

# CRUSHING TABLETS OR OPENING CAPSULES IN A CARE HOME SETTING

## 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 some tablets and capsules that should **never be crushed or opened** such as **enteric coated, modified release preparations, hormone, steroid, antibiotic or chemotherapy (cytotoxic)** medicines without appropriate advice from a pharmacist.

Liquid medicines ordered from special manufacturers are unlicensed and often very expensive.

Additional patient monitoring may be required which the pharmacist will advise on.

## Guidance

Tablets and capsules are the most commonly prescribed formulation of medicine. However, some care home residents may have difficulties with swallowing and so cannot use tablets or capsules in their whole solid form. In these circumstances decisions have to be made about whether the **medication needs to be continued or if there is an alternative treatment available.**

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.**

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

Prescription medicines should ALWAYS be taken according to the directions of the prescriber. 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. 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 medicine 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 resident may need a Speech and Language assessment. Check with the GP.
- Pharmacist/GP 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 resident, a **pharmacist** should be consulted to find out if this is possible and this should be approved by the **prescriber**.
- Changing the way in which a medicine is presented can alter its absorption characteristics, result in medicine instability, produce local irritant effects, cause failure to reach the site of action, may produce occupational health and safety issues, and could result in a preparation with an unacceptable taste.<sup>2</sup>

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

- **Modified release (slow or extended release) tablets or capsules-** crushing will affect how the medication is released. For example, this could cause an initial release of high dose medication that could be dangerous, followed by a subsequent period without medication.<sup>2</sup>
- **Enteric coated** tablets or capsules – if crushed, the special coating will no longer provide protection.
- **Film coated preparations** - if coating is there to mask the taste, the tablet may be unpalatable once crushed.
- **Hormone, steroid, antibiotic or chemotherapy** (cytotoxic) medicines (due to risk of inhalation). In addition several drug substances may also cause irritation if the powder is aerosolised and inhaled or comes into contact with the eyes, skin, or other mucous membranes.

In this case measures must be taken to prevent skin contact and inhalation by wearing gloves and/or masks, and advice taken from a **pharmacist** on how to safely prepare the product for administration. Examples include finasteride and tamoxifen.<sup>2</sup> Refer to [GPG Safe Handling of High Risk Medicines](#)

- Some medications that work within a narrow concentration in the blood stream could result in under-dosing or adverse effects if crushed. Examples include digoxin, phenytoin, carbamazepine and sodium valproate.<sup>2</sup>

### Consent

- Where the resident **has the capacity** to understand the issues of using medicines off-label (e.g. crushing tablets or opening capsules, they should have the situation explained to them by the prescriber **and must give their consent**. Written consent is not required, but the prescriber would record the consent within their clinical records. A record should also be made in the resident's care home record.
- It is necessary to distinguish between the concealing of medication in food or drink, and a co-operative process with a resident who finds swallowing medications difficult. If medication is added to food, this is outside the product licence and consent must be obtained from the resident and documented in the care home records. A pharmacist should be consulted to find out if this is possible and this should be approved by the prescriber.
- If a resident has the capacity to refuse medical treatment then this decision must be respected, and covert administration of medication would be unlawful.

# Useful contacts

East and North Hertfordshire CCG Care Home Pharmacy Team  
Tel: (01707) 685000 or email: enhertsccg.pmot@nhs.net



East and North  
Hertfordshire  
Clinical Commissioning Group

## Crushing Tablets

- Before crushing tablets, check if they can **dissolve or disperse** in water.
- Cutting a tablet that is **scored** is fine to do to aid swallowing.
- Crush tablets using a **suitable device** e.g. a **tablet crusher** and not a plastic container (as medication may stick to the plastic). Transfer into a medicine cup/pot.
- **Mix well with 15 – 30ml** water and administer to the patient.
- **Rinse** the device with water and **administer** this also.
- Only **one tablet should be crushed** at a time. **Each** resident should have **one crusher** and not shared between residents.
- Tablets should be crushed or dispersed **just before** administration.
- **Boiling water should not be used** to dissolve or disperse medications.

## Opening capsules

- **Gently ease open** the capsule to release its contents into a medicine cup/pot.
- **Mix with 15 – 30ml** water and administer to the patient.
- **Rinse** the medicine cup/pot with water and **administer** this also.

## Recording

The crushing of the tablet or opening of the capsule **must be clearly written** on the directions on the **Medication Administration Record (MARs)** chart or electronic e-MARs as well as documented in the **care plan**.

## Limitations

### This document does NOT consider

- **Covert administration** or
- **Administration of medications via feeding tubes** - advice must be sought from the pharmacist, prescriber or dietitian to avoid blockages, interactions with feeds and increased or decreased drug concentration levels.

**This document gives general guidance only and a pharmacist should be consulted for drug specific advice.**

## References

- 1) UK Medicines Information (UKMi) Medicines Q&As document *“What are the therapeutic options for adult patients unable to take solid oral dosage forms?”* December 2019
- 2) UK Medicines Information (UKMi) Medicines Q&As document *“What are the considerations when crushing tablets or opening capsules in a care home setting”* October 2020

### Adapted from Herts Valleys CCG

- Guidance on Crushing Tablets or Opening Capsules in a Care Home Setting, v2.0 February 2020
- Specials Alternatives Guidance, v6.0 December 2020

Version	2.0
Developed by	Care Home Pharmacy Team, Pharmacy and Medicines Optimisation Team, ENHCCG
Date ratified	Noted and Approved for Dissemination by Primary Care Medicines Management Group (PCMMG), ENHCCG; 17/10/2018. V2.0 Reviewed remotely by PCMMG membership, ENHCCG; 03/06/2021. To be ratified at next opportunity
Review date	03/06/2023