RCPCH and Kizmed podcast | Pill swallowing in children

Episode 1: The secret of pill swallowing, with Sister Ailsa Pickering

Full transcript of podcast 2022

RCPCH: This podcast is brought to you by KidzMed, a programme set up at the Great North Children's Hospital in Newcastle. And by the Royal College of Paediatrics and Child Health.

Emma Lim: Good afternoon. So, this is the start of all pills swallowing podcasts. And we really want to tell people about the nitty gritty of what went right. What went wrong. What we've still not done. What is left to do and how to avoid all the mistakes that we've already made. For this first episode, I've got one of my favourite people locked in the room here with me so she can't escape. Sister Ailsa Pickering. Hello, Ailsa.

Ailsa Pickering: Hi, my name is Ailsa Pickering. I'm a specialist nurse here at the hospital and I work in infectious diseases in paediatrics. And one of my main roles is dealing with children with HIV.

EL: You and I started at a time where paediatric HIV was very different to what it is now and at the beginning of that time, there weren't syrup's for children or they were so utterly disgusting it was impossible to swallow them.

AP: Yeah, that's right. So, I've been in HIV for more than 15 years. We won't say exactly how many years. But yes, you're absolutely right. The syrups were really intolerable. And the amount that the children had to take along with the taste was just something that they could not tolerate. So, teaching children with HIV to take tablets extremely early, much earlier than you probably would have originally thought, is really important.

EL: Yeah, I think you've got the record. I think you taught your own child. How old was she?

AP: She was three. She's now 18.

EL: She was three!

AP: She was three and I taught her how to take tablets and she wouldn't touch Calpol from that day forward. Which was always a little bit challenging when we went to the GP.

EL: You see, Ailsa. Nobody would say no to you, not even your own child.

AP: It's very easy and it's very important to teach children to take tablets for a multitude of reasons. I've mentioned two already, the taste and the volume of liquid. But there's lots of practical sides of taking it as well or learning to take tablets. The expiry date on liquids is way shorter than tablets. So, for parents having to get repeat prescriptions, that's massively important. For the children themselves, not having to take a bottle of medicine around with them to grandmas, or even to school if they're on it regularly, is so important where a packet of

tablets, again, is easier to transport. And going abroad goes without saying that a liquid is just not allowed these days in hand luggage in any sort of volume. That's so important. And then just the children feeling that they have some control, that they're not taking such a horrible tasting liquid.

EL: So It's important to learn to swallow pills because it's easier. Because it tastes better. Because it's safer. It is safer to take the right dose. You're less likely to make a mistake. The medicine expires, so you don't have to get medicine so often, you don't have to put them in the fridge. You can travel with your medicines. Most importantly, you said, because actually, children feel that they are in some ways in control of a little part of their health really.

AP: Absolutely. And I think that's important from a very young age is that they do feel that they're in control and that they can have a say in what they're doing. And for the parents to feel like they are less coercive in that they're trying to get their child to take a liquid which tastes horrible, they understand why it's so important for the child to take the liquid but the child is too young to understand. And so it becomes a real battle often between parents and their children and if we can take away that bottle and give that child some power, if you like, in being able to actually take the tablets and not having to face take in the horrible taste of medicine, then that's excellent. You know, that's all part of them being able to control their disease, particular with long term diseases like HIV, they have to take tablets their whole life.

EL: That's like so important. I think pills swallowing is a skill for life. It's even better than riding a bike.

AP: And we use riding a bike because that's a skill that a lot of children at this age have learnt. Even children of three are on their stabilisers and are learning to ride a bike. Swimming we sometimes use as well. And so teaching them a new skill and explaining this is a new skill, just like those skills that once they've got it, they've got it, is really important.

EL: Give me three top tips.

AP: So, my three top tips would be number one, use a sports bottle and their favourite liquid. It doesn't have to be water. So, let them choose which liquid they want to take and take it from a sports bottle with a sports bottle lid.

EL: What is a sports bottle?

AP: So, it's a sports bottle with a pool top cap that the child can control the rate that the liquid comes out of the bottle with it. It comes out almost in a stream rather the child sipping it from a cup.

EL: Great. So, you need a sports top bottle, tip 2?

AP: Tip 2 would be to have no distractions around. So, a lot of the tablet training we do is with very small children who are quite easily distracted. So not having toys, distractions and trying to find a quiet place when they've been to the toilet and they're not distracted is really, really important.

