

Missed Doses of Medication in Care Homes

This guidance is intended to help a care home decide what to do when a resident has missed a dose of medication; it does not cover a resident who refuses to take or has vomited shortly after taking it.

Consider the advice given in this guidance BEFORE contacting out of hours

If a tablet is dropped or lost from a compliance aid, DO NOT contact out of hours or order as a single dose.

USE A DOSE FROM THE END OF THE PACK AND ORDER 29 DAYS ON YOUR NEXT MONTHLY CYCLE

(or document missed dose, and no replacement dose given)

Occasionally medication may not be taken at the normal, prescribed time. This can cause problems. Missing a dose may make the medicine less effective; however taking subsequent doses too close together increases the risk of side effects.

Missed doses can happen for various reasons, for example:

- The resident was asleep at the time the medication was due
- The resident has forgotten to take or be given the medication
- The resident is away from the home at the time it was due, e.g. at an appointment

At no point should a missed dose of medication be doubled at the next medication time; this could be harmful.

Missed doses of specific medication where urgent action IS required

- **Antipsychotic medication** - If it is almost time for the next dose (within 2 hours), skip the missed dose and take the next dose when it is due. Otherwise, take it as soon as it is remembered, and then go back to taking the medicine as usual.
- **Epilepsy medicines** - it is important for residents with epilepsy to take their anticonvulsant medicines regularly. Missing a dose could trigger a convulsion. Usually the dose should be taken as soon as they remember unless the next dose is due within a few hours. Residents who miss doses should avoid activities where having a convulsion could be dangerous.
- **Warfarin** - See advice on following page.
- **Lithium** - If it is almost time for the next dose (within 2 hours), skip the missed dose and take the next dose when it is due. Otherwise, take it as soon as it is remembered, and then go back to taking the medicine as usual. Do not take a double dose to make up for the dose that you missed.
- **Insulin** - seek advice from the resident's GP or diabetes nurse.
- **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.

Missed doses of specific medication where urgent action is NOT required

- **Antidepressants other than monoamine oxidase inhibitors** - If it is almost time for the next dose; skip the missed dose and take the next dose when it is due. Otherwise, take it as soon as it is remembered, and then go back to taking the medicine as usual. Do not take a double dose to make up for the missed dose.
- **Monoamine oxidase inhibitors/Phenelzine/Tranylcypromine** - Do not take an extra dose. Wait until the next day and take the normal dose then.
- **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
- **Laxatives** - If it is almost time for the next dose; skip the missed dose and take the next dose when it is due. Otherwise, take it as soon as it is remembered, and then go back to taking the medicine as usual. Do not take a double dose to make up for the missed dose.

SEE THE FOLLOWING PAGE FOR ACTION TO TAKE FOLLOWING A MISSED DOSE

Warfarin

If residents take warfarin in the evening and remember before midnight on the same day that they have missed a dose, they can take the dose.

- After midnight, the dose should not be taken.
- Subsequent doses should be taken at the usual time.

If residents normally take warfarin in the morning and have forgotten a dose, the general advice is:

- if the dose is less than two hours late, they should take the dose as soon as they remember and then continue as normal.
- If the dose is more than two hours late, they can take the dose as soon as they remember,
- BUT if it is time to take the next dose, they should omit the missed dose. A double dose should never be taken.

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 doctor for advice on any increased monitoring requirements.

Action to take following a missed dose:

- **Refer to the PIL (Patient Information Leaflet) supplied with the medication; this will usually contain information on what to do in the case of a missed dose. If no paper copy was supplied, the majority can be viewed on the electronic Medicines Compendium:**
<https://www.medicines.org.uk/emc/>
- **For most oral medicines it is usually acceptable to take a dose up to 2 hours late. At this point it is more important to take the dose rather than adhere to any extra warnings, e.g. take with or after food.**
- **For medicines which are prescribed as once or twice daily (12-24 hours apart), the dose can usually be taken as soon as it is remembered, as long as the next dose is not due within a few hours, 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.**
- **For medicines which are taken regularly throughout the day (e.g. 3 or 4 times daily/4-8 hourly) it is usually advised to omit the missed dose, wait until the next dose is due and then continue as normal. For example, this advice would apply to an antibiotic or painkiller taken 4 times per day.**
- **Record on the MAR chart where a medication was missed and the reason. If it was given at a different time then ensure this is documented clearly.**

If you are unable to find the information needed and you are in doubt always contact the GP, practice pharmacist or community pharmacist during normal working hours for advice (community pharmacies often have later opening hours), particularly if more than one day of treatment has been missed.
Record any advice you are given.

Encourage residents to take their medicines without forcing them. Offer the medicines again at the end of the drug round in case they have changed their mind. Other factors may attribute to refusal e.g. swallowing difficulties, fears and anxieties. Alternative forms may be available for residents with an inability to swallow a solid dose – seek advice from the pharmacist or GP.

Always record refusals or missed doses on the MAR chart and give a reason. Inform the GP in a timely, but non-urgent manner. For critical medicines, as listed on page 1, obtain urgent advice. Record any advice you are given.

Each individual case and the reason for the missed dose should be reviewed.

If the resident's routine leads to frequently missed doses e.g. asleep prior to night time medicines administration, regular unplanned visits, ask the GP or Care Home Pharmacist to review the medication.

Many thanks to Northern, Eastern and Western Devon CCG for the information provided:
<https://www.newdevonccg.nhs.uk/permanent-link/?rid=105887>