

## Splitting Tablets in Care Homes Guidance for Care Home Staff & Community Pharmacists

Splitting a tablet can result in; medicine instability, dose variability, produce local irritant effects, may result in a preparation with an unacceptable or bitter taste or produce occupational health and safety risks to healthcare workers and carers. If a tablet needs to be split the following guidance advises how this should be best considered.

### Scored Tablets

Some tablets are scored. This means they have a break-line embedded during manufacturing to allow for tablets to be split on that break line and halved or quartered evenly. Please note, not all tablets are scored as a means of dividing into equal doses, sometimes they are scored to facilitate breaking for ease of swallowing. Please review the individual medicine's patient information leaflet or view the SmPC on [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) for information on the manufacturer's guidance. Further advice and guidance can be obtained from the Care Home Support – Medicines Optimisation Team or community pharmacist.

#### Examples of scored tablets:



#### Community Pharmacists:

- If a split tablet is required, and it is scored, then community pharmacists should send the medication in its original packaging. No requirement to pre-split tablets for care home staff to administer.
- Label the container with standard clear dispensing instructions  
e.g. 'Take *HALF* a tablet *TWICE* a day.'

#### Care Home Staff:

- If a split tablet is required, and it is scored, then at administration care staff should split the tablet. Place the tablet into the tablet splitter with the score mark exactly lined up with the blade. Lower the blade carefully and make sure the two halves are approximately the same size. The blade can be very sharp, be careful to prevent injury.
- The remaining split tablet should be replaced back in its original packaging and secured to ensure that it does not fall out (if not in a labelled enclosed container).
- At the next scheduled administration, staff should administer the appropriate remaining split tablet before splitting more stock. This reduces the likelihood of degradation of the medicine and minimises risks due to dose variation caused by uneven splitting of tablets.
- Use a tablet splitting device, otherwise known as a 'tablet splitter' or 'tablet cutter'. These are available to purchase from most pharmacies.
- Scissors or knives **should not** be used.

#### Make sure to keep safety in mind:

- Wash your hands before starting and use surgical gloves.
- When using a tablet splitter, clean the tablet splitter in between different tablets. (Cross contamination can result in incorrect dosing.)
- Each resident should have their own tablet splitter labelled with their name.

Providers should use this guidance in conjunction with Medicine Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and should check the CQC website for recent updates.

Document based on The Royal Pharmaceutical Society: Pharmaceutical issues when crushing, opening, or splitting oral dosage forms June 2011.  
Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire November 2022

## Unscored Tablets

For unscored tablets, or scored but the dose needs to be made by splitting away from the break-line (e.g. where there is one break line to halve a tablet but only a quarter of the tablet is required), then please refer to the Care Home Support – Medicines Optimisation Team or community pharmacist for guidance.

The Care Home Support – Medicines Optimisation Team or community pharmacist will either liaise with care staff and the GP to consider alternative options or advise on safe dispensing/administration where appropriate.

### **Examples of unscored tablets:**



## General Note

**The following tablet forms should not be split, unless permitted in the patient information leaflet or SmPC, as this may cause undesirable effects and possible harm:**

1. Extended-Release Preparations - These may also be referred to as modified-release, prolonged-released, controlled-release, or slow-release tablets.  
They may often have CR, ER, LA, SR, XL or XR after the product name and are designed to deliver the drug over an extended time period.  
*Examples include Gliclazide 30mg MR Tablets and Metformin 500mg MR Tablets.*
2. Enteric Coated Preparations - These may also be referred to as gastro-resistant tablets. They may often have EC or GR after the product name. Enteric coatings are applied to tablets to delay the release of medicines that are inactivated by stomach acid, prevent the stomach from being irritated, or to delay the time the drug begins to work at a specific body site.  
*Examples include Bisacodyl 5mg GR Tablets and Aspirin 75mg GR Tablets.*
3. Sugar or Film Coated Preparations - A sugar or film coating is often used to mask the taste of medicines which have a bitter taste.  
*Examples include Ibuprofen 200mg Tablets and Mebeverine 135mg Tablets*

## Care Homes Medicines Support Line

The Care Home Support – Medicines Optimisation Team can be contacted for non-urgent medicines related advice and guidance.

**Tel:** 0300 303 0227 (Mon-Fri 9am-4.30pm excl. bank holidays) **Email:** [cwicb.carehomessupport@nhs.net](mailto:cwicb.carehomessupport@nhs.net)