication

Patients may be invited to attend an SMR either via written communication or orally. The SMR invite must include an explanation of what a SMR involves, including a shared-decision making conversation and what the benefits of a SMR are to the patient. The patient should be able to choose their preferred method of consultation for their SMR and not for the GP practice or clinician to direct them. This can be:

- Face to face in person – this may be in the practice, patient's own home or care home
- Face to face virtually

- Verbal only via telephone discussion

The patient must be given sufficient time between the invite and the appointment to allow the patient to reflect and prepare for the SMR and should be encouraged to prepare any questions they may have about their medicines in advance. Where blood monitoring is required, this should be arranged before the SMR so results are available for the clinician at the appointment. Patients should be asked to bring their medication to the appointment as this can help prompt discussions. Patients can be supported by carers or family members if they choose.

Where a patient has been invited on 3 occasions for a SMR but declined the invite, this should be read coded as 'SMR declined' (Y35da or 1363191000000100).

## Recording of Structured Medication Reviews on the GP clinical system.

It is vital a SMR is recorded accurately in the patient's medical record. To support accurate documentation where a SMR has been completed by a clinical pharmacist, the Ardens template 'Clinical Pharmacist' should be used with key details recorded in the notes section. This can be found under 'Auto-consultation > ardens OTHER PROFESSIONALS > Pharmacist – Clinical Pharmacist'. When using the template, it is not necessary to complete or tick every box.

Additional details must be recorded under the 'Notes' tab. Key details to record include, but not limited to:

- Any preferences or wishes the patient expresses regarding their medication
- For each current medication, including over-the counter and complementary medicines – whether the option to continue, stop or change the medication was discussed with the patient and the rationale for the outcome
- Whether any new medicines were discussed with the patient



- Any changes made to the medicines, the clinical rationale for the changes and confirmation the patient has agreed to these
- Details of planned follow-up to assess the impact of any changes made
- Indication of when the next SMR should be undertaken (this does not include routine follow-up)
- In the event of any non-agreement between the patient and the clinician and the outcome of this.
- Where the SMR is a continuation of a previous appointment, the impact of previous changes made
- If the patient is using any compliance aids

It is also important to review the repeat template and ensure this accurately reflects what the patient is taking. Where there are discrepancies, these should be amended. Each prescribed medication should be linked to a read coded indication so this is clearly visible on the repeat template. Reauthorisation of the repeat template should also be completed; this is usually for a year but if a shorter review is required, for example high dose opioids or benzodiazepines, max issues can be used to prompt review dates.

The SMR must be appropriately read coded only once the SMR process has been completed; this may not be during the first appointment. Practices must have a robust process in place to ensure a differentiation between read coding SMRs and medication reviews and staff should be familiar with this process and correct coding. There are only two SNOMED codes / CTV3 codes applicable to SMRs.

<b>Description - abbreviated</b>	<b>Description Full</b>	<b>SNOMED Code</b>	<b>SystmOne CTV3 Code</b>
SMR	Structured medication review (procedure)	1239511000000100*	Y282b*
SMR Declined	Invitation for structured medication review declined (situation)	1363191000000100*	Y35da**

\*This code **must only** be used when a full SMR has been undertaken (this may not be at the first appointment). This code **must not** be used for any other type of medication review.

\*\*Only to be used if patient has been invited for a SMR on 3 occasions and not taken up the invite.

## New Medicine Service

There is requirement for practices and PCNs to work with community pharmacies and refer appropriate patients to the New Medicine Service which supports adherence to newly prescribed medicines. The service currently covers the following conditions:

- Acute Coronary Syndrome (ACS)
- Asthma
- Atrial fibrillation (AF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Heart Disease
- Depression (from October 2025)
- Epilepsy
- Glaucoma

- Gout
- Heart failure
- Hypercholesterolemia
- Hypertension
- Type 2 diabetes
- Osteoporosis
- Parkinson's disease
- Urinary incontinence/retention
- Venous thromboembolism / embolism (long term risks only)

## Resources to support a Structured Medication Review

There are a wide variety of resources available to support an effective SMR. The [below](#) details some commonly used tools and guidance documents to facilitate a successful SMR.

## References

1. NICE guideline 5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, 2015
2. Parekh N, Ali K, Stevenson J, et al. Incidence and cost of medication harm in older adults following hospital discharge: a multicentre prospective study in the UK. Br J Clin Pharmacol 2018. doi: 10.1111/bcp.13613
3. NHS England: Network contract directed enhanced service. Guidance for 2025/26 in England. Part A: Clinical and support services (Section 8)

## Key SMR documents

Below are some useful tools and resources to help support with completing SMRs. Please note this is not an exhaustive list of resources

**NHS England | Network Contract Directed Enhanced Service (DES)** – contract and supporting document for 2025/26 DES

[NHS England | Network contract directed enhanced service](#)

**Specialist Pharmacy Services** – comprehensive guidance and advice covering a variety of clinical areas

[SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

**PrescQIPP | Polypharmacy and Deprescribing Webkit (*login required*)** – includes a number of key resources to support SMRs and deprescribing. Offers guidance and deprescribing algorithms for a number of high risk medicines. Also includes links to e-learning and the IMPACT Tool.

