

Summary of information and guidance to support STPs to implement the government guidance on supply of Vitamin D supplements for care homes

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In January 2021, Department of Health and Social Care (DHSC) released a policy ensuring provision of a free 4-month supply of daily Vitamin D supplements for residents in residential and nursing care homes in England to help support their general health, in particular bone and muscle health¹.

The purpose of the document below, is to help support the implementation of the government guidance in a safe and effective way and it will address the following:

Section 1 – Identifying the appropriate residents, safe storage, administration and recording of Vitamin D supplementation (pages 2-6)

Section 2 – New residents and ongoing provision of Vitamin D supplements

Appendix I – Checklist for implementing the DHSC policy in your care home setting

This guidance document was developed by the pan-London Pharmacy Care Homes Group, facilitated by the NHS London Procurement Partnership's Medicines Optimisation team (NHS LPP MOPP).

With special thanks to Lelly Oboh and Shamim Jivraj.

Disclaimer: Whilst reasonable endeavours have been made to ensure the accuracy of the information contained in this document, the authors cannot accept responsibility for any errors or omissions. Organisations are welcome to use and adapt the content in relation to local policies and procedures, acknowledging the original source.

1. Identifying the appropriate residents, safe storage, administration and recording of Vitamin D supplementation

1.1 Formulation of Vitamin D supplied

- The product supplied is by a brand called *Provitavit*®. These are vitamin D drops that contain cholecalciferol, which is also known as Vitamin D3.
- Other excipients include: Medium Chain Triglycerides (Fractionated Coconut Oil) and Alpha Tocopherol (Vitamin E) as an anti-oxidant.
- This formulation of Vitamin D is regarded as a food supplement rather than as a medicine.
- The product is for oral use only and is supplied in the form of oral drops.
- The product comes as a 7 mL sealed bottle. The bottle contains 120 doses (240 drops).
- The product is suitable for vegetarians and is Halal approved.



- A dose of 10 micrograms (400 Units (IU)) per day is recommended. This is equivalent to 2 drops per day of the liquid supplied.
- *Provitavit*® Vitamin D supplement administered at a dose of 10 micrograms (400 Units (IU)) per day is not expected to interact with any medicines.

1.2 Storage requirements

- Do not store above 25°C (room temperature) and keep away from direct sunlight or heat source e.g. store in a lockable medicines trolley or cupboard.

- Once opened, the bottle has a five months expiry. However, provided the recommended dose is administered daily, each bottle should last a resident 120 days (4 months).

[[Include examples of good practice from your locality here](#)]

1.3 Identifying residents who should be offered the free government supplied Vitamin D supplement

Before offering the *Provitavit*® Vitamin D supplement to residents in the care home, those already taking vitamin D containing products and those with certain medical conditions must be excluded. Where possible, try to work with your care homes pharmacist to support you with identifying the list of patients to be excluded. They may, for example, be able to run searches on the GP systems to help identify residents that have certain conditions that should be excluded and those that are already prescribed Vitamin D products.

[[Include examples of good practice from your locality here](#)]

1.3.1 Identify and exclude residents taking prescriptions containing vitamin D and different supplement strengths

- If the resident is already taking a form of Vitamin D supplementation they should not be offered *Provitavit*® Vitamin D supplements. Make a record of this in the resident's care plan.

Examples of Vitamin D¹ that may be prescribed are listed below. These will be documented on the residents' MAR charts or medical care plans. If you are unsure please check with the pharmacist or GP e.g.:

- Cholecalciferol (D3)
- Ergocalciferol (D2)
- Alfacalcidol (D3)
- Alone or a combination of the above with calcium. Some examples include: *Accrete D3*®, *Adcal-D3*®, *Calceos*®, *Calcichew D3*®
- Some residents may be taking non-prescribed supplements which contain Vitamin D. Liaise with the pharmacist or GP if such residents are identified so that they can advise whether co-administration with *Provitavit*® Vitamin D supplements is safe. Examples include:
 - Multivitamin preparations
 - Cod-liver or other fish oils

1.3.2 Identify and exclude residents that have certain medical conditions

Residents with the below listed medical conditions should not be offered the free *Provitavit*® Vitamin D supplements.

Unless already communicated, care home providers must check if any of the below listed medical conditions¹ appear on the resident's care plan or MAR:

- those under the care of a renal, endocrinology or cancer specialist
- people with high vitamin D levels
- people with [kidney stones](#) (now or in the past)
- people with [too much parathyroid hormone](#) (hyperparathyroidism)
- people with cancer (some cancers can lead to high calcium levels)
- people with severe kidney disease
- people with a rare illness called [sarcoidosis](#)

1.3.3 Identify and exclude residents with known allergy to Vitamin D or excipients in *Provitavit*® Vitamin D drops

Check the resident is not allergic to any of the excipients in *Provitavit*® Vitamin D drops (coconut oil and alpha tocopherol (Vitamin E)). If an allergy to an excipient of the drops has been identified, the resident must not be offered *Provitavit*® Vitamin D supplements.

1.3.4 Who to contact if in doubt / unable to establish the above information

If unable to identify the information in the above steps (1.3.1-1.3.3) from the residents' care plan or MAR, compile a list of these residents for a review by a healthcare professional such as the GP or care home pharmacist, depending on the locally agreed support route.

[[Include examples of good practice from your locality here](#)]

It is not necessary to contact the resident's GP or healthcare professional about the Vitamin D supplement prior to their next appointment / care home visit.

1.3.5 Identify residents with swallowing difficulties

The *Provitavit*® Vitamin D supplement comes in the form of oral drops. The dose (2 drops) forms a small volume of liquid on a spoon and can be administered directly or added to a resident's food.

