

Care homes - Refused and missed doses

This document provides guidance for healthcare professionals on dealing with delayed or missed doses.

The six R's of administration¹

- Right Resident
- Right Medicine
- Right Route
- Right Dose
- Right Time
- Right to Refuse

NB – This document does not address the issue of fasting and medicines. Please liaise with a suitable Healthcare Professional on how to support a resident who is prescribed medicines and wishes to fast.

For the purposes of this guidance, a missed dose is one that was not given or taken before the next dose is due. For once only (stat) doses, a dose is missed if the medicine is not administered within two hours of the time the dose is due (prescribed).²

The definition of a delayed dose is that the administration of a medicine occurs two hours or more after the prescribed time.²

Recommendations

- Ensure any resident refusing medication has made an informed choice (refer to 'refused doses' section). Residents do have the right to refuse medication.
- The circumstances and reasons why a resident refuses a medicine should be recorded in the resident's care record and medicines administration record, using the appropriate non-administration code.
- At the end of each shift during the handover i.e. before nurses or carers working on the outgoing shift leave, discuss any missed or delayed medication as well any outstanding actions.
- Where the dose is given at a different time to the one prescribed, ensure this is documented on the MAR chart so that the appropriate time interval can be maintained between subsequent dosing. This may mean the medication is next due to be administered outside of the usual medication round.
- Staff administering medication are aware of how to identify medicines that are critical – those that cannot be delayed and those that cannot be missed (see appendix 1).
- Staff are aware of the required actions to be taken when medicines are missed or delayed.
- Conduct regular audits to check for missed and delayed doses and/or missing documentation, implement appropriate action plans, share learning and facilitate positive change.

Refused doses

- Residents have the right to refuse medication. Care home staff should ensure that residents understand the consequences of doing so, so that they are making an informed choice.
- Try to identify why the resident has refused the medication, their beliefs, understanding of what the medicine is for and consequences of not taking the medication. Establish if there is a pattern of refusal.
- Try to address any issues identified. Continual refusal may involve getting the GP to review the medication or trying an alternative medicine or formulation which may be acceptable to the resident.
- Depending on their rationale, learning to deal with patient refusal such as returning after a short interval (without affecting the resident's right to refuse medicine) may reduce the incidence of refusal.
- For essential medication, identify if the resident has capacity to make the decision and conduct a best interest meeting if necessary.³
- NICE guidance states that the circumstances and reasons why a resident refuses a medicine should be recorded (if the resident will give a reason) in the resident's care record and medicines administration record, unless there is already an agreed plan of what to do when that resident refuses their medicines.
- If the resident agrees, care home staff should tell the health professional who prescribed the medicine about any ongoing refusal. (The time period that is agreed should take into consideration individual patient circumstances and the medicine concerned).

Action to take for delayed or missed doses

- The actual time of administration must always be taken into consideration so that a sufficient time period occurs between doses, or the dose may have to be omitted. Good documentation is key for this.
 - However, there are circumstances where a resident may not receive their medication at the prescribed time but it may still be appropriate to administer it at a later time without this presenting a risk to the patient.
 - If the dose is **more than two hours late for medicines taken once or twice each day** the resident should usually take/be given the dose as soon as it is remembered/available as long as the next dose is not due within a few hours*. Then continue as normal.²
- *Guidance has not been provided for every medicine or situation, a "few hours" will vary with each situation. Seek further advice from a Pharmacist or the GP if you're not sure what this means. The medicine's patient information leaflet will also provide information on what to do if a dose is missed or delayed.
- If the dose is **more than two hours late for medicines taken frequently throughout the day** it is usually advised to omit the missed dose, wait until the next dose is due, then continue as normal. For example, this advice would apply to an antibiotic or painkiller taken four times per day.²

Never double the medication if a dose is missed

Depending on the clinical significance (taking into consideration the medicine involved and the resident's condition), seek appropriate medical advice as soon as an unintentional administration delay or omission is identified and agree appropriate and timely action.

NICE in their guidance on Managing Medicines in Care Homes¹ outlined that a safeguarding issue in relation to managing medicines could include accidental harm caused by incorrect administration or a medication error.

- Record missed and delayed doses as resident safety incidents in accordance with the care home policy.

Additional actions to be taken

- If a resident misses their medication identify any additional monitoring that may be required (e.g. monitoring of blood glucose for patients prescribed diabetic medication; blood pressure monitoring for patients prescribed blood pressure medication and seek appropriate medical advice).
- There should be a time frame documented for contacting the GP or Out of Hours service. However if the resident's condition deteriorates, the GP or Out of Hours service should be contacted sooner.

