General Information

- Some people are unable to take their medicines in solid oral dosage forms because they have swallowing difficulties or feeding tubes.
- The choice of medication and the administration should be made on an individual basis by their GP and where possible in discussion with the patient.

Care Quality Commission (CQC)

- Overall, CQC does not encourage crushing or opening medication BUT acknowledges it is acceptable practice if the following measures are in place:
  - The GP agrees and documents individual agreed special measures and MUST provide written instruction to the care home.
  - Professional guidance (by GP and/or Care Home) is obtained from a pharmacist or the CSU prescribing team on suitability for crushing medication.
  - Staff have advice on appropriate administration (especially important for Enteral Feeds)

General Practitioner (GP)

- **Verbal** communication from a GP to open or crush medication is **NOT** sufficient
- The home **MUST** be provided with written documentation from the GP
  - Add extra instructions to dose on prescription which will then appear on MAR chart
  - And CARE HOME staff MUST document this instruction in individual care plan.
- Crushing or opening medication without the above written instructions can leave the care home open to CQC criticism for ‘malpractice’.
Steps to take when Swallowing Difficulties Identified or has an Enteral Feeding tube (e.g. PEG)

1) **Request that** a GP reviews the resident and their medication; some items may be stopped if deemed appropriate by the prescriber. The GP may also refer the resident to a speech and language therapist (SALT) to determine their ability to swallow.

2) **The GP should review the medication and MAY:**
   1. **seek** an alternative licenced formulation e.g. liquid, soluble/dispersible tablets, patches etc.
   2. **switch** to a different medication within the same class, of a suitable formulation.
   3. **agree** to using a medication outside of licence e.g. opening, crushing or mixing with water
   4. **AS A LAST RESORT** consider using a special order liquid product

3) **Ask** the GP for written instructions that they have asked you to open or crush the medication by amending the dosage instructions on the prescription.

4) **Ensure** staff administering medication to residents with swallowing difficulties or feeding tubes, are adequately trained (see below for obtaining guidance).

5) **Make sure** any relevant information goes with the resident if transferred i.e. hospital or elsewhere.

6) **Monitor** each resident as some can regain their ability to swallow.

**Note:** not all people with an enteral feeding tube require administration of their medication this way. Sometimes the person may still be able to take medication and additional food by mouth.

ALWAYS SEEK ADVICE

The Individual

- If the resident has capacity to understand, they should be fully involved in the decision process and remain informed about how the administration of their medicine is changing.
- **Remember** a patient has the right to refuse their medication, however ill-advised this may seem to staff caring for them.
- Medicine should only be administered in food with the patient’s knowledge and consent. Hiding medication in food is considered ‘covert administration’ and only permitted under certain circumstances (separate guidance available).

Further Guidance

- If further information regarding the process of crushing/opening medication or any of the above, then contact should be made with the CSU prescribing team (or a pharmacist). We can provide you with clear written instructions on how to crush or open each medication and how to administer it.

Please contact:

NEL CSU Anglia Prescribing Team
Lakeside 400
Old Chapel Way
Broadland Business Park
Thorpe St Andrew
Norwich
NR7 0WG
Tel: (01603) 257013/257125

NEL CSU Anglia Prescribing Team
King’s Court
Chapel Street
Kings Lynn
Norfolk
PE30 1EX
Tel:(01553) 666971
BEST PRACTICE GUIDANCE – Crushing or opening medication in care homes

To inform healthcare professionals

Primary care setting

Prescribing & Medicines Management Team - JS

Level of Evidence:
A. based on national research-based evidence and is considered best evidence
B. mix of national and local consensus
C. based on local good practice and consensus in the absence of national research based information.

Is there any reason why any part of this document should not be available on the public website? Yes / No

Norfolk & Waveney Prescribing Reference Group Aug 2014

Norfolk & Waveney Drug & Therapeutics Commissioning Group (Aug 2014)

Prescribing & Medicines Management Team

September 2014

Version Control (To be completed by policy owner)

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<tr>
<td>0.1</td>
<td>June 2014</td>
<td>Prescribing &amp; Medicines Management Team JS</td>
<td>Draft</td>
<td>Took to STM and some wording amendments made</td>
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| 0.2     | 8/8/14    | Prescribing & Medicines Management Team JS  | Draft  | PRG further amendments
GP’s did not want AND letter for care plan in there and would increase workload.
Changed “outside of licence” to state swallowing difficulty and feeding tubes.
To amend and send round committee for agreement and take to D&T for ratification. |
| 0.3     | 8/8/14    |                                             | Draft  | Added CARE HOME MUST add to individual care plan.                        |
| 1.0     | Sept 2014 |                                             | final  | Review date Sept 2016                                                    |