EL: Literally, that is the story of my life. If I had no distractions, no phone, and I'd been to the loo, I would be so much more productive. OK, so tip two, no distractions. We could all learn from your Top Tips, Ailsa. Tip 3?

AP: Tip three might be a little bit controversial, shall we say. So, I think tip three is to try to do it without the parents there. So, there's a number of reasons for that. Children love to show the parents their new skill and to learn something if they feel comfortable with the person that's doing the training away from the parents and then going back is a real drive to succeed. But quite often, parents have negative feelings towards taking tablets. They've struggled in the

past to take tablets and they can actually subconsciously pass them feelings onto the child. And so trying to do without the parents is actually one of my main top tips.

EL: And it's been really interesting because, you and I have been around the hospital for years teaching other people how to teach children to swallow pills, and so often we have to teach them to swallow pills first. And whenever we go into the room and you look around, there's always somebody who's struggling to swallow pills. We have this fascinating story. It was one of the nurses that we were teaching in one of our units, and she said, 'oh, I can't do this. I can't swallow pills.'

AP: Yeah, she actually tried to get out of the training by the fact she couldn't swallow pills so she wouldn't be able to take part in the training.

EL: And we said, 'no, listen, we'll teach you'. And then I went over and I worked with her. And, you know, in a very short time, we got up from her saying, I can't swallow anything to swallow something the size of an amoxicillin. And then she couldn't do the next thing. So I said, look, that's fine. Just go away, have a break, come back. And when I came back, she turned to the group and she said, "I don't think you realise what happens to me. I have to take pills every day. I usually break my pills into quarters, and I take 20 minutes to swallow one quarter. And I've been doing this since I was twelve years old because when I was twelve years old, my mom said, 'can you swallow pills now?' And she made me try. And I spat up all the water all over her face. And her mom said, 'Oh my gosh, you are an idiot. I can't believe you can't do this.' And from then on, I never could. And even when I qualified as a nurse, she said, I can't believe you are a nurse now and you still can't do that. And she said, I've carried this all my life since 12:00. And this is the first time I've swallowed a pill."

AP: And she demonstrated in front of the whole room that she could swallow the pill, which was absolutely fantastic end to that teaching session.

EL: And then she turned into our champion pill swallower. And then no child who went through that unit ever failed to swallow a pill again.

AP: Which is fabulous .

EL: End of story. You think people can swallow pills, but often people have developed really funny ways of doing it. So, one of our doctors here, a very senior doctor, came to see us and he said, 'oh yeah, I can swallow pills' and I said 'what do you do?' And he said, 'well, I put the pill in the back of my throat and then I push it down with my finger.' And I was like 'that is not safe!' And so, I said 'well, would you like to try our methods?' And being a doctor is quite competitive and she took the largest pill, literally picked up the sports cut bottle, swigged it down and went 'Oo, that's easy.' And from then on, he has also been quite a champion. And you've got another story about how people's past experience has meant that they passed this fear on to their child?

AP: Yes. So, I had a case, where it was a very small child that she was only three and a half. So even the doctor said, I think he's probably too young. But do you mind having a try? Because he was not taking his liquid whatsoever and he needed it regularly twice a day. Both parents were happy for me to do the training. But dad was less positive than mom shall we say. He didn't say anything to his three-year-old child but in the room as we were doing the training, the little boy really did not do very well. I think he managed hundreds and thousands. We did start with something tiny. But as soon as we'd got on to progress to a bigger sweet, it really didn't., he didn't cope well. He then went off and had his lunch and came back and we swapped mom and dad around. Dad hadn't said anything through the whole procedure, other the making grunts and noises in the background. In the afternoon, the child sailed through the training and got to the largest capsule with mom beside him, which was really interesting to me because the child was obviously picking up them negative vibes from dad and not from mom. Even though the parent didn't say anything.

EL: As with learning anything, it's about understanding the child, the family and all their experience past and present.

AP: I think sometimes parents can be absolutely helpful don't get me wrong. Sometimes parents can be really helpful, as can siblings. So, teaching a group, two siblings together works amazingly well because of the competitive side of things.

EL: So just to recap. Swallowing pills. Really easy. Really important. You need a sports cup bottle. You put the pill in your mouth. You suck the water down. Down the pill goes. You practice. You need to be positive. And you need to take into account the experience of the child, the family, the parents, everybody around.