For residents with swallowing difficulties (e.g. those requiring thickened fluids or with feeding tubes) refer to an appropriate healthcare professional e.g. care homes' pharmacy team, SALT team or GP, for advice before offering supplementation.

[[Include examples of good practice from your locality here](#)]

1.4 Obtaining consent

- All residents should be given a choice as to whether they wish to receive the Vitamin D supplementation.
- Follow local established procedures for obtaining consent from the resident, including referral to Best Interest meeting for residents who cannot give consent.
- Care Home staff must update residents care plans to reflect whether residents have consented to receive daily Vitamin D supplement and how they will be supported to take it.

1.5 Administration and documentation

1.5.1 Allocation

- The government will automatically supply the Vitamin D supplement based on an assumption of 100% bed occupancy. Neither the resident nor the care home need to apply to the scheme.
- Each resident who has been offered and consented to receive Vitamin D supplementation should be allocated one bottle of the *Provitavit*® drops.
- Record the resident's name and date opened on the opened / *in-use* bottle and store securely e.g. in a medicines trolley.

[[Include examples of good practice from your locality here](#)]

1.5.2 Directions for administration

1. Shake bottle.
2. Unscrew cap. On first opening do not use if seal is broken.
3. Turn bottle vertically upside down and tap base with index finger gently until drops form. Exercise caution as drops may be expelled in quick succession without tapping.
4. Catch two drops onto a spoon and then administer immediately or add to food or drink. Turn the bottle back the right way up.
5. Replace cap firmly.

1.5.3 Administration time

- The Vitamin D supplement can be administered at any time of the day,

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however it is good practice to administer at the same time each day to avoid the chance of missing a dose e.g. at lunch time.

- Keep a daily record of the administered dose of the Vitamin D supplement. There are several places where this can be recorded such as: daily notes, nutrition or dietary record^{1, 2}. We recommend that a record should be made on the MAR chart. This will ensure consistency and provide a robust audit trail.
- Refer to local Standard Operating Procedures (SOP) for administration and record keeping.

[\[Include examples of good practice from your locality here\]](#)

1.5.4 Managing and reporting adverse reactions to Vitamin D Supplement

- Report any adverse reactions in line with current local process. In the event of life threatening allergic reactions call 999 and administer first aid.
- Notify GP of any severe reactions.
- If the Vitamin D supplement is suspected as the culprit, inform the healthcare providers of the time / date when the reaction manifested itself in relation to the first dose of *Provitavit*[®] Vitamin D drops administered. Omit any further doses until investigated.

1.6 Excess stock

Store the unopened bottles (excess stock) separate from the *in-use* stock, in accordance with the storage instructions ([section 1.2](#)). Any excess government stock (*Provitavit*[®]), may continue to be used for residents in the care home as long as it is unopened and within the manufacturer's expiry date.

2. New residents and ongoing provision of Vitamin D supplements

2.1 New residents

Any new or returning care home residents (including those discharged from hospital), should be assessed in line with Sections 1.3-1.4 before being offered the *Provitavit*[®] Vitamin D supplementation.

2.2 What happens after the 4-month free supply period runs out?

This DHSC guidance addresses the implementation of the 4-month free government supply of Vitamin D supplements. However NICE and PHE recommend that residents in care homes should take Vitamin D supplementation (at a dose of 10 micrograms (400 Units (IU)) daily), all year round^{3, 4}.

Care home providers are expected to continue to provide supplementation after the free government supply runs out.

Care home providers should discuss with GPs and local medicines management teams on how best to support the ongoing supplementation for their residents.

Reference:

¹DHSC: Vitamin D and care homes

<https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance> (accessed 05.02.2020)

²Care Quality Commission – Vitamin D Supplements supporting people who receive

Adult Social Care <https://www.cqc.org.uk/guidance-providers/adult-social-care/vitamin-d-supplements-supporting-people-who-receive-adult>

³ Covid-19 Rapid Guideline: Vitamin D. NICE guideline.

www.nice.org.uk/guidance/ng187 (accessed 08.02.2021)

⁴Healthier and more sustainable catering: nutritional principles. PHE guideline.

<https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults>

Appendix I

Checklist for implementing the DHSC policy in relation to Vitamin D in your care home.

	Task	Completed (Date)	Initials / Signature
1	Local adaptation of the DHSC policy for care homes access to Vitamin D supplementation has been read by all relevant staff		
2	Every resident's MAR chart / medical care plan has been checked to determine suitability of Vitamin D supplementation		
3	Resident taking over-the counter (OTC) supplements not captured on the MAR / nutrition chart are identified and healthcare professional contacted for advice before offering Vitamin D supplementation		
4	Residents with swallowing difficulties identified and healthcare professional contacted for advice before offering Vitamin D supplementation		
5	Consent obtained and recorded in the care plans for residents before administering Vitamin D supplementation for the first time		
6	Ensure residents who will self-administer the <i>Provitavit</i> ® Vitamin D drops have a current risk assessment of self-administration of medicines in place including safe storage		
7	Allocation of the <i>Provitavit</i> ® Vitamin D supplements amongst qualifying residents made		
8	Suitable storage location for the <i>in-use Provitavit</i> ® Vitamin D agreed (Section 1.2)		
9	Suitable storage location for the <i>excess Provitavit</i> ® Vitamin D drops agreed (adequately segregated from <i>in-use</i> opened bottles)		
10	A suitable place to record <i>Provitavit</i> ® Vitamin D supplementation administration agreed e.g. added to the MAR charts of qualifying residents		
11	Process agreed to ensure all new or returning residents are assessed in line with the DHSC policy to receive Vitamin D supplementation		
12	Process agreed for residents completing their 4-month supply of <i>Provitavit</i> ® Vitamin D supplementation to have access to further supply		