[PrescQIPP | Polypharmacy and deprescribing](#)

## Conversational Tools and Shared Decision Making

**Ask 3 Questions** – leaflet which helps patients prepare for shared decision-making

[Shared Decision Making | Ask 3 Questions - Aqua](#)

**Choosing Wisely UK** – uses the BRAN questions to promote shared decision-making conversations between clinicians and patients

[Choosing Wisely | AOMRC](#)

**Health Innovation Network resources** – includes patient information material in multiple languages to support patients prepare and understand SMR consultations

[The Health Innovation Network | Patient Information Resources](#)

**NICE patient decision aids (PDAs)** – includes a range of evidence-based PDAs to support patients decide on healthcare options

[NICE patient decision aids](#)

**NICE three-talk model** – guides shared decision-making through a three-step process

[NICE three-talk model](#)

## Polypharmacy | General Guidance

**Royal Pharmaceutical Society (RPS) | Polypharmacy: Getting our medicines right** – an archived guide outlining how polypharmacy can be addressed including processes to identify and support those at risk of medication-related harm

[RPS | Polypharmacy: Getting our medicines right](#)

**NICE Guideline NG5 | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes** – guideline which promotes medicines reconciliation, medication review and use of patient decision aids to optimise safety and efficacy of medicines

[NICE guideline | Medicines Optimisation](#)

**NICE Guideline NG56 | Multimorbidity: clinical assessment and management** – focuses on optimising care for adults with multimorbidity by reducing treatment burden and unplanned care.

[NICE guideline | Multimorbidity](#)

**The King's Fund | Polypharmacy and medicines optimisation** - provides advice on management of complex care in older people

[The King's Fund | Polypharmacy and Medicines Optimisation](#)

## Polypharmacy | Undertaking a Structured Medication Review

**Right Decisions for Health Care | Polypharmacy guidance: realistic prescribing 7 steps** – A guide produced by NHS Scotland detailing a 7-step process to undertake a polypharmacy consultation with a patient

[Right Decisions for Health Care | 7 Steps](#)

**Right Decisions for Health Care | Case Finding Indicators to prioritise patients for review** – a support tool to help identify patients who would be eligible for a Structured Medication Review

[Right Decisions for Health Care | Indicators to prioritise patients for review](#)

**Royal Pharmaceutical Society | Clinical documentation** – guidance for pharmacists on why, when, where and how to complete clinical documentation

[RPS | Clinical documentation for pharmacists](#)

## Deprescribing Guidance

**Deprescribing.org** – An international deprescribing network which offers guidance and deprescribing algorithms providing evidence-based guidelines for deprescribing in proton pump inhibitors, antihyperglycaemics, antipsychotics, benzodiazepines and anticholinesterases.

[Resources for Patients and Healthcare Providers - Deprescribing.org](#)

**NHS Scotland | Polypharmacy Guidance Realistic Prescribing** – a comprehensive guidance including case studies and identification of which medications could be deprescribed

[NHS Scotland | Polypharmacy Guidance Realistic Prescribing](#)

**NHS Wales | Polypharmacy in Older People** – a guide which offers practical guides for stopping specific groups of medicines in older patients

[NHS Wales | Polypharmacy in older people: A guide for healthcare professionals](#)

## Deprescribing Tools

**Anticholinergic Burden (ACB) Calculator** – calculates the anticholinergic cognitive effect burden score of drugs and suggests alternative options with a lower score

[ACB Calculator](#)

**Medichec** – a free app or online tool that identifies medicines with anticholinergic cognitive effects. It also identifies medicines reported to cause QTc prolongation, hyponatraemia, bleeding risk, dizziness, drowsiness, and constipation.

[Medichec](#)

**Medstopper** – a US online deprescribing tool which ranks medicines based on their potential to improve symptoms, reduce the risk of future illness and likelihood of causing harm. It also provides guidance on tapering and stopping medicines safely.

[MedStopper](#)

**National Falls Prevention Coordination Group | Medicines and Falls** - Guidance on medication reviews for people at risk of falls. It highlights falls risk increasing drugs (FRIDs) and medicines linked to fractures.

[Medicines and falls](#)

**PrescQIPP | Improving Medicines and Polypharmacy Appropriateness Clinical Tool (IMPACT) (*login required*)** - identifies and prioritises deprescribing priorities in polypharmacy patients with pragmatic advice on stopping medicines safely.

[IMPACT Tool](#)

**STOPPFrail** – a screening tool for identifying potentially inappropriate prescribing in frail adults with limited life expectancy

[STOPPFrail Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy](#)

**STOPP START Toolkit: Supporting Medication Review** – a guidance for identifying potentially inappropriate medication in older people which could be stopped and to help identify appropriate treatments

[STOPP START Toolkit](#)

**American Geriatrics Society | Beers® Criteria for Potentially Inappropriate Medication Use in Older Adults** – US guidance detailing medications which should be used in caution in older people

[Beers Criteria®](#)

## Frailty resources

**Clinical Frailty Scale (Rockwood)** – A quick guide to assessing frailty in older patients

[Rockwood Clinical Frailty Scale](#)

**NHS England | Electronic Frailty Index** – Provides an overview of identifying and coding frailty in primary care

[NHS England | Electronic Frailty Index](#)

**NHS England | Frailty resources** – support tools for ‘frailty syndromes’ of falls, immobility, delirium, incontinence and medication side effects

[NHS England | Frailty resources](#)

## Drug Monitoring resources

**Specialist Pharmacy Service (SPS) | Medicines Monitoring** – a comprehensive guide to monitoring commonly prescribed medication in primary care.