Documentation

- At the end of each shift during the handover i.e. before nurses or carers working on the outgoing shift leave, discuss any missed or delayed medication as well any outstanding actions.
- Ensure the Medicine Administration Record (MAR) chart is annotated to show that a dose has been missed or was delayed, using the appropriate non - administration code (check that all members of care home staff who administer medication know when to use each non - administration code). Where the dose has been given at a different time ensure this is documented on the MAR chart so that the appropriate time interval can be maintained, note this may mean the medication is next due to be administered outside of the usual medication round.
Standard 8 of the Nursing and Midwifery Council (NMC) standards for medicine administration indicates that a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient must be made, ensuring the signature is clear and legible. In addition, where medication is not given, the reason for not doing so must be recorded.⁴
- Record any advice received and actions taken.

Audit

- Ensure that any medicine management audit conducted is robust and includes checks for missed and delayed doses.
- If the audit indicates that there are gaps in the administration records, attempts should be made to identify the reason(s) and the appropriate steps taken to rectify this.
- Review incident reports for instances of missed and delayed doses, review any systems or procedures which may have contributed to the incident. Identify and share any learning.

References

1. Managing medicines in care homes. NICE (SC1). March 2014. <https://www.nice.org.uk/guidance/sc1> Accessed 26/08/16.
2. What should patients do if they miss a dose of their medication? UKMi Q&A. 23 February 2017 Accessed 30/05/17 via https://www.sps.nhs.uk/wp-content/uploads/2013/12/UKMi_QA_Missed-doses-of-medicines_update_Feb-2017_FINAL.pdf
3. PrescQIPP bulletin 101. Covert administration of medication. September 2015. Available at <https://www.prescqipp.info/care-homes-covert-admin/category/216-care-homes-covert-administration>
4. Standards for medicines management, NMC. <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf> Accessed 30/08/16.
5. Patient information leaflet Maxtrex ® tablets 2.5mg. Pfizer Ltd. <https://www.medicines.org.uk/emc/PIL.10453.latest.pdf> Accessed 26/08/16.

Additional PrescQIPP resources



Slideset

Available here: <https://www.prescqipp.info/resources/category/385-care-homes-refused-or-missed-doses>

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This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)

Appendix 1: Examples of common medicines that must not be delayed or omitted

These lists are not exhaustive, they give examples of the more common medicines that must not be delayed or omitted.

Examples of medicines which must not be delayed or omitted (time critical medicines)

- Medicines for the treatment of anaphylaxis e.g. EpiPen ®
- Parkinson's disease medicines, when a resident with Parkinson's doesn't get their medication at the time prescribed for them their symptoms can become uncontrolled, which not only can be distressing for them but can also increase their care needs.
- Benzodiazepines e.g. diazepam used for the treatment of status epilepticus
- Dextrose gel e.g. Glucogel® for the management of hypoglycaemia
- Glucagon ® for the management of hypoglycaemia
- Sublingual glyceryl trinitrate for the management of angina
- Insulin
- Opioids for severe chronic or acute pain
- Oxygen

Examples of medicines that must not be omitted (delays are not critical however a delay can affect future management)

- Medication for epilepsy, missing a dose can cause the resident to have a seizure. The medication should be taken as soon as possible unless the next dose is due within a few hours.
- Anticoagulants, e.g. enoxaparin, heparin, warfarin, rivaroxaban, apixaban, dabigatran.
- Methotrexate once weekly, if a dose is missed it should be taken as soon as it is remembered/ available if this is within two days. However, if the dose is missed by more than two days, seek medical advice. Do not take a double dose to make up for a missed dose.⁵
- Antibiotics.
- Antivirals.
- Steroids.
- Clozapine.
- Lithium.
- Immunosuppressants for the treatment of organ transplantation.
- Cancer drugs.

At the front of the file which contains the resident's MAR chart, highlight that they have been prescribed a critical medicine as well as documenting this in their medication care plan.

Following transitions of care, appropriate medicines reconciliation should be carried out as soon as possible.

