Choosing Medicines for Patients Unable to Take Solid Oral Dosage Forms

Northern Ireland (NI) Regional Medicines and Poisons Information Service
MARCH 2018

Introduction

Background

Patients with swallowing difficulties (dysphagia) and those patients at greater risk of choking e.g. learning disability patients, and dementia patients have complex medicines administration requirements.

The convenience of prescribing a tablet or capsule that can be swallowed whole may not be appropriate for these patients. Alternatives may need to be considered. Sometimes an additional specialist assessment may be required for patients with any clinical condition that may require them to take liquid nutritional supplements to ascertain the most appropriate medicines formulations for them.

Patients with enteral feeding tubes will require oral medicines to be administered via another route or through their enteral feeding tube. There are many factors that need to be taken into consideration before this occurs.

If an oral medicine is administered through an enteral feeding tube or manipulated for administration to a patient with swallowing difficulties this is most often designated as unlicensed use and so professional and legal issues need to be considered prior to administration.

Children under the age of five years, and sometimes older children find a liquid formulation or dispersible tablets or granules more acceptable than solid tablets or capsules. However, in some cases it may be possible for a child to be taught to take tablets and capsules.

Purpose

- To provide advice for health professionals to aid and support their medicines prescribing, dispensing and administration decisions when dealing with patients with swallowing difficulties and patients with enteral feeding tubes.
- To promote best practice in management of medicines administration challenges experienced by these complex patients.
- To contribute to minimising the risks to patients, health professionals and the Northern Ireland health organisations within which they are employed, when it is deemed necessary to provide a medicine that has been administered via an unlicensed route or medicine whose form has been manipulated.

Objectives

- To outline the key principles to assist health professionals choosing an appropriate medication form, from a range of treatment options, for patients with swallowing difficulties or with enteral feeding tubes who are unable to take a solid oral dosage.
- To raise awareness of the risks associated with altering solid oral dose formulations of medicines and the use of unlicensed ‘specials’.
- To assist prescribers to make clinically and legally appropriate decisions.
- To promote a multidisciplinary team approach to management of patients.
- To signpost health professionals to existing, and more detailed medicines information resources and advice.
- To encourage communication of medicines information between health professionals to ensure continuity of care for this patient group.

Scope of the Advice

This information and advice is intended as a reference for use by a range of health professionals across community/primary and hospital/secondary care sectors within Northern Ireland caring for patients who have swallowing difficulties or who are to receive medications via enteral feeding tubes:

- primary and secondary care prescribers
- nursing and care staff
- medical staff
- pharmacists, dieticians, and speech and language therapists
- community pharmacy teams
- prescribing support teams
- care home managers and their teams
- the RQIA Northern Ireland Inspectorate

Each individual patient's circumstances will differ and will require individual clinical assessment, medicine review, and medicines administration risk assessment by an appropriate local team of health professionals.

Exceptions

- Covert Administration: Whilst it is recognised that covert administration of medicines may happen in certain circumstances, it is beyond the remit of this policy. All health professionals should refer to local policies and guidance within their own organisations when a multidisciplinary team advise that covert administration is considered to be in the best interest of an individual patient.

- 'Specials': special-order unlicensed medicines made to meet the needs of an individual patient. As with any medicine, prescription of unlicensed medicines is the responsibility of the prescriber.

Roles and Responsibilities

The NI Regional Medicines and Poisons Information Service is responsible for monitoring and review of this information and advice.

Health professionals caring for patients who have swallowing difficulties or who are to receive medications via enteral feeding tubes are responsible for considering the advice provided, in local decision making.

Key Principles

Licensed medicines should be used where possible. They are manufactured to specific standards and have been assessed for safety and efficacy. Licensed medicines may need to be used via an unlicensed route or 'off- license' due to manipulation of the medicine.

Unlicensed medicines may be prescribed in clinical situations where it is judged that, on the basis of available evidence, unlicensed use is in the best interest of the patient. Prescribing a 'special' or extemporaneous medicine is associated with somewhat more risk than prescribing a licensed medicine for a licensed indication. Prescribers should be satisfied that the patient's clinical needs cannot be met by a licensed medicine (for example, a different drug in the same class, or an alternative formulation). 'Specials' are often considerably more expensive than licensed medicines.

Implementation

Dissemination to NI Health Organisations /teams cascaded from:

Directorate of Integrated Care, Western Office
Assistant Director of Integrated Care
Head of Pharmacy and Medicines Management

Consultation

A wide range of organisations and individuals reviewed original draft guidance prior to publication. Their time and input is gratefully acknowledged.

Key contributors:
Belfast H&SC Trust Speech & Language therapists
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Monitoring

The Northern Ireland Regional Medicines and Poisons Information Service will monitor feedback and comment following issue of this information and advise and revise as necessary every three years, or if the information changes significantly.

Equality Statement

This guidance aims to contribute to patient safety and respects the rights of patients under the equalities legislation.

Evidence Base / References

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