[Specialist Pharmacy Service | Medicines Monitoring](#)

**Knowledge NoW | Shared Care Agreements** – advice for specific monitoring for drugs prescribed under a Shared Care Agreement (SCA) can be found within the relevant monograph

[Knowledge NoW | Shared Care Agreements](#)

**Clinical Knowledge Summaries | Monitoring of DMARDs** – provides general principles of managing adults on disease-modifying anti-rheumatic drugs (DMARDs)

[CKS | Monitoring of DMARDs](#)

## Formulary and General Prescribing Guidance

**NHS Norfolk and Waveney | Net Formulary** – contains local commissioning advice

[NHS Norfolk and Waveney | Formulary](#)

**NHS Norfolk and Waveney | Knowledge Now** – Locally developed resource for all formularies, prescribing guidance and pathways and PGDs

[Knowledge NoW | Prescribing, Pharmacy and Medicines Optimisation](#)

**Specialist Pharmacy Service (SPS) | Prescribing by generic or brand name in primary care** – guide to indicate where medications should be prescribed by brand rather than generically

[Specialist Pharmacy Service | Prescribing by generic or brand name in primary care](#)

**Specialist Pharmacy Service (SPS) | Example medicines to prescribe by brand name in primary care** – a list of commonly prescribed medicines which should be prescribed by brand to ensure supply of product remains the same

[Specialist Pharmacy Service | Example medicines to prescribe by brand name in primary care](#)

**Royal Pharmaceutical Society (RPS) | Prescribing Specials: Guidance for the prescribers of Specials** – supports prescribers in safe and appropriate prescribing of specials

[Royal Pharmaceutical Society | Prescribing specials](#)

## Swallowing Difficulties and Enteral Feeding Tubes

**The NEWT guidelines** | comprehensive advice on medicines administration via enteral feeding tubes and in patients with dysphagia (**login required** please email [nwicb.pqs@nhs.net](mailto:nwicb.pqs@nhs.net) for login details)

[NEWT Guidelines](#)

**NHS Norfolk and Waveney | Thickeners Guidance** – local advice for the use of gum-based thickeners including recommended prescribing quantities

[NHS Norfolk and Waveney | Thickeners guidance](#)

**Norfolk Community Health and Care (NCH&C) | Dysphagia** – includes links to patient information leaflets on IDDSI levels



[NCH&C | Dysphagia](#)

**Specialist Pharmacy Service (SPS) | Swallowing Difficulties** - advice on using medicines safely and effectively in patients with swallowing difficulties including safer formulations guidance, practical advice on administering medications with thickened fluids and crushing tablets

[Specialist Pharmacy Service | Swallowing Difficulties](#)

**Specialist Pharmacy Service (SPS) | How Enteral Feeding Tubes Affect Medicines** - provides guidance on the differences in enteral feeding tubes and why this is important when recommending options for medicines administration

[Specialist Pharmacy Service | How enteral feeding tubes affect medicines](#)

**Specialist Pharmacy Service (SPS) | Considerations when switching between solid doses and liquids** – provides advice when switching between oral formulations including product licensing, bioavailability and differences in excipients

[Specialist Pharmacy Service | Considerations when switching between solid doses and liquids](#)

**Specialist Pharmacy Service (SPS) | Advising how to crush or disperse tablets and open capsules** – offers practical advice for manipulating solid dosage forms

[Specialist Pharmacy Service | Advising how to crush or disperse tablets and open capsules](#)

**Specialist Pharmacy Service (SPS) | Why and how medicines are given with soft food or thickened fluids** – practical advice for medicines administration in dysphagia

[Specialist Pharmacy Service | Why and how medicines are given with soft food or thickened fluids](#)

**Specialist Pharmacy Service (SPS) | Thickening liquid medicines** – offering safety advice for thickening liquid medicines for patients who require thickened fluids

[Specialist Pharmacy Service | Thickening liquid medicines](#)

**British Pharmaceutical Nutrition Group | Medicines and Tubes** – resources for Healthcare Professionals and patients and their carers for medicines administration via an enteral feeding tube

[British Pharmaceutical Nutrition Group | Medicines & Tubes](#)

**Medicines for Children** – provides practical advice on administering medications including guidance of crushing solid dosage forms and mixing with food and drinks which is transferable to adults with dysphagia.

