

# Supporting Care Homes

## MISSED DOSES OF MEDICATION

## GUIDANCE SHEET



This guidance sheet is to help care home staff consider the actions to be taken when a resident has missed a dose of medication.

Occasionally medication may not be taken at the normal time. This may cause a problem because missing a dose may make the medicine less effective, but taking subsequent doses too close together increases the risk of side effects.

### **This guidance sheet provides advice where a resident:**

- Has forgotten to take or be given a single dose of medication
- Has missed the correct time for a dose because they were at an appointment, or been away from the care home for longer than expected
- Was asleep at the time the medication was due

### **This guidance does not cover a resident who:**

- Does not wish to take their medication
- Has vomited their medication
- Regularly misses doses of their medication

**There is no situation where the next dose should be doubled if one is missed, this could be harmful.**

### **Action to take following a missed dose:**

- First look at the Patient Information Leaflet (PIL) supplied with the medicine. PILs usually contain specific advice about missed doses. Where you do not have a paper copy the majority can be viewed at the electronic Medicines Compendium: [www.medicines.org.uk/EMC/](http://www.medicines.org.uk/EMC/)
- Medicines Healthcare and Products Regulatory Agency (MHRA) website lists all PILs for medicines licensed in the UK, at [www.gov.uk/pil-spc](http://www.gov.uk/pil-spc). Only use the rest of this guidance sheet if you cannot find a PIL or if the advice in the PIL does not adequately cover the situation you are dealing with.
- As a general rule for all oral medicines it is usually acceptable to take a single dose up to 2 hours late. In these circumstances any warnings about taking before or after meals can usually be ignored as it is more important to take the dose.

- If the dose is more than 2 hours late for medicines taken once or twice each day, the resident should usually take the dose as soon as they remember as long as the next dose is not due within a few hours. The resident should then continue as normal. The definition of a “few hours” will vary with each situation. Seek further advice if you’re not sure what this means in the situation you are dealing with.
- If the dose is more than 2 hours late for medicines taken more frequently than twice a 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.
- If you are unable to find the information you need and you are in doubt always contact the GP or pharmacist for advice, particularly if more than one day of treatment has been missed. Record any advice you are given.
- Record on the MAR chart where a medication was missed and the reason. If it was given at a different time ensure this is clearly documented so that the appropriate time interval can be maintained between subsequent dosing.

## Specific medication:

**Epilepsy medicines:** it is important for residents with epilepsy to take their anticonvulsant medicines regularly. Missing a dose could trigger a convulsion. For medicines taken once a day the dose should be taken as soon as they remember unless the next dose is due within a few hours.

For medicines taken twice a day the dose should be taken only if within six hours of when the dose was due. In both cases the next dose should be taken at the normal time. If taking more than twice a day wait until the next dose is due. Residents who miss doses should avoid activities where having a convulsion could be dangerous.

**Warfarin:** warfarin should be taken as a single dose at the same time each day. There is conflicting advice on how to manage missed doses and advice offered in manufacturers’ Patient Information Leaflets (PILs) varies.

Our advice (based on specialist opinion) is that a missed dose may be taken if it is up to 12 hours late, but if more than 12 hours late, patients should not take it and take their next dose at the normal time.

If a dose is not taken, make a note in the warfarin booklet and remember to tell the doctor at the next blood test appointment. If you are worried contact the anticoagulant clinic or the GP for advice on any increased monitoring requirements.

**Insulin:** patients with diabetes (type 1 or type 2) will be at risk of hyperglycaemia, and possibly ketoacidosis, if they miss insulin doses.

It is advisable to ask for specific instructions in advance from their diabetes nurse/clinic or GP for this scenario. Residents should have their blood sugar checked, and you may also need to test their urine for ketones, particularly if they have any symptoms. If in any doubt always seek advice from the resident’s GP or diabetes nurse.

**Methotrexate once weekly:** If a dose is missed, it can be taken as soon as it is remembered, if this is within two days. However, if the dose has been missed for more than two days then a GP’s advice should be sought. A double dose should not be taken to make up for a missed dose.

**Immune therapy and cancer drugs:** You should seek the advice of a GP in respect of a missed dose of transplant rejection or cancer medicine.

## Other Points:

It is important to review each individual case and identify the reason for the missed dose.

- Is the resident's routine (e.g. asleep prior to night time medication round) leading to a dose being missed regularly? If so ask the GP to review the medication.
- Are there other reasons where the resident's routine is not conducive to their drug regime? If so consider asking the GP to review the resident and their medication.
- Was there an issue with the home's policies or procedures that contributed to the missed dose?
- Check to see if it is a 'true' missed dose, as it may be an administration error i.e. MAR chart not filled in correctly.

## Refused medication:

Residents should never be forced to take medicines against their will and no medicine should be used as a means of punishment or social control. Most refusals are attributable to physical problems or to fears and anxieties that can be resolved by expressions of care and concern.

Seek advice from the community pharmacist or GP in the event of refusal due to inability to swallow a solid dose. Alternative forms of medicines may be available which may be easier for the resident.

If a medicine is refused this should be recorded on the MAR sheet and the GP informed in a timely manner. For medicines where compliance with the dosage and frequency are critical to the resident's wellbeing the GP should be contacted after the first dose is refused; for example epilepsy medication. Any advice given by the GP should be documented.

Please visit our website for more information:  
<https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

Issue date: October 2019  
Review date: October 2021

With special thanks to NHS Northern, Eastern and Western Devon Clinical Commissioning Group NHS South Devon and Torbay Clinical Commissioning Group for sharing this resource

*Quality services, better health*

