

Nurse manager asking about crushing medicines for a resident



Assume that today's date is 22 October 2026. You are a community pharmacist who supplies medicines to a residential aged care facility. Using the information in the case notes, write a letter to Ms Keerthana Zaidi, Nurse Manager, replying to her enquiry about crushing Mrs Dinsdale's medicines. Address the letter to Ms Keerthana Zaidi, Nurse Manager, Residential Aged Care Facility, 42 Banksia Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Mrs Gemma Dinsdale
2. DOB: 11/05/1940 (86 yrs)
3. Resident at facility since 2023
4. Enquiry rec'd by email 20/10/26 from Ms Keerthana Zaidi (Nurse Manager): can all meds be crushed & given in yoghurt?

Social background

5. Widowed; retired primary school teacher
6. Daughter visits most days
7. Enjoys bingo & facility choir
8. Daughter told staff she is unhappy with quality of food at facility

Medical history

9. L ischaemic stroke 02/10/26 → hospital admission; returned to facility 16/10/26
10. Residual R-sided weakness; mild expressive dysphasia
11. Type 2 diabetes (12 yrs)
12. Hypertension
13. Osteoarthritis both knees — chronic pain
14. GORD
15. Bilateral cataract surgery 2019
16. Allergies: penicillin (rash)

Swallowing

17. Speech pathologist 17/10: oropharyngeal dysphagia; minced & moist diet, mildly thick fluids
18. Unable to swallow whole tablets safely — coughing when tablets given
19. SP advice: crushed meds may be given in smooth puree (e.g. yoghurt) if formulation suitable
20. Staff currently crushing ALL tablets & mixing them together in yoghurt

Current medications (from med chart)

21. Clopidogrel 75 mg mane

Current medications (from med chart)

22. Atorvastatin 40 mg nocte
23. Amlodipine 5 mg mane
24. Metformin XR (modified-release) 1 g daily with evening meal
25. Pantoprazole 40 mg EC (enteric-coated) mane
26. Paracetamol MR 665 mg 2 tabs TDS

Pharmacist assessment

27. Clopidogrel, atorvastatin, amlodipine — may be crushed
28. Metformin XR & paracetamol MR — must NOT be crushed: MR mechanism destroyed → whole dose released at once (↑ adverse effects), effect does not last full dosing interval
29. Pantoprazole EC — must NOT be crushed: drug inactivated by stomach acid → ↓ effect
30. Possible alternatives (prescriber to decide product, dose & frequency): immediate-release metformin; immediate-release paracetamol tab crushed in approved puree (paracetamol oral liquid only if pharmacist & SP approve an administration plan meeting her fluid requirements); PPI as orally disintegrating tab or granules — any alternative to be checked against SP recommendations
31. Crush & give each suitable med separately in a teaspoon of yoghurt; give immediately; do not mix into full serve or combine meds
32. Follow with fluid of prescribed thickness (mildly thick)
33. Crushing = off-label use → crushing authorisation to be documented on med chart by GP, as per facility policy
34. Facility staff often send incomplete med charts to pharmacy — 3rd time this month

Plan

35. Pharmacist to write to GP (Dr Emeka Thapa) today with list of suitable alternative formulations
36. GP review of med chart requested this week
37. Interim: do NOT crush MR/EC products; facility to contact GP today re any doses that cannot be given
38. Update DAA and medication chart once alternatives prescribed; pack only suitable solid products and supply liquid or other unsuitable formulations separately.