EVIDENCE BASED GUIDELINES

Dose Form Modification of Medication
Also Known As “Crushing”, “Splitting”, or “Opening” Medication

Introduction

The mandate of the CRPNBC is to serve and protect the public. The College is responsible through self-regulation to assure a safe, accountable, and ethical level of psychiatric nursing practice. The College is accountable to the public through government regulation under the Health Professions Act.

The practice of psychiatric nursing is guided by a set of values and beliefs that are encompassed in the Code of Ethics & Standards of Psychiatric Nursing Practice.

The Code of Ethics upholds the value of practicing safely, competently, and ethically. The practice of safe administration of medication falls under these values.

Administration of medication is an important task of Psychiatric Nursing and has the potential to both improve health outcomes and lead to adverse reactions for the client. It is incumbent upon Psychiatric Nurses to be knowledgeable about medications and procedures for safe administration of medication.

The practice of crushing, splitting or opening medication (dose form modification) is common in some psychiatric settings and is accompanied by specific risks that can impact the client and Psychiatric Nurse. The purpose of developing the following guidelines is to support safe administration of medication by nurses to clients.

Definition

Dose Form Modification refers to altering the form of the prescribed medication by crushing, splitting, or opening a medication capsule.

Problems with dose form modification

Medication is prescribed to clients in anticipation of improving their health outcomes and quality of life. The form and dosage of the medication is determined by the physician. Medications are approved under a licensing process defined by Health Canada. Altering the form of medication by crushing, splitting, or opening a capsule may have the following effects:

- Altering the form of the medication can lead to changes in medication effectiveness due to a change in the rate and amount of absorption and/or interactions with other medication;
• Crushed medication may be toxic to clients, the practitioner and the environment;

• Research indicates the equipment or tools used to crush or cut medications may not be appropriate for the task, and may not be properly cleaned between uses, leading to contamination of medication between clients. This practice puts other clients at risk for adverse reactions;

• Altering the form of the medication may void the licensing agreement and absolve the pharmaceutical company of liability if the client has an adverse reaction to the medication due to the alteration.

Indications for crushing medication

Two common reasons for drug form modification are:

• To assist a client who has difficulty swallowing; and
• To disguise the medication being given (covert medication administration).

The CRPNBC Code of Ethics and Standards of Practice do not support the practice of administering covert medication.

Dose form modification to address swallowing difficulties is acceptable when it is done in the best interest of the client but must be done in a way that follows the principles of safe administration of medication.

Guiding Principles

The CRPNBC Code of Ethics and Standards of Practice set out the principles for safe, competent, and ethical practice to ensure the protection of the public. They provide the guidance for medication administration as quality nursing practice:

• Dose form modification should not be done where a safer alternative is available;
• Where possible, the patient should be informed and provide consent;
• The prescribing physician should indicate on the actual order if the medication form is to be modified;
• The pharmacist should be consulted before medication is crushed, opened, or split;
• Medication should be administered following the Ten Rights: right medication, right client, right dose, right time, right route, right reason, right documentation, right to refuse, right to information, right evaluation;
• Staff should be educated to be knowledgeable about the practical, legal, and ethical implications of altering medication, including safety for staff and the environment;
• Staff should have access to information such as the “Do Not Crush” list from the Institute for Safe Medication Practices (ISMP) website; and
• Where possible, disposable pill crushers, splitters or a patient-specific pill crusher/splitter should be used. If this is not possible, the pill crusher/splitter needs to be properly cleaned after each use.
Glossary

**Accountable**: Responsible; required to account for one’s conduct (accountable for own actions)

**Administration/Administering**: The direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion, or any other means

**Adverse reaction/event**: An unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by health care management rather than by the patient’s underlying disease process.

**Competent**: The integration and application of knowledge, skills, attitudes and judgment required to perform safely, ethically and appropriately within an individual’s nursing practice or in a designated role or setting.

**Consent**: The deliberate and voluntary agreement to some act or purpose made by a capable individual

**Covert**: Secret or disguised; change in form character or function; to make structural alterations

**Dose form modification**: The practice of crushing, splitting or opening medications

**Ethical**: The fundamental disposition of the registered nurse toward what is good and right, and action toward what the registered nurse recognizes or believes to be the best good in a particular situation.

**Prescribed/Prescribing**: Authorization given by a practitioner directing that a stated amount of any drug or mixture of drugs specified in it be dispensed for the person named in the authorization

**Safe/Safety**: The reduction and mitigation of unsafe acts within the health care system, and refers to both staff and patient safety. Patient safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Staff safety includes but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behavior, and infection control. Patient and staff safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blaming individuals. The health and well-being of all clients and staff is a priority in a culture and environment of safety.

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References