AP: Absolutely. So, check the child has no swallowing difficulties to start with. Get them to sip the water to start with to check they are complying and there's no problems. That's a really important start and an obvious start to it. But yes, absolutely. Make sure that the child is on board with the idea and that the parents are onboard with the idea. I had a child referred to me who is seven, who the staff on the ward were desperate to get this child NG tube out. But the child loved the NG tube because all his medicines went down the N.G. Tube. So, by learning to take tablets, he would get the N.G. Tube removed so straightaway he refused. When you've got that sort of situation, you have to get the child on board. It doesn't matter if the parents and all the staff are desperate. The important thing is the child.

EL: So, once you check that they can swallow water. We always start on hundreds and thousands because it is physically impossible not to swallow hundreds and thousands.

AP: We also give the child some control. So, hundreds and thousands are different colours so they can choose the colour. But importantly, they can also choose your colour. They have the control in the session. The control is not the person who's teaching. It's the child who's in control. So, they've chosen the liquid, they've chosen which colour of hundreds and thousands they are going to take. And also, which one you're going to take.

EL: Great. I prefer the chocolate ones myself. So, you both have hundreds and thousands. We know the child can swallow water and so you just say pop it in the middle of your tongue and have three sips of water. One, two, three. And then we go. And then we go 'Ah surprise! What's happened to it now? It's gone.'

AP: Absolutely. And a sticker, of course, is really important. And lots of praise. Like you said, it's impossible not to swallow hundreds and thousands so they're always going to achieve with the first size.

EL: So what do you work up to next?

AP: So, we usually use a sweetie again. We use sweeties, with the parents' consent obviously from the sugar side of things, because they are familiar to children. They're not something that's scary. And to take away the fear of tablets and the fear of swallowing a tablet is really important part of the session. So, we'll use a sweetie that is a slightly bigger than a hundred and thousands. And it really doesn't matter what it is.

EL: I would say Tic Tacs, because they've got that tablet shape and they come in a variety of colours which everybody knows. But obviously, other sweets are available.

AP: Cake decorations are marvelous. So recently I was in Tesco and I think the lady thought I was some crazy baker because I bought 100 different bottles of different toppings for cakes. But they come in all different sizes. They're nice colours and they're pretty. And children love them.

EL: Other supermarkets are available as well as Tesco.

AP: Absolutely.

EL: Yeah. So, it is as simple as that. It's about saying having some water, having a quiet place, putting a small tablet in the middle of your tongue, having your three sips and then working up through the sizes.

AP: Yeah. And can I add a fourth tip. Fourth tip. Don't call them bigger.

EL: Really important.

AP: Yes. Really, really important. And it's a natural thing to say as an adult. So, you'll say, right, let's try the next size or let's try the bigger one or. And you say it without even thinking about it. So, it's really important to say let's try a different colour. Let's try a different cake topping, but not a bigger one.

EL: Yes, I always say let's see what's next. And I always say that when you have worked your way from hundreds and thousands to Smarties, anybody who can swallow a smarty can swallow more or less any kind of pill.

AP: Yeah. And also, don't go to a huge pill if you're trying to get the child to take something very small. It's a skill. Once they've started swallowing a tablet on a regular basis, they will be able to swallow any size, but there's no need to do it in that session. So, if you're trying to get the child to swallow something tiny, like an amphetamine or a thyroxine. Don't get them to swallow a huge, huge dummy pill. Just go to the size larger. So, you need to order a variety of the gelatin capsules because you need to move through the different sizes, from a very small one. They are clear so fill them with hundreds and thousands, or whatever the child likes, chocolate strands, it doesn't matter right up to the largest. We order them through pharmacy. We order them as an empty capsule. Some pharmacies desperately try to fill them with lactose powder but we like them empty so we can fill them with sweeties.

EL: And we also have non gelatin capsules, which you can order in case for religious purposes you don't want to use gelatin.

AP: Yeah. We did discuss that with the pharmacist because, whether or not as part of the teaching sessions, we should have them available. However, the pharmacist informed me that the tablets we were trying to get the children to take were actually made of gelatin and that the parents were in agreement that the child should be allowed to take that tablet, even if it was against their religious beliefs or if the parents were vegan and because they were going to take the tablet, that the training tablets were equally as okay.

EL: Now that's important. I didn't know that.

AP: See you learned something. It's really important to be positive all the way through. If a child fails, I would try the same size again. And if the child fails again, I would go back to the previous success and always finish the session on a success. Most children will achieve this within one or two sessions.

