

FLOWCHART FOR CARERS – WHAT TO DO IF A PATIENT CANNOT SWALLOW THEIR MEDICINES

This flowchart accompanies the WSFT Dysphagia and IDDSI e-learning module

YOU NOTICE THE PATIENT HAS DIFFICULTY SWALLOWING THEIR MEDICINES

COLLECT INFORMATION ABOUT THE PATIENT'S MEDICINES

- List the medicines they can and can't take.
- For tablets and capsules, make a note of their size and shape. Does the patient have difficulty taking liquid medicines?
- Remember to report missed doses of medicines to the appropriate person in your organisation.
- Patients are at risk of harm if they miss doses. This is especially important for certain medicines such as blood thinners or medicines for conditions such as epilepsy, Parkinson's disease, or after a transplant.

DOES THE PATIENT ALSO HAVE DIFFICULTY SWALLOWING FOOD OR DRINK?

Some people without dysphagia (swallowing difficulties) have trouble swallowing medicines. Some people with dysphagia can swallow tablets and capsules.

NO

People who can swallow food and drink safely don't need to be referred for a swallow assessment. Try techniques to help them swallow. Take medicines one at a time with a sip of water, with pauses in between.

YES

People who have difficulty swallowing food and drink should be seen by a speech & language therapist (SALT). **Has the patient already had a swallow assessment by SALT?**

NO

Consider referring to SALT for a swallow assessment. Care homes should ensure they have followed the framework to optimise safer eating and drinking. It is good practice to discuss any potential referral with the GP.

YES

Check the SALT report and ensure any IDDSI recommendations and recommended techniques are being implemented.

ASK FOR ADVICE ABOUT THE PATIENT'S MEDICINES

Who to ask?

If you are a carer, contact your supervisor, line manager, or care home manager. They will be able to contact one of the following:

For patients in their own home:

Pharmacist at the patient's GP surgery (practice pharmacist)
Community pharmacist

For patients in a care home:

MOCH (Medicines Optimisation in Care Homes) team
Pharmacist at the patient's GP surgery (practice pharmacist)
Community Pharmacist

How they can help

The pharmacist/pharmacy team will be able to recommend the best options depending on the medicines and patient's ability to swallow.

They may suggest different options for different medicines. They will suggest any unnecessary medicines are stopped.

The pharmacist/pharmacy team should liaise with the patient's GP to ensure that appropriate medicines are prescribed and included in the patient's MAR (Medicines Administration Record) chart.

CHANGES TO PATIENT'S MEDICINES THE PHARMACIST/PHARMACY TEAM MAY RECOMMEND

They may suggest different options for different medicines.

OPTION 1

Switching to a different dosage form:

- E.g. switching from a tablet to a liquid, dispersible tablet or patch.
- Sometimes they may recommend a change to a different medicine.

REMEMBER!

Patients who need thickened fluids cannot take thin liquid medicines.

OPTION 2

Modifying the dosage form - changing a tablet or capsule by:

- Splitting a tablet in half
- Crushing a tablet
- Dispersing a tablet in water
- Opening a capsule
- These options are not suitable for all medicines.

Some tablets and capsules should not be modified:

Those with special coatings or medicines that can cause harm to the person crushing or opening them.

OPTION 3

Switching to a 'special' liquid medicine:

Special liquid medicines need to be ordered by the pharmacist especially for the patient.

They are usually only used when there isn't another option as they are unlicensed and often expensive.

OPTION 4

Patients may find it easier to swallow medicines with food, or thickened fluids if they need them.