**Ensuring medicine administration safety in older adults with dysphagia**

**Hansjee D et al** (2021) Ensuring medicine administration safety in older adults with dysphagia. *Nursing Times*; 118: 1, 27-30.

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| **How to use this article in your revalidation activities** | |
| Print the article and distribute it to all members of your journal club before your meeting. Use the author commentary and discussion points below to help get your discussions started.  Participation in journal clubs can be used for revalidation as **participatory CPD** and/or **reflective accounts.**  **Participatory CPD:** Record the time you spent reading the article and discussing it in your journal club, describe what you learnt from the article and your group discussions, explain how you will apply it to your practice, and how it links to the NMC Code; | **Reflective accounts:** think about what you learned from your discussions, how you can use your learning to improve your practice, and how this relates to the NMC Code. Add this information to the ‘notes’ section at the end of this document.  If you subscribe to *Nursing Times,* log the evidence in the ‘Other professional development’ or ‘Reflective accounts’ section of your NT Portfolio.  For more information on setting up and running a journal club go to **nursingtimes.net/ntjournalclub** |

**Author commentary: The older adult with dysphagia**

The Mind the Medication Gap initiative was developed to raise awareness on swallowing difficulties (dysphagia) and medicines administration following a serious incident at a NHS Trust. It highlighted why multidisciplinary discussions amongst nurses, pharmacists, speech and language therapists as well as doctors are essential to the development of a medicines administration plan.

There are a number of key areas which need to be considered when administering medication to older (vulnerable) people with dysphagia. A medication review forms the first integral step in the process to determine whether the route of medication is still appropriate or if an alternative, safer formulation may be available. Collaboration with the pharmacist and speech and language therapist is therefore required prior to altering a medication as alteration renders the medication to be unlicensed and can cause harm. Many older people will be cognitively and physically frail and their personal knowledge on the indication for their medication maybe poor.

Capacity and consent to administer medicines and alteration of formulation will therefore need to be considered. Discussion with service users/those closest to them on the impact of dysphagia and how they take their medicines through medication counselling is imperative.

Whilst the Mind the Medication Gap campaign was initiated to draw attention to the many processes around safe administration of medicines in this population group, it has also led to medication management being included in all multi-professional dysphagia education sessions with nurses, medical staff and pharmacists.

Although dysphagia is a responsibility for all members of the ward team, when it comes to medicines administration, it is the nurse who plays a key role in ensuring patient safety and therefore preventing critical incidents in a vulnerable population from occurring in the future.

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**Discussion points:**

* What were the lessons learnt from the serious incident of the patient who choked on medication?
* What new knowledge was gained in managing medicines in older people with dysphagia?
* What would you like to adapt or change in your practice after reading this article?
* What would be the challenges or benefits in implementing these changes?

**Revalidation evidence**

Make a note of how your journal club discussion relates to your own practice and the NMC Code, what you learnt from reading and discussing the article and how you will use this learning to change your practice. If you subscribe to *Nursing Times,* you can upload this article with your notes into your NT Portfolio as evidence of participatory CPD. You can also use it as the basis for a reflective account.

**Your notes**