

Care Homes Good Practice Guidance

Reducing harm from omitted and delayed medicines

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Advice on managing delayed or omitted doses

Refer to the [Patient Information Leaflet \(PIL\)](#) (which is supplied with the medication), or the [NHS website](#) in the first instance for specific advice about a missed dose. If the information is not provided within the PIL or the NHS website, follow the general guidance below. If further guidance is still needed, seek clarification from a healthcare professional e.g. practice-based/ PCN pharmacist, community pharmacist, nurse practitioner, or GP.

General guidance

Medicines where doses are prescribed as once or twice a day:

- Give the dose as soon as it is remembered/ available as long as the next dose is not due within a few hours, and then continue as normal. What is meant by a few hours will vary with each situation. Seek further advice from a healthcare professional if needed e.g. practice-based/ PCN pharmacist, community pharmacist, nurse practitioner, or GP.

Medicines where doses are prescribed more frequently throughout the day:

- If the dose is less than 2 hours late, give the missed dose as soon as it is remembered/ available. The timing of the following dose/s may need to be adjusted.
- If the dose is more than 2 hours late, skip the missed dose, and wait until the next dose is due. Then continue giving the medicine at the usual times.

Guidance on specific medicines

Medicines to treat Parkinson's Disease

- A missed or late dose could mean the resident is unable to move, get out of bed, swallow, walk or talk. It can take a long time for a person to get back to their baseline. Stopping Parkinson's medicines suddenly can be dangerous. If a resident cannot take their medicines, the GP or specialist should be contacted as a priority.
- Useful resources: [Parkinson's Q&A The Importance of getting Parkinson's Medication on Time](#) and 'Get It On Time' stickers and posters

Epilepsy medicines

- [Epilepsy Society](#) advice recommends, in general, if a dose is missed and the drug is usually taken:
 - once a day – a missed dose should be taken as soon as it is remembered.
 - twice a day – a missed dose can be taken if it is within six hours after it was due (i.e. less than 6 hours late), otherwise it should be omitted, and the next dose taken at the usual time.

DOACs e.g. Apixaban, Edoxaban, Dabigatran, Rivaroxaban

- The protective effects of DOACs can start to fade even after one dose omission. If a dose is missed, check if it is possible to administer the delayed dose. Check the [PIL](#) or if further advice is still needed, contact a healthcare professional e.g. GP, practice-based/ PCN pharmacist, community pharmacist, or nurse practitioner.
- In usual circumstances:
 - if the DOAC is prescribed once daily, administer the dose at the same time each day.
 - if the DOAC is prescribed twice daily, administer the doses 12 hours apart.

Methotrexate once weekly

- Doses should be taken on the same day each week.
- If a dose is missed, the advice depends on when it is remembered/ available:
 - **Within two days:** take the missed dose, then take the next dose as normal. For instance, if a person normally takes their methotrexate on a Tuesday, they could take it on a Wednesday or Thursday, then take their next dose on Tuesday as normal.
 - **Three or more days later:** contact the specialist nurse/ clinic for advice. If this is not possible, contact the GP/ prescriber for advice. A double dose should not be taken to make up for a missed dose.

Immunosuppressant therapy and cancer medicines

- Contact the specialist clinic or prescriber for advice if a dose is missed.

Clozapine

- If omitted for more than 48 hours, treatment will need to be re-titrated with a lower dose. Contact the specialist mental health team.



Common reasons for missed doses and suggested actions

Consider urgency at all stages

**Medication
not
available**

- Check for stock in drug trolley/ medication cupboard/ fridge/ CD cabinet/ resident's room.
- If no stock is available, obtain a prescription/ supply.
- If outside of regular pharmacy opening hours, check nearby pharmacy opening hours <https://www.nhs.uk/service-search/find-a-pharmacy/>.

**Resident
asleep**

- Assess urgency. Even one dose omission or delay could have a negative impact on the resident's condition and could result in harm.
- If the resident is often asleep during the medication round, liaise with the prescriber or pharmacist to review timing of dose.

**Patient
factors e.g.
low blood
pressure,
loose
stools, low
pulse**

- Discuss with the prescriber and agree a plan for monitoring the resident e.g.
 - Monitoring requirements
 - Frequency of monitoring
 - Plan of action for re-starting the drug
- Record the appropriate non-administration code and the reason for omission on the MAR chart.
- Make clear records of any monitoring carried out.

**Swallowing
difficulty
(dysphagia)**

- Liaise with the prescriber. A medication review should be carried out to assess whether the medication is still indicated and required. If the medication is required:
 - Check whether the current formulation is consistent with any Speech and Language Therapy (SLT) recommendations.
 - Check what size of tablet/ capsule the resident can comfortably swallow. It may be possible for the tablet or capsule to be administered whole with the appropriate food texture and liquid consistency. Check food compatibility with a pharmacist.
- Some tablets and capsules can be harmful if crushed or opened. If the resident is unable to swallow a capsule or tablet, liaise with the pharmacist or prescriber to discuss alternative options.