Appendix 2: Common reasons for missed doses and possible actions

Reason	Possible action that can be taken
Patient refuses medication	<ul style="list-style-type: none"> • Try to identify why the resident has refused the medication, their beliefs, understanding of what the medicine is for and consequences of not taking the medication. Establish if there is a pattern of refusal. Address any issues identified. This may involve getting the GP to review the medication or trying an alternative medicine or formulation which may be acceptable to the resident. • Reflect on how patient instances of refusal or non – adherence is dealt with. Learning to deal with patient refusal such as returning after a short interval (without affecting the resident’s right to refuse medicine) may reduce the incidence. • For essential medication, identify if the resident has capacity to make the decision and conduct a best interest meeting if necessary. • Residents have the right to refuse medication, care home staff should ensure that the resident understands the consequences of doing so.
Medication not available	<ul style="list-style-type: none"> • Try to obtain the medication, contact pharmacy and/or prescriber. • Ensure care home staff are aware of out of hours pharmacies and can access medication from them. • Ensure sufficient medication is ordered to complete the cycle, check the quantity received at the beginning of the medication cycle where possible and rectify any discrepancies. • Following a GP visit, ensure there is a robust process for obtaining interim medications, particularly during out of hours and highlight the resident’s allergy status during discussions with the prescriber to prevent any delay. • Ensure medicines started during the cycle are in line with the current cycle, e.g. if a new regular medicine is started on day 13 of the cycle, 15 days’ supply should be prescribed so it is in line with the other medication. If the monthly prescription request has already been submitted a prescription for the next cycle should also be requested and sent to the community pharmacy explaining clearly that an interim prescription has been issued for immediate delivery and the other prescription is for the next medication cycle.
Resident asleep	<ul style="list-style-type: none"> • Only wake a resident to administer critical medicines • If the medicine is not critical and the resident is often asleep during the medication round, seek the advice of the prescriber for a change in timing or frequency.
Resident away from the care home	<ul style="list-style-type: none"> • Administer medication when the resident returns if appropriate to do so, see section on general principles. • Identify if it is possible this may happen again, e.g. resident has a routine appointment when medication is due, refer to care home leave medication policy or appropriate section in care home medicines policy.

Reason	Possible action that can be taken
Patient factors, e.g. blood pressure low, pulse slow, loose stools	<ul style="list-style-type: none"> Continue to monitor the resident, it may be necessary to consult the prescriber when re-starting if the resident has had to miss several doses, the dose may need to be adjusted or the resident reviewed.
Medication unsuitable for resident, e.g. drug allergy, intolerance, allergy status unknown	<ul style="list-style-type: none"> If resident has a documented drug allergy or intolerance, contact the prescriber for alternative and report the incident. If the resident's allergy status is unknown, identify status by liaising with the prescriber and discuss the way forward. Document actions accordingly and update allergy status where possible.

Appendix 3: Proactive strategy for dealing with missed and delayed doses

Questions that should be asked by care home staff each time a new medication is prescribed. It is good practice for this information to be shared with the resident.

1. What are the implications if the resident misses a dose of this medication?
2. What will result if they miss several doses or the dose is delayed? (Some drugs are time critical and some if missed can cause harm).
3. At what point should the care home contact the prescriber due to missed doses? (I.e. after one dose, three doses, the same day, ten in one month or if certain symptoms occur etc.?)
4. What are the acceptable time frames for getting the resident to take their medication? For example, can you still give it to them more than an hour after the dosage time?
5. Is it important that doses be a certain period of time apart? E.g. antibiotics.

Appendix 4

Adapted from Guidelines: Management of Client Refusal to Take Prescribed Medication produced by Continuum of Care at the University of New Mexico Health Sciences Centre. <http://coc.unm.edu/common/resources/guidelines.pdf>

Dealing with refusals

For occasional refusal

1. Ask the resident why they don't want to take the medicine(s). This may be important because it may highlight a side effect such as taste disturbance or dizziness. If you can determine why they don't want to take the medication, you might be able to help identify a strategy to prevent further refusals.
2. Find out if they understand what the medication is for. If they do not understand, remind them what it is for.
3. Find out if they understand the implications of not taking their medication. If they do not understand, remind them of the implications.
4. Wait a short time, and then encourage them again (within an acceptable time frame).
5. If they continue to refuse, document the refusal and any other relevant information if known (i.e. resident indicated they felt nauseous).

There should be a protocol for what care home staff should do if refusals continue to occur, which should be agreed with the GP.

Frequent or persistent refusal

If the above strategies have not been successful, and the implications of missed doses puts the resident's health at risk the care team (GP and Care Home staff) should:

1. Collect and document observations and knowledge of the reason the resident continues to refuse the medication. Consider physical as well as behavioural barriers because maybe they have trouble swallowing the medicine. Resident/family involvement is vital.
2. Collect and document strategies that have already been tried.
3. Identify whether there are alternative medicines to treat the condition in terms of type, route, amount, schedule, etc. What are the health implications of continued missed doses and/or discontinuation of treatment? Are there ways to alleviate negative side effects?
4. Consider various alternatives to address the situation, for example:
 - Changes to medication regimen.
 - Changes in approach with the individual.
 - Taking the medication in food (without hiding it i.e. not covert administration).
 - Patient education.
5. If the implications of continued missed doses and/or discontinued treatment will put the resident's health at risk, and the resident does not have capacity a best interest meeting should be held to identify the least restrictive way forward. Covert administration may have to be discussed refer to local guidelines, a PrescQIPP bulletin on covert administration of medication is available <https://www.prescqipp.info/care-homes-covert-admin/category/216-care-homes-covert-administration>
6. It may be appropriate to discontinue the medication in some circumstances in agreement with the resident and the prescriber, e.g. statins.