EL: Yeah it's so true. And the other thing I find, this is a really, this is awful, but when I finish a session I always ask 'why do you think you've done so well? and they always say 'I don't know.' And I always say to them 'you have worked in the NHS for years, when was the last time somebody said to you, well done, you've done really well.' And everybody goes quiet and literally nobody can remember the last time somebody praised them. And the power of that praise, often, if we've had somebody who struggled to swallow and everybody's watching them and everybody goes, 'yeah, well done' and they're all clapping. It is literally so powerful.

AP: It is a lovely training to do because nine times out of ten, more than nine times out of ten, it's really successful. And it's very rare that as nurses and doctors, we can do something in such a short period of time that can be revolutionary to that child's life and actually be praised for it and do something nice.

EL: It's so true because often we're having to give people long courses of medicines because of chronic diseases and actually this is the one time you go and do something and it's fun and it's nice and it's got sweets and it's got stickers. And so, there is no bad thing about pill swallowing in my opinion.

AP: Absolutely not. And they get a certificate, of course, at the end, which is very important for show and tell.

EL: So given that we've talked about pill swallowing, we've talked about how easy it is, we've talked about how important it is, we've talked about how it gives children a bit of control over their illness. Why hasn't this, why has this remained a secret? Why doesn't everybody do this?

AP: I think it's a number of reasons. I think one of the initial reasons is that people don't think about it. People think under 12 liquid, over 12 tablets and they don't check that the over 12 can take tablets and that the under 12 can take tablets. It's really, really important to never just assume from the age what they can do and actually check. We would never give an inhaler and just assume the child would know how to use it. And I know that is a scenario you use quite often. We would never send a child away with a piece of equipment and not explain how to use it. So why do we do that with tablets and medicine?

EL: It's so true. You would never be sent home with an inhaler without instructions. So why send somebody home with pills and no instructions? Yincent, who we will talk to later who is one of our doctors here, in his department he started this pill swallowing training. So, they took all the nurses and all the doctors how to teach children to swallow pills. And after a month, I said to him 'how are you doing?' And he said 'Oh, we're doing fantastically. You know, we've converted half of our children already'. And I said 'that's brilliant Yincent'. I said 'Yincent, how many children did you actually teach yourself?' And he looked a bit shifty and he said 'none'. And I said 'why?'. And then he looked even more shifty. And he said Well, Emma, actually, we'd never asked the children if they could swallow pills. So, we just went after the children and said can you swallow a pill or not?' And it turned out half of them could, but we'd never ask them. So, we just carried on giving them medicine. All those years. Shame.

AP: That's a really good example of just asking the child. Never assuming and just asking, can you take tablets? And if they can't put them into tablet training.

EL: Totally. So our first question should be, when you prescribe medicine is, 'can you swallow tablets?' and if they say no and if they're old enough, you say, 'would you like to learn?'.

AP: Absolutely. And old enough, we would say around about four.

EL: Yeah. I mean without a doubt you and I have no problems from four or five onwards. Nicola Vasey, our pharmacist, told me more shame tales here, that when doctors write prescriptions, 15 percent of doctors actually write tablets or liquid at the end. So, most people will just write amoxicillin 250 milligrams three times a day. Nothing else.

AP: That's so interesting. So, it is really down to the pharmacist then who decides if they dispense liquid or tablets.

EL: It's down to the doctor, really, to be more specific when they write the prescription. I think electronic prescribing has helped this because you are forced to choose tablet/liquid/what kind of preparation. And I think what doctors don't realise is how much money is in this. I do think money should come late down the line. It's not the primary importance, but what is it? What's our favourite example?

AP: So the example is back to Yincent and the renal team. So, the renal team converted 30 children, from liquids to tablets. Admittedly, some of them only need simply to be asked if they could take a tablet. But lots of them went through the tablet training and they saved within a quarter of the year, they saved something like thirty thousand pounds.

EL: It was worse than that. We only looked at swapping them from tacrolimus liquid to tacrolimus tablets, and they saved fifty thousand pounds in six months. And these are recurring costs. Yeah, I know, you can all fall off your chairs now. And nitrofurantoin, a really common antibiotic, one bottle, how much?

AP: £212

EL: Oh. You knew that. How much is the pill Ailsa?

AP: I think it works out at about a pound.

EL: No. 15p for a packet. So, I think it's shocking. I don't think people realise how expensive liquids are. And oral prednisolone is another one. Prednisolone syrup, really expensive. Prednisolone tablets, cheap as chips. So, we've talked about why everybody should do it, because it's good for kids, because it saves money, because it's actually empowering. But trying to get one child is easy. But trying to convert a whole hospital or a whole department is much harder. Tell me how you found this.

