Guidance on Crushing Tablets or Opening Capsules in a Care Home Setting

This document has been prepared in response to queries generated by care homes and GP practices regarding rules and regulations surrounding crushing tablets or opening capsules for residents in a care home setting.

Tablets and capsules are the most commonly prescribed formulation of medicine. However, swallowing difficulties is a common problem. Patients who have problems swallowing cannot use tablets or capsules in their whole solid form. Therefore, in practice there is a need to identify alternative ways of giving medicines and consider the consequences of manipulating formulations. In these circumstances, medication may need to be administered off-licence e.g. crushing or opening solid dose forms.

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 are being used off-licence which means the manufacturer does not accept responsibility for any harm caused by taking medicine in this way (1). Therefore this must only be done with the prescriber’s consent.

What issues need to be considered before medicine is administered off-label in a care home setting?

A person giving crushed tablets or opened capsules to a patient without directions from the prescriber and without making the appropriate checks could be held liable for any harm caused (1;2). In certain circumstances tablets may need to be crushed or capsules opened but crushing a tablet or removing powder or granules from a capsule might affect the way a medicines works and may even cause side effects. Therefore before doing this the following options should be considered by the prescriber:

- Is the medication essential?
- Why are you crushing the tablets? If it is due to a swallowing problem then the patient may need a Speech and Language assessment. Check with the GP.
- GP/Pharmacist should consider if an alternative licensed formulation is available (for example liquid).
- In some cases a different medicine can be prescribed that does not need to be swallowed whole.
- Before a person crushes tablets or opens capsules to administer to a patient, a pharmacist should be consulted to find out if this is possible and this should be approved by the prescriber.

There are some tablets and capsules that may be harmful if crushed or opened:

- **Modified release (slow or extended release) tablets or capsules.** It is essential that these medicines are swallowed whole. If these medicines were crushed, the dose is released over five to ten minutes as opposed to for example 12 to 24 hours. This results in an initial release of high dose medication that could be dangerous, followed by a subsequent period without medication (2;5).
- **Enteric coated tablets or capsules.** These tablets and capsules have a special coating and if crushed or opened, the medicine may be destroyed in the stomach or cause gastrointestinal disturbances such as indigestion or ulcers (2;5).
- **Film coated preparations.** If the coating is there to mask the taste, the tablet may be unpalatable once crushed (6).
- **Hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines.** Crushing or opening any of these tablets or capsules may cause some of the medicine to go into the air as dust particles. The particles may cause side effects to the person crushing the tablets or anybody else nearby (3;4;7).
Liquid medicines from specials manufacturers
In certain circumstances when an alternative is not available and it is not suitable to open capsules or crush tablets, liquid medicines can be ordered from specials manufacturers. These preparations are unlicensed and often very expensive but a pharmacist should be able to advise on this (2;6).

Administering via enteral feeding tubes
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 proper advice, blockages can occur in the tubes or increase/decreased drug concentrations levels (2). Before giving medicines via feeding tubes always obtain advice from a pharmacist or prescriber.

Covert Administration
It is necessary to distinguish between the concealing of medication in food or drink, and a co-operative process where consenting patients who find taking medication difficult have the medication delivered in food or drink for ease of ingestion/swallowing, in which case it is not necessary to consider that the medication has been given covertly. If a resident has the capacity to refuse medical treatment then this decision must be respected, and covert administration of medication would be unlawful.

This document does not consider covert (concealing medication in foods or liquids) administration. Please see latest Covert Administration of Medication policy for Care Home for further information.

What does the CQC advise?
As the independent regulator of all health and social care services in England, the CQC do not stipulate how services meet the outcomes for people receiving services. The CQC have not produced guidance for providers, though that may change in the future. CQC look for evidence that people are receiving the care that they need in order to deliver good outcomes. By meeting the outcomes, evidence will be present to indicate that the regulations are being met.