[Medicines For Children](#)

## Compliance and Adherence

**NICE Guideline CG76 | Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence** – recommendations on how to encourage adherence to medicines through shared decision making and informed choice

[NICE Guideline | Medicines adherence](#)

**PrescQIPP | Adherence and waste** – resources and support to improve patient adherence and reduce waste (login required)

[PrescQIPP | Adherence and waste](#)

**Specialist Pharmacy Service (SPS) | Adherence** – various articles and tools to facilitate improved adherence

[Specialist Pharmacy Service | Adherence](#)

**Specialist Pharmacy Service (SPS) | Advising on missed or delayed doses of medicines** – advice for patient who occasionally miss a scheduled dose or a regular medicine, including high-risk medicines

[Specialist Pharmacy Service | Advising on missed or delayed doses of medicines](#)

**Specialist Pharmacy Service (SPS) | Manual dexterity: supporting adherence** – intervention and tools to help improve adherence where manual dexterity has been identified as a factor

[Specialist Pharmacy Service | Manual dexterity: supporting adherence](#)

**NHS Norfolk and Waveney | Key Message: Medicines Compliance Aids** – Local guidance on use of MCAs

[NHS Norfolk and Waveney | Key Message: Compliance Aids](#)

**Specialist Pharmacy Service (SPS) | Medicines in Compliance Aids (MCA) Stability Tool** – compatibility advice for medicines in compliance aids

## Adverse Drug Reactions (ADRs)

**British National Formulary (BNF) | Adverse reactions to drugs** - provides details on reporting ADRs and common side effects of medications

[BNF | Adverse reactions to drugs](#)

**Clinical Knowledge Summaries | Adverse drug reactions** – general overview of ADRs, the impact to the patient, monitoring and prevention

[CKS | Adverse drug reactions](#)

**MHRA | Guidance on adverse drug reactions** – covers what is an ADR and how to identify them

[MHRA | Guidance on adverse drug reactions](#)

**MHRA | Yellow Card reporting site** – national reporting site for suspected ADRs

[Yellow Card | Making medicines and medical devices safer](#)

**MHRA | Interactive Drug Analysis Profiles (iDAPs)** – national database collating suspected adverse drug reactions for individual medicines

[MHRA | iDAPS - what is being reported](#)

## Interactions

The [BNF](#), the [SPC](#) and [Stockley's Drug Interactions](#) should always be first-line resources for reviewing interactions (please note Stockley's is only available via a [Medicines Complete](#) subscription. This can be obtained for free via an NHS England OpenAthens account)

**Specialist Pharmacy Service (SPS) | Understanding drug interactions** – article which reviews different mechanisms of drug interactions

[Specialist Pharmacy Service | Understanding drug interactions](#)

**Specialist Pharmacy Service (SPS) | Drug interactions: resources to support answering question** - suggested resources to support questions relating to drug interactions

[Specialist Pharmacy Service | Drug interactions: resources to support answering questions](#)

## Falls

**Norfolk and Waveney ICB | Falls** – contains links to local and national resources for falls

[Knowledge NoW | Falls](#)

**National Falls Prevention Coordination Group | Medicines and falls** – offers guidance on medication reviews for people at risk of falls and includes a list of ‘fall risk increasing drugs (FRIDs) and medicines linked to fractures

[National Falls Prevention Coordination Group | Medicines and falls](#)

**STOPPFall** – screening tool to help identify medications which should be reviewed in patients at risk of falls

[STOPPFall](#) and online [STOPPFall tool](#)

**PrescQIPP | Bulletin 300: Medication and falls** – guidance on deprescribing Fall Risk Increasing Drugs (FRIDs)’

## Care Homes

**Knowledge NoW | Care homes and social care** – local best practice guidance for prescribing in patients in care homes. Also offers supporting documents for care homes

[Knowledge NoW | Care Homes and Social Care](#)

**PrescQIPP | Care home** – resources and support around medicines use in care homes. Includes templates which can be adapted for care home use and searches to identify patient who may require a medicines review

[PrescQIPP | Care homes](#)

**NHSE | Enhanced health in care homes framework** – guide to the commissioning and delivery arrangements for health and social care services in collaboration with care homes

[NHS England | Enhanced health in care homes framework](#)

**National Institute for Health and Care Excellence | Managing medicines in care homes** – covers good practice for managing medicines in care homes

[NICE | Managing medicines in care homes](#)

## Antimicrobials and infections

**Knowledge NoW | Antimicrobials and infections** – local prescribing guidance and pathways relating to antimicrobial prescribing and infection management

[Knowledge NoW | Antimicrobials and Infections](#)

**National Institute for Health and Care Excellence | Summary of antimicrobial prescribing guidance** – national antibiotic formulary with local amendments for Norfolk and Waveney

[National Institute for Health and Care Excellence | Antimicrobial prescribing table](#)

**Clinical Knowledge Summaries | Infections and infestations** – links to prescribing and management advice for common infections

[CKS | Infections and infestations](#)

**CURB-65 Score for Pneumonia Severity** – calculator which estimates mortality of community-acquired pneumonia to help determine inpatient versus outpatient treatment

[CURB-65 Score for Pneumonia Severity](#)

## Cardiovascular System

**Knowledge NoW | Cardiovascular** – local prescribing guidance and pathways relating to the cardiovascular system

[Knowledge NoW | Cardiovascular](#)