AP: So how we did it was to target large groups of particular people to actually roll out the training. And we decided upon the nurses and the nursery nurses and the play specialists to actually rule this training out. And they were all really enthusiastic. The teaching was so well attended. I think the negative of doing that has been that some people think it's not their role because we've trained play specialists. And so therefore, when the play specialist isn't there, the tablet training doesn't take place. And tablet training should be done by everybody. So, I think, thinking back in hindsight, maybe that was a mistake and we should have had much more mixed groups of people.

EL: There are no mistakes. I think that we are trying to change the whole culture.
So actually, we went back even further, and we went and trained mixed groups of nurses and medical students, and they did joint training so that they would come in the system knowing no other way, indoctrinated from birth.

AP: It worked really well. And the mixed training worked well. So, I think that would be a good way forward.

EL: I think that doctors and nurses learning skills together sets a really important precedent because we have to work as a team and there's no better or more senior person or team. A team is just a team. So, when you learn together, then you work together better in the future.

AP: We also targeted the pharmacists. I think that was a really important thing to do and I think, had we done it again we would definitely do that again. We talked at pharmacy conferences and we spoke, and pharmacists were very, very eager to learn and also pass the message on. We've had lots and lots of enquiries from pharmacists all over the country.

EL: Oh, that's so true. And it was really interesting, Nicola, our pharmacist said to us, 'do you know it's really nice to get out to the pharmacy? It actually brings us out of pharmacy and gives us a chance to have some face to face time with a patient'. Oh, we've been really positive. But actually, there have been times where I really hated this project and I still get really frustrated because I feel that we've spent years, until I'm actually sick of saying the same things again and again, and sometimes I go down, I say 'can anybody teach tis child how to swallow a pill?' And still nobody who can do it apart from me. And I find that quite frustrating sometimes.

AP: Yes. I come across that all the time on the wards or I get phone to go and do tablet training with a child when there's lots and lots of staff who've gone through the training who are able to do it. I think doing it quite frequently because it's building up that confidence as a trainer as well. I think people think this is really complicated and quite a difficult thing to do. And it's not at all. It's very easy. And I think once you've done one or two, you realise how easy it is and it gives you that confidence.

EL: Oh, that's so true. With really junior doctors, I teach them early on, they're just like, 'Wow. Yeah, I can do this'. And then they go off and do it by themselves and they make that decision.

AP: And one of the things we've said to people is, at the end of the training, go away now and train somebody. It doesn't even have to be a patient. Go and train your sibling, go and train your child, anybody, because that will give you the confidence that this actually works and is a great thing to do.

EL: Yeah, well, like one of those awful pyramids selling Avon ladies. But it is true. We always say that, learn yourself and then go and teach your friends.

AP: So, one of the parts, one of the things we've done in the training is actually split people into pairs and get them to train each of them. So, one, be the child and one with the trainer and then swap around. And that gives people the confidence to do it. But it's really, really important that they go away knowing that they've actually practiced the skill.

EL: My biggest obstacle is just inertia. General institutional inertia.

AP: I think one of the main problems as well is people being able to get their hands on the kit. They feel like they need a special kit. And really, it is a very simple thing to put together. Any ward or department can put it together. You know, it's cake toppings and some sports bottles. And most children actually carry sports bottles and have their own sports bottle, which they can use. So, it's not a difficult thing to put together.

EL: Yeah, I have a secret stash of sweets. Ailsa, what would you do differently or what will you go on to do now?

AP: I think keeping up the momentum. I think it's very easy to let things slide. And then you come across people who say that they've never seen it, they've never heard of it. So, keeping up that knowledge and that training. Go into areas that have done the training and make sure that everyone is happy. Things like that. I think that is where I'll go on from here to do.

EL: You're so right. And actually, I think I really couldn't do it without you Ailsa. In so many ways but I think it's something about keeping up that energy of doing it again and again. And that's what works with our team. So, we work in a team with doctors, nurses, pharmacists, and we kind of need each other because there's always somebody who's feeling really energetic and somebody who's just had a bit too much.

AP: And I think getting out there like doing this sort of thing with the podcast, but also getting awards and doing a paper on it. I think all of these things a way to spread the word.

EL: Absolutely. So. Right. Sister Pickering and the pill swallowing secret. What are you will last words?

AP: My last words are. Try it. It's easy and it works.