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# **Acacium Group**

## **Buccal and Sublingual Administration of Medicines**

**Procedure Reference | SOP MEDS 16**

**Version | V4.0**

<b>Procedure Name</b>	Buccal and Sublingual Administration of Medicines
<b>Purpose of Document</b>	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to the procedure of administering buccal and sublingual medicines
<b>Target Audience</b>	All nurses and appropriately trained carers
<b>Version</b>	V4.0
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<b>Next Review Date</b>	August 2025
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V2	Sep 2019	3 yearly review and new template implementation	Clinical Advisory Group
V2.1	Apr 2020	Updated to new Template	CC
V2.2	Oct 2020	Updated re rebrand	CC
V3	Aug 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

Sublingual and buccal medications are administered by placing them in the mouth, either under the tongue (sublingual) or between the gum and the cheek (buccal). The medications dissolve rapidly and are absorbed through the mucous membranes of the mouth, where they enter into the bloodstream. The medications are compounded in the form of small, quick-dissolving tablets, sprays, lozenges or liquid suspensions.

Sublingual and buccal medications are given for a variety of conditions. Buccal and sublingual medications serve a variety of purposes, such as seizure management, narcotic pain relief, migraine pain relief and blood pressure control.

This form of medication is extremely effective, because it bypasses the digestive system and is absorbed into the bloodstream in minutes. Not all medications can be prepared for sublingual or buccal administration; some of the compounding difficulties are taste, solubility, and dosage limitations of the medicine.

## 2. Aim

To administer medication safely and effectively via the prescribed route for optimum efficacy.

The six rights: Prior to administering any medications it is important to consider the six rights:

- right drug
- right time
- right dose
- right route
- right client
- right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

## 3. Who needs to be aware of this procedure

All Acacium Group nurses and carers that have been assessed as competent to do so.

## 4. Precautions

Sublingual medications should not be administered if the gums or mucous membranes have open sores or areas of irritation. Where possible the client should be in a sitting position to reduce accidental aspiration of the medication.

Most Buccal or sublingual medication should not routinely given when a client is uncooperative or unconscious; however, exceptions to this may include Buccal Midazolam given during a seizure. Administration, directions and exceptions should be included within the drug chart/MAR chart and the client specific care plan.

The client should not eat, drink, chew, or swallow until the medication has been absorbed; swallowing the medication must be prevented, as it will decrease the drug's effectiveness. The client should not smoke while taking sublingual or buccal medication because smoking causes vasoconstriction of the blood vessels. This will decrease the absorption of the medication.

## 5. Hazards / complications

Most complications are a result of the drug or the general health of the client and the ability of the service user to absorb the medication.

Complications that are above what would be expected should be reported to the client's GP and your Line Manager and as per the client specific escalation plan.

In order to prevent harm to the client make sure it is the right medicine, the right route, the right dose and the right site. Check the expiry date and for allergies. Also ensure that the prescription is signed and dated with the right time.

## 6. Storage of medicines

To check the medicine for administration remains in license, observe that the medication is stored as per the manufacturer's instructions. Acacium Group employed nurses or carers may need to advise the client and their family of the suitability of storage but responsibility for storage lies with the client and their family. There should be an awareness of the need to store medicines out of the reach of children.

## 7. Availability of supplies and medications

The responsibility to ensure that the required items and medication for administration have been provided as required, may lie with the nurses, carers or with the client's family and should be detailed within the clients care plan.

## 8. Consent

Valid consent should be gained before commencing the procedure. Risks and benefits should be explained along with the risks of not having the medication and any possible alternatives to the medicine, and route of administration.

Acacium Group staff should be aware that carers and relatives do not have the right to give consent on behalf of the client. However, staff may be able to act as long as they are able to demonstrate that any actions are in the best interest of the client. There may be a representative legally appointed to provide consent on the client's behalf.

Please read Acacium Group Consent Policy.

## 9. Client and relatives/carers involvement

The client's relatives and carers may be taught to administer medicines via these routes if they wish to support the care needs. This is not the responsibility of Acacium Group.

## 10. Client information

As part of obtaining valid consent the risks, benefits and alternatives to treatment will have been discussed.

The procedure must be explained fully in order to gain full cooperation.

An information leaflet may be given about the drug and the route of administration. This supports the verbal information given and serves as a reference.

The client should also be informed about possible side effects and advised to contact the GP if they are concerned.

