

ABSOLUTE SCOOP

DID YOU KNOW?

As a general rule, if a medication name includes CR, LA, SA, SR, TR, XL, or XR, it is likely a modified-release product and should not be crushed, opened, or chewed.



MEDICATION CRUSHING: A TOUGH PILL TO SWALLOW

Written by Eric McCaw, BCGP, Consultant Pharmacist

An estimated 40–60% of long-term care (LTC) residents have difficulty swallowing whole medications. This presents a challenge for nursing staff during medication passes. While it may seem convenient to crush medications for easier administration, doing so without proper consideration can compromise resident safety and therapeutic outcomes.

Nurses should always follow the **Five Rights of Medication Administration** when passing medications:

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Route
5. Right Time

Crushing medications inappropriately can compromise these rights. For example, a 12-hour controlled-release tablet is designed to release medication gradually over several hours. If crushed, the entire dose is released at once, leading to elevated drug levels, increased side effects, and a shortened duration of effect. In this scenario, the resident is no longer receiving the right dose, which may result in adverse outcomes.

Facility Review Findings

A recent pharmacy survey of three LTC facilities found that 55% of residents who required crushed medications had at least one drug that should not be altered. According to this survey, the following medications are most often altered inappropriately:

- Pantoprazole EC Tablets (enteric-coated)
- Tamsulosin Capsules (should not be opened or crushed)
- Divalproex DR Tablets (delayed-release)
- Metoprolol XL Tablets (extended-release)
- Isosorbide Mononitrate ER Tablets (extended-release)

As a general rule, if a medication name includes CR, LA, SA, SR, TR, XL, or XR, it is likely a modified-release product and should not be crushed, opened, or chewed. If such medications are prescribed to residents who cannot swallow whole tablets or capsules, the order should be changed to a more suitable alternative.

The Nurse's Role in Medication Safety

Nursing staff play a critical role in ensuring safe medication administration by:

- Identifying residents who are unable to swallow whole pills
- Communicating clearly with prescribers and pharmacy
- Participating in regular medication reviews

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Clear Documentation Is Essential

A resident's need for crushed medications should be treated as important health information—similar to allergies or vital signs. The Centers for Medicare & Medicaid Services (CMS) emphasizes a person-centered, individualized approach to medication administration. If a resident has specific needs regarding medication intake, this should be reflected in their care plan. Residents who require crushed medications should be easily identifiable. This information should be documented clearly. For example, notes can be added to:

- The eMAR resident profile
- Nursing shift reports
- Physician orders
- Progress notes

This enhances team awareness of resident needs and helps prevent unsafe medication crushing, identify current concerns, and select suitable alternatives. A resident's ability to take medications may change over time due to health status or functional decline. When this occurs, it should be promptly documented and communicated to the healthcare team to ensure medication orders are reviewed and remain appropriate. Recognizing and addressing swallowing difficulties is essential to improving resident safety and clinical outcomes.

Supporting Safe Practices

Absolute Pharmacy has developed a "Do Not Crush" list to support nursing staff. This quick-reference guide is available to all of our customers. When in doubt about a medication, staff should consult:

- Absolute Pharmacy
- Consultant pharmacist
- Medication monographs
- Manufacturer guidelines

Final Thoughts

The decision to crush medication should not be taken lightly. Many medications cannot be safely altered, and doing so may pose serious risks. The healthcare team should assess each resident's needs carefully and collaborate to identify the safest approach. Through proactive communication and use of reliable resources, facilities can prevent medication errors and better support resident safety and outcomes.

References:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/ltc-survey-fags.pdf>

Hanson A, Haddad LM. Nursing Rights of Medication Administration. [Updated 2023 Sep 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023. Strachan, I. & Greener, M.. (2005). Medication-related swallowing difficulties may be more common than we realize. *Pharmacy in Practice*. 15. 411-414

About the Author

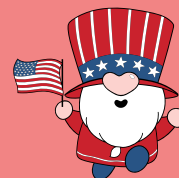


Outside of work, Eric loves to spend time outdoors including hiking, running, backpacking, gardening, and photography. He enjoys traveling with his wife and 2 children.

Eric McCaw, RPh, BCGP is a Consultant Pharmacist. Eric graduated from The Ohio State University. He began working at Absolute Pharmacy as an in-house Operations Pharmacist in 2006. In 2010, he transitioned to consulting and has enjoyed working with many facility staff members throughout Ohio while striving to improve the lives of residents.

Where was the Declaration of Independence signed?

At the bottom.



What does the Statue of Liberty stand for?

Because it can't sit down.