Guidance for dealing with delayed or early medication doses

Introduction

The Medicines Code states the Assigned Practitioner in Charge is responsible for ensuring that prescribed medicines are administered at the prescribed time. Minimum time intervals between doses must always be checked if doses are delayed or if they need to be given early. If the timing has to be significantly exceeded or brought forward, advice should be sought from a prescriber or from a member of pharmacy staff.

Consideration must always be given to the actual time of administration so that a sufficient time period occurs between doses, or the dose may have to be omitted. However, there are circumstances where a patient may not receive their medication at the prescribed time but it may still be appropriate to administer it at a later time without this presenting a risk to the patient.

Guidance

Ideally doses should not be omitted as this poses a clinical risk, but if the interval between doses if too close there are also risks of side effects and in some cases increased toxic effects, (e.g. paracetamol, lithium). Clinical judgement and/or advice from a prescriber or the pharmacy team should be used when deciding whether to administer a delayed dose or administer a dose early, but the following should always be considered:

1. Some drugs have very specific minimum dosage intervals, e.g. four hours for paracetamol and compound drugs containing paracetamol. The dosing interval must not be less than the minimum safe dosage interval.

2. What the medication is and if its action or side effects could be a problem if given later or earlier, e.g. insomnia with SSRIs or the sedative effect of a hypnotic causing hangover effects the next day.

3. If plasma levels need to be taken, giving the dose late or early could give false readings, e.g. lithium, as the sample must be taken 12 hours post dose.

4. Whether the medication interacts with or needs to be given with food, or if it should not be given at the same time as another medicine, e.g. flucloxacillin or alendronic acid to be given on an empty stomach, or lansoprazole, which should not be given at same time as indigestion remedies.

If you require this document in an alternative format, ie easy read, large text, audio, Braille or a community language please contact the Pharmacy Team on 01243 623349 (Text Relay calls welcome).
5. If all other considerations have been taken into account then the following timing intervals (table 1) can be used as a guide as to whether to administer a delayed dose or give a dose early:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Delayed dose can be given if next dose is not due for at least: a</th>
<th>Next dose can be given early if the previous dose was not given within the last: b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four times a day</td>
<td>3 hours</td>
<td>3 hours</td>
</tr>
<tr>
<td>Three times a day</td>
<td>4 hours</td>
<td>4 hours</td>
</tr>
<tr>
<td>Twice a day</td>
<td>6 hours</td>
<td>6 hours</td>
</tr>
<tr>
<td>Once a day</td>
<td>12 hours c</td>
<td>12 hours c</td>
</tr>
</tbody>
</table>

a. If the interval between the delayed dose and the next dose is less than this time the dose must be omitted and the chart endorsed appropriately.

b. If the interval is less than this time then wait until this time has been reached (also see comment 6).

c. **Lithium is an important exception** due to potential lithium toxicity:

   i. *Once daily dosing* - If a delayed dose cannot be given within 6 hours of the prescribed time, it should be omitted. If the dose needs to be given early, it must be at least 18 hours since the previous dose was administered.

   ii. *Twice daily dosing* - If a delayed dose cannot be given within 3 hours of the prescribed time, it should be omitted. If the dose needs to be given early, it must be at least 9 hours since the previous dose was administered.

6. If the medication has been delayed, the borders of the relevant administration box in the administration section of the drug chart should be thickened with a pen to highlight that a decision has not yet be made on whether to administer the dose late or omit it. Once the box is highlighted, the reason for the delay must be recorded in the notes, with a time after which the dose must be omitted.

7. When a final decision is made to either administer or omit a delayed dose, the administration box should be completed either with an omission code or the initial of the nurse administering the drug, along with the time administered.

8. The nurse responsible for making the original decision to delay the dose must hand it over if the decision on whether to administer or omit the dose cannot be made before they leave the ward at the end of their shift or for any period of time.

9. If a decision is made to administer the drug early, the time of administration must be written beside the nurse’s initials in the relevant administration box. The reason for the early administration must also be recorded in the notes and the information handed over, if appropriate, to ensure a duplicate dose is not administered at the prescribed time.
10. Some staff in the Learning Disability Service administering medicines are not qualified nurses. If a medicine cannot be administered at the prescribed time, these staff should obtain advice from the patient’s GP if a qualified nurse is not available.

This guidance was approved by the Drugs & Therapeutics Group on 30th April 2012

Jules Haste
Lead Mental Health Pharmacist

Ray Lyon
Chief Pharmacist - Strategy

Reviewed unchanged: March 2019

Next review: March 2023