## 11. Equipment

- MAR chart and prescribed medication
- Record of events
- appropriate PPE as per current guidelines
- piece of gauze (if needing to hold tongue)

## 12. Procedure

### Sublingual

	Action	Rationale
1.	Explain the procedure to the client.	To gain valid consent and support with the procedure if appropriate.
2.	Wash hands and put on PPE	To minimise the risk of infection to the Acacium Group healthcare provider and maintain a clean environment for the service user.
3.	Check drug label for name of drug and dose, route, name of person due to receive it and the expiry date.	Ensure the correct medication is given to the client and that it is still in license.
4.	Check there are no contraindications to administration, such as allergy or reactions with other drugs being taken.	To double check that the medication is suitable for administration to the service user.
5.	Ensure the client is in the best position as per their care plan.	To optimise the correct administration of the medication and prevent aspiration.
6.	Administer oral medications before sublingual or buccal medicines.	To allow for absorption of buccal and sublingual medications without interference from other medicines.
7.	Remind the client that nothing should be eaten, drank, swallowed, chewed, or smoked until the tablet has dissolved.	To prevent interference with the administration of the medicine.
8.	When administering a liquid suspension, the bottle should be shaken before the appropriate dose is poured.	To ensure the medication is mixed and the concentration of medicine is not left until the end of the bottle is reached.
9.	When administering sprays, the container also needs to be shaken, and the top taken off before the medication is given.	

10.	Ask the client to open his or her mouth and raise the tongue where possible.	To facilitate appropriate positioning of the medication.
11.	Examine the mucous membranes of the client's mouth for irritation or sores. If there are sores in the mouth, the GP should be contacted before any sublingual or buccal drugs are administered, except in an emergency such as for the treatment of seizures.  Alternating sites should be used when giving regular doses of sublingual or buccal medications.	To ensure that administration of medicines does not irritate oral mucosa.
12.	The tablet should then be placed under the tongue.	This is the correct position to allow for sublingual medication administration.
13.	For sprays, remind the service user not to breathe while the medicine is being sprayed. If spray is ordered for sublingual administration, the spray should be held about one inch (2.5 cm) away from the site and directed toward the tongue.	This is the correct position to allow for sublingual medication administration by spray.
14.	If the client cannot hold up his or her tongue voluntarily, the tongue should be held by the nurse or carer with his or her non-dominant hand, using a 2x2 gauze pad to provide grip.	

### Buccal Procedure

Action		Rationale
1.	<b>Follow steps 1-14 of Sublingual Procedure</b>	
2.	Place the tablet between the gum and the wall of the cheek.	To allow appropriate positioning for buccal administration.
3.	With the mouth closed, the tablet should be held in this position for five to 10 minutes, or until it has dissolved.	
4.	If a buccal spray is to be administered, the tongue should be held out of the way, the cheek held outward, and the spray directed into the gum area between the cheek and the teeth.	Allows for optimum administration of prescribed medication.

### Sublingual and Buccal Procedure

Action		Rationale
1.	Make sure the client is comfortable.	Allow client to settle to previous or improved state.



2.	Wash hands.	To be ready for the next role or client.
3.	Record the following information in the care notes: <ul style="list-style-type: none"> <li>• drug name, product name, batch number and expiry date</li> <li>• dose administered</li> <li>• route of administration</li> <li>• date of administration</li> <li>• name and signature of administrator.</li> </ul> Ensure MAR sheet is completed.	To maintain accurate records, provide a point of reference and prevent any duplication of treatment. To highlight any concerns.

### 13. After care

Monitor the client's reaction and provide reassurance if required. The Acacium Group employee should record any side effects or negative reactions to the administered drug and inform the GP and Acacium Group as appropriate.

### 14. Associated Policies / SOPs

#### Policies

CLIN 06 Consent Policy

CLIN 14 Health Records Management Policy

CLIN 03 Medicines Management Policy

#### SOPs

SOP Meds 01 Controlled Drugs

SOP Meds 02 Oral Administration

SOP Meds 09 Removal of Medicines from Client's Home

SOP Meds 19 Self Administration of Medicines

### 15. References

- NMC 2018 Guidelines for records and record keeping Procedure no 4
- The Royal Marsden 2015 Manual of Clinical Nursing procedures 9<sup>th</sup> Edition
- CQC Medicines training and competency in adult social care settings – this relates to appropriate training, support and competencies making care safe, high quality and consistent (Training is referred to in all SOP's)
- NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017 – this relates to general medicines management and details all processes
- Healthline.com, (2016). *Sublingual and Buccal Medication Administration*. [Online] Available at: <https://www.healthline.com/health/sublingual-and-buccal-medication-administration>
- <https://www.medicines.org.uk/emc/medicine/25538#gref>

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group