**Specialist Pharmacy Service | Cardiovascular system disorder** – links to advice on managing medicines in patients with cardiovascular conditions

[Specialist Pharmacy Service | Cardiovascular system disorders](#)

**National Institute of Health and Care Excellence | Cardiovascular conditions** – links to guidelines to cardiovascular conditions documents

[NICE | Cardiovascular conditions](#)

**Clinical Knowledge Summaries | Cardiovascular** – links to prescribing and management advice for conditions of the cardiovascular system

[CKS | Cardiovascular](#)

**BNF | Cardiovascular disease risk assessment and prevention** – overview of management of CVD in primary care

[BNF | Cardiovascular disease risk assessment and prevention](#)

## Cardiovascular Disease

**QRISK®3 risk calculator** – calculates a person's risk of developing a heart attack or stroke over the next 10 years

[QRISK3](#)

**ASSIGN** – NHS Scotland cardiovascular risk score calculator

[ASSIGN](#)

## Lipid modification

**NHS England | Statin Intolerance Pathway** – guidance for how to manage patients who report an intolerance to statin treatment

[NHS England | Statin intolerance pathway](#)

## Anticoagulation

**HAS-BLED Score** – used to calculate major bleeding risk

[HAS-BLED](#)

**ORBIT Bleeding Risk Score** – predicts bleeding risk in patient with Atrial Fibrillation prescribed and anticoagulant

[ORBIT](#)

## Central Nervous System

**Knowledge NoW | Central Nervous System** - local prescribing guidance and pathways relating to the Endocrine system

[Knowledge NoW | Central Nervous System](#)

**Clinical Knowledge Summaries | Neurological** – links to prescribing and management advice for neurological conditions

[CKS | Neurological](#)

## Pain management

**NHS Norfolk and Waveney ICB | Opioid tapering guidance and resources** – local opioid toolkit to help support deprescribing

[NHS Norfolk and Waveney ICB | Opioid Toolkit](#)

**NICE Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults** – guidelines covering general principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care

[NICE | Medicines associated with dependence or withdrawal](#)

**NICE | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain** – guidelines covering assessment of all chronic pain and management of chronic pain primary pain in people aged 16 and over. This guideline should be used in conjunction with NICE guidelines for chronic pain conditions

[NICE | Chronic pain in over 16s](#)

**NICE | Neuropathic pain in adults: pharmacological management in non-specialist settings** – guidelines for management of neuropathic pain in primary care.

[NICE | Neuropathic pain in adults](#)

**Faculty of Pain Medicine of the Royal College of Anaesthetists | Dose equivalents and changing opioids** – advice from switching from one opioid to another

[Faculty of Pain Medicine | Dose equivalents and changing opioids](#)

**Specialist Pharmacy Service | Estimating dose equivalence from oral morphine to other opioids** – tools to calculate approximate dose equivalences of oral morphine to other oral

[Specialist Pharmacy Service | Estimating dose equivalence from oral morphine to other opioids](#)

**Faculty of Pain Medicine of the Royal College of Anaesthetists | Opioid Aware** - resources for patients and healthcare professionals to support prescribing of opioid medicines for pain

[Faculty of Pain Medicine | Opioids Aware](#)

**PrescQIPP | Pain** - Resources for the safe prescribing of opioids and non-opioid medication, including webinars, safety bulletins and audit tools

[PrescQIPP | Pain](#)

**Live Well with Pain** - tools for patients and healthcare professionals to support people with chronic pain

[Live Well with Pain](#)

**All Wales Medicines Strategy Group | All Wales Analgesic Stewardship Guidance** – guidance to support the safe prescribing of non-opioid and opioid analgesics

[All Wales Medicines Strategy Group | All Wales Analgesic Stewardship Guidance](#)



## Parkinson's Disease

**Specialist Pharmacy Service | Parkinson's disease medicines in swallowing difficulties** – guidance for safe prescribing in patients with Parkinson's disease who have swallowing difficulties

[Specialist Pharmacy Service | Parkinson's disease medicines in swallowing difficulties](#)

**Parkinson's UK | Consensus statement for the optimisation of Parkinson's medicines in hospital** - whilst designed for secondary use, this document has some helpful advice on medicines optimisation for patients with Parkinson's disease including a prescribing algorithm

[Parkinson's UK | Optimisation of Parkinson's medicines](#)

**American Parkinson Disease Association | Medications to avoid (or use with caution) for people with Parkinson's disease** – An American resource which lists commonly prescribed drugs to avoid or use cautiously in patients with Parkinson's disease

[American Parkinson Disease Association | Medications to avoid with Parkinson's disease](#)

## Psychotropic Prescribing

**PrescQIPP | Bulletin 356: Stopping over-medication of psychotropic drug** – guidance on the review and withdrawal of inappropriately prescribed psychotropic medication for the control of behaviour in patients with a learning disability and/or autism and dementia

[PrescQIPP | Stopping over-medication of psychotropic drugs](#)

**Deprescribing.org | Antipsychotic deprescribing guideline and algorithm** – recommendations to safely deprescribe antipsychotics