**Prescribing
issue e.g.
directions
unclear,
allergy/
adverse
effect**

- Seek clarification from a healthcare professional e.g. practice-based/ PCN pharmacist, community pharmacist, nurse practitioner, or GP.



Common reasons for missed doses and suggested actions

Consider urgency at all stages

Refusal of medication

- Establish reason (e.g. side effect, specific medication, time of day, cognitive issues), and whether there is a pattern of refusal (e.g. is there a particular time of day that the resident is less or more compliant with medication).
- Try returning after a short interval. This may not be appropriate in all cases, for example if refusal is linked to a side effect (hence it is important to establish the reason for refusal).
- For medicines where compliance with dosage and frequency are critical to the resident's wellbeing (e.g. epilepsy medication, DOAC etc), the prescriber or NHS 111 should be contacted after the first dose is refused.
- Record circumstances and any reasons for refusal in the care plan and MAR chart.
- Follow the principles of the Mental Capacity Act:
 - If a resident has capacity to make the decision about whether to take a medicine, they have the right to refuse that medicine. Check that the resident understands the consequences of doing so, so that they are making an informed choice. Make sure the prescriber is aware and document the agreed plan.
 - If a resident is assessed as lacking the relevant capacity to understand the consequences of their refusal, follow the best interest process. Covert administration is only likely to be necessary or appropriate where a resident actively refuses their medicine, **and** the resident is assessed not to have the capacity to understand the consequences of their refusal, **and** the medicine is deemed essential to the resident's health and wellbeing.

Dealing with errors/ incidents

If the omitted or delayed dose is the result of an error/ incident, seek appropriate medical advice and report the error/ incident in line with local procedure:

- In Hertfordshire: refer to the [Hertfordshire Medication Errors and Safeguarding Guidance](#) (the guidance can also be found via this [link](#)).
- In West Essex: refer to the [Essex County Council Safeguarding Adults Decision Support Guidance](#).



Good practice recommendations to prevent missed doses

Medicines reconciliation

- ✓ Complete this process for **all** residents transferred from another care setting or place of residence (including their own home).
- ✓ The following information should be available on the day that a resident transfers into a care home:
 - Known allergies and reactions
 - Current medications, strength, form, dose, timing, frequency, route, what the medicine is used for (if known)
 - Changes to medicines including medicines started, stopped or dosage changed, and reason for change
 - Date and time of last dose of medication, including 'when required' medicines, and any medicines given less often than once a day (e.g. alternate day, weekly, monthly medicines).

Administration of medicines

- ✓ Review all MAR charts to check which medications are due for the medication round.
- ✓ Plan for any medicines which have to be given at specific times in relation to food (check MAR chart/ pharmacy label):
 - Before food e.g. Alendronic acid (at least 30 mins before food & other medicines), Lansoprazole, Levothyroxine
 - With or after food e.g. Aspirin, Ferrous sulphate, Rivaroxaban
- ✓ Be aware of PRN medicines – these may be required at times outside of the medication round.
- ✓ Keep a running tally of medication quantities on the MAR chart. This will help to identify what needs ordering.
- ✓ If a medicine is omitted (e.g. resident refused, asleep, clinical factors etc.), enter the appropriate non-administration code on the MAR chart. Follow the guidance above in '[Common reasons for missed doses and suggested actions.](#)'
- ✓ Sign the drug chart immediately after administration – do not leave this task until the end of the medication round.

Ordering and receipt of medicines

- ✓ During the monthly medicines ordering process:
 - Allow plenty of time to order prescriptions.
 - Always check prescriptions or prescription tokens against the medication order **before** medicines are dispensed. This will allow discrepancies (e.g. missing items) to be identified early.
 - Allow plenty of time before the start of the next medication cycle, to check the supplied medication against the original order, and the MAR chart. If a medication is missing from the MAR chart and/or not received in the delivery, do not assume it has been discontinued. Check with the GP practice or community pharmacy.
- ✓ Medicines started or changed mid-cycle:
 - If the prescription is sent electronically to the pharmacy, inform the pharmacy that a prescription has been sent.
 - For monthly prescriptions, check that the quantity prescribed/ issued is synchronised with the medication cycle.

Shift handover

- ✓ Discuss any missed or delayed medication, and any outstanding actions.
- ✓ If the timing of a medication has been changed, communicate this with your colleagues.

Audit

- ✓ Conduct regular audits to check for missed and delayed doses and/or missing documentation, implement appropriate action plans and share learning.



References

1. [Specialist Pharmacy Service. Advising on missed or delayed doses of medicines. November 2021.](#)
2. [Epilepsy Society. Strategies and tools for taking medication. February 2022.](#)
3. [Parkinson's UK. Managing your medication in hospital. February 2020.](#)
4. [Parkinson's UK Q&A: The Importance of getting Parkinson's medication on time.](#)
5. [CQC Medicines information for adult social care services. Medicines for seizures. November 2022.](#)

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