CLINICAL REFERENCE TEMPLATE

Medication do not crush list

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Check every oral medication against this sheet before administration. Crushing any drug listed here can cause dose dumping, gastric injury, loss of effect, or staff exposure. Call the pharmacist before giving a listed drug in any non-standard form.

FACILITY / UNIT	PREPARED BY	REVIEWING PHARMACIST	DATE ISSUED	NEXT REVIEW DATE

Drug name	Strength	Formulation type (ER/XR/EC/SL)	Reason not to crush	Safe alternatives	Pharmacist approval required (Y/N)
EXTENDED-RELEASE FORMULATIONS (ER, XR, SR, XL, LA, CD)					
Metoprolol succinate ER (Toprol-XL)	25, 50, 100, 200 mg	ER tablet	Crushing releases a 24-hour beta-blocker dose at once. Bradycardia and hypotension can follow.	Tablet may be halved on the score line, never crushed. Ask the prescriber about immediate-release metoprolol tartrate.	Y
Oxycodone ER (OxyContin)	10—80 mg	ER tablet	Crushing defeats the abuse-deterrent matrix and dumps the whole opioid dose. Overdose can be fatal.	Prescriber-authorized immediate-release oxycodone liquid or tablet schedule.	Y
Divalproex sodium ER (Depakote ER)	250, 500 mg	ER tablet	Crushing dumps the dose and pushes peak valproate levels above target.	Divalproex sprinkle capsules opened onto soft food, or valproic acid oral solution.	Y
Venlafaxine ER (Effexor XR)	37.5, 75, 150 mg	ER capsule	Crushing the pellets removes the release control and sharpens the peak level.	Open the capsule and sprinkle the intact pellets on applesauce. Swallow without chewing.	N
Carbidopa / levodopa CR (Sinemet CR)	25/100, 50/200 mg	CR tablet	Crushing shortens the release window and worsens on-off motor swings.	Tablet may be halved, never crushed. Ask about an immediate-release or dispersible levodopa form.	Y
Potassium chloride ER (Klor-Con)	8—20 mEq	ER tablet	Crushing puts concentrated potassium against one point of mucosa and can ulcerate it.	Oral solution or effervescent powder. Some ER tablets may be dispersed in water; check the label first.	Y
Nifedipine ER (Procardia XL)	30, 60, 90 mg	ER tablet	Crushing dumps the dose and causes abrupt hypotension with reflex tachycardia.	Ask the prescriber for an immediate-release form or a different antihypertensive.	Y
ENTERIC-COATED AND DELAYED-RELEASE FORMULATIONS (EC, DR)					
Pantoprazole DR (Protonix)	20, 40 mg	EC / DR tablet	Stomach acid inactivates the drug as soon as the coating is broken.	Pantoprazole oral suspension packet, prepared in apple juice per the label.	Y
Omeprazole DR (Prilosec)	10, 20, 40 mg	DR capsule	Crushing the granules exposes the drug to gastric acid and destroys it.	Open the capsule and sprinkle the intact granules on applesauce. Do not chew.	N
Aspirin EC	81, 325 mg	EC tablet	Crushing strips the gastric protection and puts the acid straight against the mucosa.	Uncoated or chewable aspirin where a rapid antiplatelet effect is wanted.	Y
Pancrelipase DR (Creon)	Lipase units vary	DR capsule	Gastric acid destroys the enzymes once the coating is broken.	Open the capsule and mix the intact beads with an acidic soft food. Do not chew.	N
CYTOTOXIC AND HAZARDOUS DRUGS					
Capecitabine (Xeloda)	150, 500 mg	Film-coated cytotoxic tablet	Crushing creates a hazardous powder that staff can inhale or absorb through the skin.	Handle under USP <800> controls. Ask the pharmacy for an appropriate alternative formulation.	Y
Methotrexate	2.5 mg	Hazardous tablet	Crushing aerosolizes a teratogenic drug inside the medication room.	Methotrexate oral solution, or the subcutaneous route where the prescriber agrees.	Y
NARROW THERAPEUTIC INDEX DRUGS					
Phenytoin sodium ER (Dilantin Kapseals)	30, 100 mg	ER capsule	Crushing dumps a narrow-index dose and risks nystagmus, ataxia and CNS toxicity.	Phenytoin chewable tablets or oral suspension, with serum level monitoring.	Y
SUBLINGUAL AND BUCCAL FORMULATIONS (SL)					
Nitroglycerin SL (Nitrostat)	0.3, 0.4, 0.6 mg	SL tablet	Crushing or swallowing sends the dose through first-pass metabolism, so the angina relief is lost.	Translingual spray, transdermal patch, or topical ointment.	Y
Fentanyl buccal (Fentora)	100—800 mcg	Buccal tablet	Chewing or swallowing changes the absorption profile and can cause overdose.	Prescriber-directed alternative opioid form or route.	Y
ADD YOUR OWN FORMULARY ENTRIES BELOW					

How to read the last column. Y means the alternative is a therapeutic change or a hazardous-drug handling decision, so the pharmacist signs it off first. N means the manufacturer's label already permits the listed alternative. Confirm even an N entry with the pharmacist when the patient has a feeding tube, since tube administration follows different rules.

Compiled from each product's FDA prescribing information and standard pharmacology references, and informed by the historical do-not-crush list formerly circulated by ISMP, which ISMP no longer owns or updates. Hazardous-drug handling follows USP General Chapter <800>. Strengths and brand examples are illustrative. Verification sits with your reviewing pharmacist: check every entry against the current package insert and your own formulary before use, and review this sheet quarterly.