Top tips on medicines for residents with swallowing problems (dysphagia)

For all staff in care homes

Aim: To improve the care of residents with dysphagia by reducing the risk of aspiration and choking.

- Medicines Review: Up to one-third of residents in nursing homes may experience difficulty swallowing.
 Residents with swallowing problems and/or those chewing medicines should have a review of their medication by their GP and it is common for some medicines to be stopped. Many medicines are not suitable to be chewed; your community pharmacist should be able to advise if chewing a medicine is acceptable.
- 2. <u>Tablets & Capsules:</u> Some residents who have swallowing problems may still be able to swallow tablets, however, if the Speech and Language Therapist has advised that their drinks need to be thickened, any drinks (e.g. water) given with oral medicines must be thickened too. These residents will also need some liquid medicines to be thickened, including those which are mixed with water (e.g. Movicol, Laxido). The Speech and Language Therapist will not advise on the formulation of medications, this is a decision made by the GP with the community pharmacist.

The Speech and Language Therapist may advise that residents with swallowing difficulties are offered a tablet/capsule with a spoonful of semi-solid food (e.g. smooth yogurt or apple puree) instead of with a drink. Providing the resident consents to taking the medication, this is <u>not</u> covert administration of medicines. Covert administration is where the resident does not have the capacity to consent to the medication and it is in their best interests to have it concealed in their food or drink. If in any doubt, especially around the residents' capacity to understand that medication is being administered, then refer to the Covert Medicines Guidance.¹

3. <u>Crushing tablets and opening capsules:</u> Prescription medications should only be taken according to the directions of a prescriber. Medicines used in a different way from how 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. A person giving crushed tablets or opened capsules to a resident without directions from the prescriber and without making the appropriate checks could be held liable for any harm caused.²

It is recommended that directions to crush tablets and/or open capsules should be documented on the prescription, the Medicines Administration Record (MAR) chart and in the care plan.

- 4. <u>Care plans for residents with dysphagia</u>: If a resident has dysphagia, then it is **essential** that a dysphagia care plan is written and this must include:
 - The advice from the Speech and Language Therapist detailing the use of thickeners
 - Position of the patient when eating, drinking and taking medication
 - Consistency of food required and how food should be served
 - Consistency/thickness of liquid required (Stage 1, 2 or 3)

The community pharmacist will advise on administration of medication. This information should be available to all staff administering medication to these residents both in the care plan and on the MAR chart.

5. <u>Storage of Thickeners:</u> A patient safety alert has been issued by NHS England to raise awareness of the need for proper storage and management of thickening powder as part of the treatment of people with dysphagia. http://www.england.nhs.uk/2015/02/06/psa-fluidfood-thickening-powder/

6. **Quantity of Thickener:** The amount of thickener required by each resident will vary and is dependent on how much fluid they drink and which consistency of fluid is required (Stage 1, 2 or 3). All adults should be encouraged to drink at least 1600ml fluid per day (unless care plan states the need for a reduced fluid intake). The amounts of thickener advised below are the minimum quantities required for 28 days to thicken 1600ml fluid per day to the correct consistency:

Thickener	Presentation	Minimum requirement per month		
		Stage 1	Stage 2	Stage 3
Resource ThickenUp Clear NOT Resource ThickenUp which is a different product and not recommended in Bucks	125g tub NOT 24 x 1.2g sachets	5 tubs	9 tubs	13 tubs
Thick and Easy	225g tub NOT 100 x 9g sachets	9 tubs	14 tubs	18 tubs

7. Residents with Parkinson's and swallowing difficulties: Advice is available from the Specialist Parkinson's Nurse. It is very important that an alternative way of delivering medication to these residents is found as soon as possible if they cannot swallow their prescribed formulations.

Be aware: There is a significant risk of neuroleptic malignant syndrome* if Parkinson's medication is suddenly stopped. (*Neuroleptic malignant syndrome - rare but potentially life-threatening reaction to medication).

Further information is available from:

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Speech and	Community Long Term Conditions Team:		
Language	Amersham Hospital Tel: 01494 734415		
Therapy	Stoke Mandeville Hospital Tel: 01296 315247		
Service			
Medicines	Care Homes Pharmacists, Medicines Management Team, Chiltern & Aylesbury Vale CCG		
Management	Email: bucks.mmt@nhs.net Tel: 01494 586614		
Specialist	North Buckinghamshire:		
Parkinson's	Email: Caroline.Powell@buckshealthcare.nhs.uk Tel: 01296 316582		
Nurses	South Buckinghamshire: Email: <u>Liz.Scott@buckshealthcare.nhs.uk</u> Tel: 01494 425788		
Quality in	Email: qualityincare@buckscc.gov.uk Tel: 01296 387087		
Care Team	http://www.buckscc.gov.uk/bcc/adult_social_care/quality-in-care.page		

Other useful resources:

- 1. Covert Medicines Guidance http://www.buckscc.gov.uk/media/1900489/Covert-Medicines-Guidance.docx
- 2. UKMI: Crushing tablets and opening capsules in a care home setting http://www.evidence.nhs.uk/search?q=%22Crushing+tablets+or+opening+capsules+in+a+care+home+setting%22
- 3. Wright, D Guidelines on the medication management of adults with swallowing difficulties http://www.guidelines.co.uk/gastrointestinal-wp-medication
- 4. UKMI Medicines Q&A's: Therapeutic options for patients unable to take a solid dosage forms http://www.medicinesresources.nhs.uk/upload/documents/Evidence/Medicines%20Q%20&%20A/NW_QA294_3_Solidoral_dosageformsalternatives.doc

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Date:	May 2015	
Ratified by:	Medicines Management Joint Executive Team – 21 May 2015	
Review	May 2019	
date:	May 2018	