[Deprescribing.org | Antipsychotic deprescribing algorithm](#)

## Benzodiazepine and Anxiolytics

**NHS Scotland | Right Decision: Stopping (deprescribing) benzodiazepines and z-drugs** – guide to support reduction of hypnotics and anxiolytics

[NHS Scotland | Right Decision: Stopping \(deprescribing\) benzodiazepines and z-drugs](#)

**Deprescribing.org | Benzodiazepine receptor agonist deprescribing guideline and algorithm** – recommendations to safely deprescribe benzodiazepines

[Deprescribing.org | Benzodiazepine receptor agonist algorithm](#)

## Dementia

**Deprescribing.org | Cholinesterase Inhibitor (ChEI) and Memantine Deprescribing Guideline and Algorithm** – recommendations to safely deprescribe antihyperglycemics

[Deprescribing.org | Cholinesterase Inhibitor and Memantine deprescribing algorithm](#)

**Centre for Pharmacy Postgraduate Education | How can you encourage medicines optimisation to improve the lives of people living with dementia?** - short article offering practical advice and signposting to support medicine optimisation in patients with dementia

[CPPE | How can you encourage medicines optimisation to improve the lives of people living with dementia](#)

**Royal Pharmaceutical Society | Medicines Optimisation Briefing: Dementia** – overview of four guiding principals to achieve three key outcomes: a patient-centred approach, aligned measurement and monitoring of medicines optimisation and improved patient outcomes

[RPS | Medicines optimisation briefing - dementia](#)

## Depression and Mental Health

**Clinical Knowledge Summaries | Mental Health** – links to prescribing and management advice for mental health conditions

[CKS | Mental Health](#)

**Clinical Knowledge Summaries | Switching antidepressants** – guide to switching from one antidepressant to another

[CKS | Switching antidepressants](#)

**Royal College of Psychiatrists | Stopping and depressants** – advice for patients on stopping antidepressants including common withdrawal effects

[Royal College of Psychiatrists | Stopping antidepressants](#)

**Specialist Pharmacy Service | Deprescribing of antidepressants for depression and anxiety** – signposting to useful links to support the safe deprescribing of antidepressants

[Specialist Pharmacy Service | Deprescribing of antidepressants for depression and anxiety](#)

**Specialist Pharmacy Service | Establishing if a person needs to switch their antidepressant** – advice for when to switch antidepressants and links to guidance on switching individual antidepressants of different types

[Specialist Pharmacy Service | Establishing if a person needs to switch their antidepressant](#)

## Epilepsy

**BNF | Treatment summaries: Epilepsy** – overview of the management of epilepsy including latest MHRA guidance advice

[BNF | Treatment summaries: Epilepsy](#)

**Specialist Pharmacy Service | Using antidepressants for depression in people with epilepsy** – guidance for safe prescribing of antidepressants in patients with epilepsy

[Specialist Pharmacy Service | Using antidepressants for depression in people with epilepsy](#)

**Specialist Pharmacy Service | The use of generic antiepileptic drugs in patients with epilepsy** – consensus guidance on the safety and appropriateness of switching between branded antiepileptic medications

[Specialist Pharmacy Service | The use of generic antiepileptic drugs in patients with epilepsy](#)

**MHRA alert | Valproate: new safety and educational materials to support regulatory measures in men and women under 55 years of age** – advice for professionals for the prescribing of valproate in patients under the age of 55 years including patient educational materials

[MHRA | Valproate: New safety and educational materials to support regulatory measures in men and women under 55 years of age](#)

**MHRA alert | Valproate use in men: as a precaution, men and their partners should use effective contraception** – advice for professionals for the prescribing of valproate in men including patient educational materials

[MHRA | Valproate use in men](#)

**MHRA alert | Topiramate: introduction of new safety measures, including a Pregnancy Prevention Programme** – advice for professionals for the prescribing of topiramate in women of childbearing potential

[MHRA | Topiramate: introduction of new safety measures](#)

## Dietetics, Nutrition and Blood

**Knowledge NoW | Dietetics, nutrition and blood** - local prescribing guidance and pathways relating to dietetics, nutrition and blood

[Knowledge NoW | Dietetics, nutrition and blood](#)

**Specialist Pharmacy Service | Nutritional and metabolic disorders** – guidance documents for prescribing in nutritional disorders

[Specialist Pharmacy Service | Nutritional and metabolic disorders](#)

**PrescQIPP | Nutrition** – general guidance on prescribing nutritional products

[PrescQIPP | Nutrition](#)

**BAPEN | Malnutrition Universal screening Tool (MUST)** - A 5-step screening tool to identify adults who are malnourished, at risk of malnourishment or obese

[BAPEN | Malnutrition Universal Screening Tool](#)

**CKS | How should I screen for problem drinking?** – tools and questions to support discussions around alcohol consumption

[CKS | How to screen for problem drinking](#)

## Endocrine System

**Knowledge NoW | Endocrine** - local prescribing guidance and pathways relating to the Endocrine system

[Knowledge NoW | Endocrine](#)

