

Authorisation and administration instructions for altering a medicine formulation in a care home setting

Tablets and capsules are the most commonly prescribed formulation of medicine; however, swallowing difficulties in care homes is a common problem. Patients who have problems swallowing or those who are fed via feeding tubes (e.g. nasogastric (NG), nasojejunal (NJ), percutaneous endoscopic gastrostomy (PEG) tubes) cannot use tablets or capsules in their whole solid form. When administering medication via feeding tubes (PEG, NG, NJ) other issues need to be considered. If medicines are given via the feeding tubes without the correct advice, drug bioavailability may be altered, tubes may become occluded or drugs may bind to the feeding tube. Before giving medicines via feeding tubes **always obtain advice from a pharmacist, prescriber or the patient's specialist care team.**

In a care home setting there may be a need to identify alternative ways of giving solid oral dose formulations and consideration must be given of the consequences of manipulating formulations. In these circumstances, medication may need to be administered off-licence e.g. crushing or opening solid dose forms. (NB Medication must never be administered covertly to patients without appropriate prior assessment as noted in [the Covert administration of medicines policy and guidelines](#))

Incorrect crushing of medication is a common source of medication error in care homes. Prescription medications should only be taken according to the directions of a prescriber. Medicines used in a different way from what the manufacturers have stated would be considered off-licence use, in these circumstances the manufacturer would not accept responsibility liability for any harm caused by the medicine. A person giving crushed tablets or the contents of an opened capsule to a patient without directions from the prescriber and without making the appropriate checks could be held liable for any harm caused.

Considerations:

- Consider, is the medication essential? It might, in some instances, be more appropriate to stop therapy either temporarily or long term. However, before stopping any medication the prescriber should always be contacted.
- Consider whether the medication can be given in a different licensed formulation. For example dispersible/soluble tablets, liquid preparations, patches which can be applied to the skin, suppositories or injections. This information can be found in the British National Formulary (BNF), but a pharmacist or prescriber should always be consulted as changes to the amount of medicine or how often it is given may need to be made.

- In some cases a different medicine could be prescribed that does not need to be swallowed whole or is available as an alternative formulation.
- Consider a special formulation (These formulations can be very expensive and there may be suitable alternatives advice must be sought from the Medicines Management team at Telford and Wrekin CCG and/or a Community/Practice Pharmacist prior to requesting a special formulation). These are unlicensed medicines that do not have a UK or European marketing authorisation.

Before a person crushes tablets or opens capsules to administer to a patient, a pharmacist should always be consulted to find out if this is possible and this should be approved by the prescriber. Specific administration instructions must be clearly noted on the patient's care plan and their medication profile.

Summary:

- In the first instance consider how essential the medication is and whether alternative formulations (e.g. liquids, patches or sublingual tablets) or medications can be used.
- Before a person crushes or opens a medication, a pharmacist should always be consulted to find out if this is possible and this should be approved by the prescriber and documented in patient records.
- There are solid dose formulations that should never be crushed or opened without appropriate advice from a pharmacist such as some enteric coated tablets or capsules, modified release preparations, hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines.
- Additional patient monitoring may be required which the pharmacist/prescriber will advise on.
- When administering medication via feeding tubes (PEG, NG, NJ) other issues need to be considered. If medicines are given via the feeding tubes without the correct advice, drug bioavailability may be altered, tubes may become occluded or drugs may bind to the feeding tube. **ALWAYS SEEK FURTHER ADVICE.**

Further guidance:

Specialist Pharmacy Services QA294 Dec 2018 [What are the therapeutic options for patients unable to take a solid oral dose form?](#)

Specialist Pharmacy Services QA Nov 2018 [What are the considerations when crushing tablets or opening capsules in a care home setting?](#)

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This form must not be used for covert administration of medication

Patient Details

Name:

D.OB:

Name of care home:

Does this patient have swallowing difficulties: Y/N

Feeding tube in situ (PEG/NG/NJ): Y/N

If yes please specify:

Medicine authorised for alteration of formulation including drug name, strength and formulation:	Specific formulation change directions: i.e. crush/open capsules/dissolve	Directions for administration of medication:

Has advice been sought from a suitable qualified Health care Professional e.g. Pharmacist/Pharmacy Technician – Y/N

If applicable has advice been sought from a specialist if the resident has a feeding tube in situ – Y/N

Give Details of references used to support medicine formulation change and directions (e.g. NEWT Guidelines):

Authorisation details:

I hereby authorise the above medicine(s) formulation to be altered prior to administration and accept that in doing so I am giving permission for it to be used in an unlicensed manner.

Name of authorising GP (Please PRINT):

Signature of authorising GP:

Date of authorisation :

Please ensure a regular review is completed (at least annually or when any medication changes are made).