

Authorisation for the administration of medicine for residents with swallowing difficulties

Please note: use the [difficult to swallow and covert administration pathway](#) to determine the most appropriate solution for the resident. The resident must have the capacity to be part of, and agree with, this decision.

Resident's name:.....D.O.B:

Has the GP been informed of the resident's difficulty in swallowing? Y / N

GP:..... GP Practice:.....

Has the resident been assessed as having difficulty in swallowing medicine?

Nurse	Y	N	Please note that if medicine has been changed to a liquid formulation, or crushed medicine to be given in a liquid, consideration should be given to the use of thickening agents.
GP	Y	N	
SALT	Y	N	

Have alternative medicines or formulations been considered?	Y	N
--	---	---

Has the availability and practicality of using alternative formulations been discussed with the pharmacist?	Y	N
--	---	---

This decision has been discussed and agreed with the resident and following individuals:(all individuals to sign):

	Date	Review 1 date	Review 2 date	Review 3 date	Review 4 date
Resident					
GP					
Care home					
Pharmacist					

Medicine to be administered	Method of administration i.e. crushed/sprinkle
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Please note you must not crush or alter the form of tablets/capsules without going through the above process. Doing so puts the resident at risk and makes you liable should any complications arise.