**Clinical Knowledge Summaries | Endocrine and metabolic** – links to management of endocrine and metabolic disorders

[CKS | Endocrine and metabolic](#)

**Specialist Pharmacy Service | Endocrine system disorders** – links to advice on managing medicines in patients with endocrine system disorders

[Specialist Pharmacy Service | Endocrine system disorders](#) and [Specialist Pharmacy Service | Diabetes](#)

**PrescQIPP | Endocrine** – resource include good practice on the management of endocrine disorders in primary care

[PrescQIPP | Endocrine](#)

## Diabetes

**NICE Guideline NG28 | Type 2 diabetes in adults: choosing medicines** – prescribing guidance including flowchart to help with selecting appropriate medicines for diabetes

[NICE guideline | Type 2 diabetes in adults: choosing medicines](#)

**Diabetes Specialist Nurse Form UK | Comparison charts** – easy to understand comparison charts for a range of diabetes treatments including SGLT-2 inhibitors and insulin types and delivery devices

[Diabetes specialist nurse forum UK | Comparison charts](#)

**UK Kidney Association | SGLT-2 Inhibition in Adults with Kidney Disease** – clinical practice guideline for prescribing SGLT-2 inhibitors in patients with kidney disease

[UK Kidney Association | SGLT-2 Inhibition in Adults with Kidney Disease](#)

**Deprescribing.org | Antihyperglycemics Deprescribing Guideline and Algorithm** – recommendations to safely deprescribe antihyperglycemics

[Deprescribing.org | Antihyperglycemics deprescribing algorithm](#)

**Diabetes on the net | How to...series** – links to key information on managing diabetes in primary care

[Diabetes on the Net | How to... series](#)

**Diabetes UK | End of life care** – guidance for management of patients with diabetes who are in the last year of life

[Diabetes UK | End of Life Care](#)

## Gastro-intestinal System

**Knowledge NoW | Gastrointestinal** - local prescribing guidance and pathways relating to the gastro-intestinal system

[Knowledge NoW | Gastrointestinal](#)

**Clinical Knowledge Summaries | Gastrointestinal** – links to management of gastrointestinal disorders

[CKS | Gastrointestinal](#)

**Deprescribing.org | Proton Pump Inhibitor (PPI) Deprescribing Guideline and Algorithm** – recommendations to safely deprescribe PPIs

[Deprescribing.org | Proton pump inhibitor deprescribing algorithm](#)

**Specialist Pharmacy Service | Gastrointestinal disorders** – links to advice on managing medicines in patients with gastrointestinal conditions

[Specialist Pharmacy Service | Gastrointestinal disorders](#)

**PrescQIPP | PPIs: Long term safety and gastroprotection** – bulletin exploring reduction of PPI prescribing due to safety issues with long term use

[PrescQIPP | PPIs: Long term safety and gastroprotection](#)

**Bristol Stool Chart** – guide to assess stool shape and consistency to assess bowel patterns

[Bristol Stool Chart](#)

## Medical Devices, Dressings and Appliances

**Knowledge NoW | Medical devices, dressings and appliances** - local prescribing guidance and formularies for appliances and wound care

[Knowledge NoW | Medical devices, dressings and appliances](#)

**PrescQIPP | Wound care** – resource include good practice on the rational use of wound care products including antimicrobial dressings

[PrescQIPP | Wound care](#)

**Specialist Pharmacy Service | Wounds and injuries** – links to documents relating to prescribing in wound care

[Specialist Pharmacy Service | Wounds and injuries](#)

## Musculoskeletal and Joint Disease

**Knowledge NoW | Musculoskeletal and joint disease** - local prescribing guidance and pathways relating to the musculoskeletal and joint disease

[Knowledge NoW | Musculoskeletal and joint disease](#)

**Clinical Knowledge Summaries | Musculoskeletal** – links to prescribing and management advice for musculoskeletal conditions

[CKS | Musculoskeletal](#)

**PrescQIPP | NSAIDs** – resources to support review of NSAID prescribing

[PrescQIPP | Bulletin 265: NSAIDs](#)

**PrescQIPP | NSAIDs** – guidance for management of long-term bisphosphonate use and drug holidays

[PrescQIPP | Bulletin 231: Bisphosphonate treatment for osteoporosis](#) and [PrescQIPP | Bisphosphonate treatment break](#)

## Palliative and End of Life Care

**Knowledge NoW | Palliative care key messages and prescribing guidance** – local prescribing guidance for patients requiring palliative or end of life care

[Knowledge NoW | Key Messages and Prescribing Guidance in PEoLC](#)

**Knowledge NoW | Palliative and End of Life Care** – local and national documents including Healthcare Professional and patient resources

[Knowledge NoW | Palliative and End of Life Care](#)

**Specialist Pharmacy Service (SPS) | Palliative and End of Life Care** – links to important tools including support with opioid switching

[Specialist Pharmacy Service | Palliative and End of Life Care](#)

**Specialist Pharmacy Service (SPS) | Palliative care: Useful resources to support answering question** – suggested resources to help find information relating to medicines use in palliative care

