

Resident's Refusal to Take Medications

A. When the resident refuses medication:

1. The resident always has the right to refuse medications.
2. Residents refuse to take medications for many reasons. Some of the reasons are:
 - a. The effects and/or side effects are unpleasant or unwanted.
 - b. The medication tastes bad.
 - c. The resident has difficulty swallowing.
 - d. Religious, cultural, or ethnic beliefs.
 - e. Depression or loss of will to live.
 - f. Delusional belief that staff is intending to harm ("poison") him/her.

B. Types of refusal

1. Actual refusal is when a person directly refuses to take the medication.
2. Passive refusal is less direct and requires closer observation. Examples are:

The resident takes the medication but later spits the medication out; he/she may or may not attempt to hide the medication.

C. Questions to ask to try to determine the reason for refusal:

1. Does the resident experience any unpleasant effect from the medication?
2. Does the resident have difficulty swallowing?
3. Is the resident afraid for some reason?
4. Is the resident refusing other medical treatment?

(continued next page)

HANDOUT C-3

D. Examples of Strategies for dealing with resident's refusal:

1. If the resident refuses and gives no reason, wait a few minutes and then offer the medication again. If the resident refuses again, try again in another few minutes before considering a final refusal. This is particularly important with residents who have a diagnosis of dementia.

NOTE: For residents with cognitive impairment such as dementia, it is important to know when the resident designee, such as responsible party or guardian, wants to be notified if the resident refuses medication. The resident designee may be able to encourage the resident to take the medication.

2. Notify the prescribing practitioner or supervisor when a resident refuses medication.
3. Document refusal.
4. Observe the resident and report any effect which may result from refusal.
5. If there is swallowing difficulty, report to your supervisor and/or resident's physician.
6. Consider changing the time of administration if taking the drug interferes with an activity or with sleep. (Example: diuretics may limit a resident's ability to participate in an outing because of the need to go to the bathroom frequently.)
7. If there is a suspicion of passive refusal such as "cheeking" medication or vomiting after administration, follow the recommendations for action on the resident's Individualized Care Plan.
8. If the refusals continue, explore other options with the resident's physician.

NOTE: Passive refusal is not uncommon in residents with diagnoses of mental illness. It is important that the resident or resident designee, facility staff, nurse, pharmacist and physician collaborate to develop and follow a plan to assist the resident with adherence to his/her drug regimen.