The CQC expect providers to follow published best practice guidance such as:
- NICE Guidance - Managing medicines in care homes: [http://www.nice.org.uk/media/B5F/28/ManagingMedicinesInCareHomesFullGuideline.pdf](http://www.nice.org.uk/media/B5F/28/ManagingMedicinesInCareHomesFullGuideline.pdf)
- The National Care Forum – Free resources for supporting the safe use of medications in care facilities: [https://www.nationalcareforum.org.uk/ncf-publications/medication-safety-resources](https://www.nationalcareforum.org.uk/ncf-publications/medication-safety-resources)

With regards to swallowing difficulties the CQC would expect providers to be following the NEWT guidelines. The Pharmacy and Medicines Optimisation Team at HVCCG can advise regarding these guidelines: hvccg.pmot@nhs.net.
Summary

- In the first instance GP to consider how essential the medication is.
- If medication is to continue, consider 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 be consulted to find out if this is possible and this should be approved by the prescriber and documented in patient records.
- There are some tablets and capsules that should never be crushed or opened such as enteric coated tablets or capsules, modified release preparations, hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines without appropriate advice from a pharmacist.
- Liquid medicines ordered from specials manufacturers are unlicensed and often very expensive.
- Additional patient monitoring may be required which a pharmacist can advise on.
- When administering medication via feeding tubes (PEG, NG, NJ) tubes other issues such as interactions with feeds need to be considered and advice obtained from a pharmacist.

Limitations

This document gives general guidance only and a pharmacist should be consulted for drug specific advice. This document does not consider covert (concealing medication in foods or liquids) administration.

References

Adapted from the UK Medicines Information (UKMi) Medicines Q&As document “Crushing tablets or opening capsules in a care home setting”. Date prepared: 1st December 2016
https://www.sps.nhs.uk/articles/crushing-tablets-or-opening-capsules-in-a-care-home-setting/

Appendix 1

Overt Medication Risk Assessment for residents with swallowing difficulties

Tablets and capsules are the most commonly prescribed formulation of medicine. However, swallowing difficulties is a common problem. Patients who have problems swallowing cannot use tablets or capsules in their whole solid form. Therefore, in practice there is a need to identify alternative ways of giving medicines and consider the consequences of manipulating formulations. In these circumstances, medication may need to be administered off-label e.g. crushing or opening solid dose forms.

Risk assessment to be completed by care home staff, and to be held with the resident’s medication chart, and a copy in their care plan.
To prevent delays in treatment, verbal agreement/instruction to proceed can be obtained prior to prescriber’s signature.

<table>
<thead>
<tr>
<th>Resident’s Name:</th>
<th>Date of Birth:</th>
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<tr>
<td>Named Carer/Nurse:</td>
<td>Date:</td>
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Members of the Multidisciplinary Team/resident/carers involved in decision making:

Summary of problems encountered with administration of medication:

What other alternatives have been considered? (i.e. alternative medication options/methods of administration or other ways to manage the risk)?
Prescriber/Pharmacist/Senior Nurse/Senior Carer to complete the table below.
Senior Carer/Nurse must seek appropriate verbal/written guidance from the prescriber or pharmacist on each individual medication before completing this table:

<table>
<thead>
<tr>
<th>Original Medication (strength &amp; form)</th>
<th>Change to Medication if applicable (strength &amp; form)</th>
<th>Administration information and advice</th>
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**To be signed at the earliest opportunity.** The decision to administer medication overtly, as documented in the table, has been discussed and agreed with:

Prescriber Name: Date

Signature: Date

Named Carer/Nurse Name: Date

Signature: Date

Resident Name: Date

Signature: Date

If needed, appropriate method of administration has been advised by:

Pharmacist Name: Date

Signature: Date

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**Date of next risk assessment review**

- □ 1 Month ........................................
- □ 3 months......................................
- □ 6 months....................................
- □ 1 year......................................
- □ Other (specify date) ....................