Crushing and Breaking Medications

SKILL SNAPSHOT

Purpose
- Safely modifies an oral solid dose only when the formulation and order allow it and the patient cannot take it intact.

When to use
- Dysphagia or enteral-tube administration after pharmacist/authoritative verification and consideration of alternatives.

Supplies needed
- MAR/order; current drug reference/pharmacy guidance; tablet splitter or single-patient crusher; PPE for hazardous drugs; labeled medication cups; water.

PREP + PATIENT SETUP

- Assess swallowing, route, tube type, allergies, and available liquid/alternate formulations.
- Verify each exact product, strength, and dosage form - not just the generic drug name.
- Obtain pharmacist guidance for

VAULT TIP

- The exact formulation controls the answer. Check the suffix and dosage form every time.

STEP-BY-STEP

1. Hand hygiene; identify patient; verify medication rights and reason modification is needed.
2. Read the full product label for ER, XR, SR, CR, LA, DR, EC, enteric-coated, delayed-release, sublingual, buccal, hazardous, or special-release warnings.
3. Do not crush or split unless an authoritative source, manufacturer, and pharmacy confirm the exact formulation is safe.
4. Use a scored tablet for splitting when possible. Confirm the prescribed dose can be accurately produced; uneven fragments are not acceptable for narrow-therapeutic-index drugs.
5. If crushing is approved, use a clean single-patient device or a sealed crushing pouch to limit powder exposure.
6. Crush each medication separately into a fine powder. Do not combine medications before verifying compatibility.
7. Mix each dose with a small amount of approved soft food or water immediately before administration; ensure the full amount is taken.
8. For enteral tubes, stop feeding if required, flush before, give each medication separately, and flush between and after doses. Never mix drugs into formula.
9. Wear required PPE and use containment for hazardous medication; do not crush hazardous drugs on an open counter.
10. Clean splitter/crusher according to policy between medications/patients and prevent residue carryover.
11. Administer promptly. Observe swallowing or tube patency and monitor therapeutic/adverse response.
12. If medication cannot be safely modified, hold it and contact pharmacy/provider for a liquid, alternate route, or different drug.

SAFETY REMINDERS

- Never assume all tablets or capsules may be crushed/opened.
- Modified-release crushing can cause dose dumping; enteric coating protects drug or stomach.
- Hazardous drug powder can expose staff and patient.
- Splitting does not guarantee equal doses.

COMMON MISTAKES

- Crushing all morning medications together.
- Relying on an outdated generic “do not crush” list.
- Crushing ER/EC products.
- Mixing medication directly into tube feeding.

DOCUMENTATION

- Medication/formulation and modification.
- Pharmacy/provider clarification.
- Route, food/water vehicle, tube flushes.
- Patient tolerance and response.
- Held/substituted dose and teaching.