[Specialist Pharmacy Service | Palliative care: useful resources to support answering questions](#)

**Specialist Pharmacy Service (SPS) | Switching between morphine and other opioids in palliative care** – guidance for switching opioids in palliative care

[Specialist Pharmacy Service | Switching between morphine and other opioids in palliative care](#)

**BNF | Prescribing in palliative care – general and anticipatory prescribing advice and includes a guide opioid doses equivalents**

[BNF | Prescribing in palliative care](#)

**Resuscitation Council UK | ReSPECT for healthcare professionals** – guidance on ReSPECT process in relation to recording a patient's wishes and preferences regarding clinical care in a future emergency

[Resuscitation Council UK | ReSPECT for healthcare professionals](#)

## Renal and Genito-urinary Resources

**BNF | Prescribing in renal impairment** – general guidance for safe prescribing in patients with renal impairment

[BNF | Prescribing in renal impairment](#)

**Clinical Knowledge Summaries | Kidney disease and urology** – links to management of kidney and urology disorders

[CKS | Kidney disease and urology](#)

**GOV.UK | Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions** – advice relating to what calculation to use when estimating renal function

[GOV.UK | Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions](#)



**Creatinine Clearance | Cockcroft-Gault** – online calculator to calculate estimated renal function

[Creatinine Clearance | Cockcroft-Gault Equation](#)

**Specialist Pharmacy Service | Renal and urologic disorders** – links to advice on managing medicines in patients with renal and urologic conditions

[Specialist Pharmacy Service | Renal and urologic disorders](#)

**UK Kidney Association | Health professional resources** – guidelines and educational resources for health professionals

[UK Kidney Association | Health professionals](#)

**Knowledge NoW | Obstetrics, gynaecology and urinary tract disorders** – local policies, formularies and prescribing pathways for urinary tract disorders

[Knowledge NoW | Obstetrics, Gynaecology and Urinary Tract Disorders](#)

## Respiratory System

**Clinical Knowledge Summaries | Respiratory** – links to management of respiratory disorders

[CKS | Respiratory](#)

**PrescQIPP | Respiratory care** – links to respiratory care resources including videos and patient information leaflets

[PrescQIPP | Respiratory care](#)

**Knowledge NoW | Oral Steroids: Prednisolone prescribing guide** – local prescribing guidance for soluble and liquid prednisolone preparations

[Knowledge NoW | Oral steroids](#)

## Allergies

**Clinical Knowledge Summaries | Allergic rhinitis** – links to management of allergic rhinitis

[CKS | Allergic rhinitis](#)

**Knowledge NoW | Allergies** – service restriction policy and letter for hayfever treatment

[Knowledge NoW | Allergies](#)

## Inhalers

**BNF | Respiratory system: inhaled drug delivery** – overview on prescribing inhaled drug therapies

[BNF | Respiratory system: inhaled drug delivery](#)

**Right Breathe | Inhaler prescribing information** – prescribing guidance and pathways for choosing the right inhaler and spacers

[Right Breathe | Inhaler prescribing information](#)

**Asthma + Lung UK | Using your inhalers** – Healthcare Professionals' Hub and patient guide – resources for respiratory disorders

[Asthma + Lung UK | Healthcare professionals](#) and [Asthma + Lung UK | Using your inhalers](#)

## Asthma

**Knowledge NoW | Asthma** – Local prescribing formulary and guides for management of Asthma

[Asthma - Knowledge NoW](#)

**Clinical Knowledge Summaries | Asthma** – guidance for the management of asthma

[CKS | Asthma](#)

## COPD

**Knowledge NoW | COPD** – Local prescribing formulary and guides for management of COPD

[Knowledge NoW | Chronic Obstructive Pulmonary Disease \(COPD\)](#)

**COPD Assessment Test (CAT)** – Calculator which quantifies impact of COPD symptoms on patients' overall health

[COPD Assessment Test \(CAT\)](#)

**Clinical Knowledge Summaries | COPD** – guidance for the management of COPD

[CKS | COPD](#)

## Oxygen

**Knowledge NoW | COPD** – Local guidance for oxygen prescribing

[Knowledge NoW | Oxygen](#)

## Skin

**Knowledge NoW | Skin** – links to local policies, formularies and prescribing pathways for the management of skin conditions

[Knowledge NoW | Skin](#)

**GOV.UK | Safe use of emollient skin creams to treat dry skin conditions** – practical advice and patient resources for the safe use of emollients and fire risk

[GOV.UK | Safe use of emollient skin creams to treat dry skin conditions](#) and [GOV.UK | Emollients and risk of severe and fatal burns: new resources available](#)

**CKS | Skin and Nails** – management advice for skin and nail conditions

[CKS | Skin and nail](#)

## Sick Day Rules

**NHS Scotland | sick day rules** – guidance for the management of the risk of dehydration in patients taking certain medicines

[NHS England | Sick Day Rules](#)

**Think Kidneys | sick day rules: ‘Sick day’ guidance in patients at risk of Acute Kidney Injury: a position statements from the Think Kidney Board** – guidance to reduce the risks of AKI

[Think Kidneys | Sick day rules](#)