

Covert medication care pathway - Best interest decision

Please provide a copy of this to the carer(s) and scan into the patient notes at the GP surgery.

Name of patient			
Date of birth		Location	
<ul style="list-style-type: none"> What treatment is being considered for covert administration? <p>It has been confirmed that no advanced decisions are in place concerning this treatment.</p>			
	Confirmed by		
	Signature		
<ul style="list-style-type: none"> Why is this treatment necessary? How will the person benefit? Could this treatment be stopped? <p>Where appropriate, refer to clinical guidelines, e.g. NICE.</p>			
<ul style="list-style-type: none"> What alternatives did the team consider which were not successful? E.g. Other ways to manage the person or other ways to administer treatment. Why were they not appropriate? 	State the options tried.		
<p>Treatment may only be considered for a person who lacks capacity.</p> <ul style="list-style-type: none"> When was Mental Capacity Assessment (MCA) for this issue completed? 	Date		
	Assessed by		
<ul style="list-style-type: none"> Who was involved in the decision? If there is any person with power to consent, then the treatment may only be administered covertly with that person's consent, unless this is impracticable. <p>N.B. A qualified pharmacist must give advice on administration if this involves crushing tablets or combining with food and drink as it may be unsuitable.</p>	Name of staff involved		
	Name of relatives, advocates or other carers involved		
	Name of authorising GP		
<ul style="list-style-type: none"> When will the need for covert treatment be reviewed? <p>(This will be dependent on physical condition of the patient. Fluctuating capacity requires more frequent review - at least every three months.)</p>	Date of review		
Date of Best Interest Decision			

Covert medication care pathway

Administration Instructions for Carers

This information should be included in the patient's care plan and with the medicines administration record (MAR) sheet. N.B. A qualified pharmacist should give advice on administration if this involves crushing tablets or combining with food and drink as it may be unsuitable.

Resident Name			
Date of Birth		Care Home	

Medication	Formulation	Advice – how to administer

Name of pharmacist providing advice	
Date	

Report to GP at next contact if:

- Covert administration results in a refusal to eat or drink.
- It appears that the full dose of medication has not been taken (make a note on the MAR sheet).
- There appears to be a deterioration in the patients health and well being.

Practical Points for Administering Covertly

Staff who are trained to administer medication should consider the following points when covert administration has been deemed necessary.

- Ideally a person should be offered their medication overtly each time, especially where fluctuating capacity is evident. This can be done with dignity, knowing the behaviour patterns of the person. In this way covert administration doesn't become the default and respects the principle that covert administration of medicines should be a last resort.
- The care home staff should be aware of personal preferences for administration through the care plan. Refusal after appropriate steps have been taken, as detailed in the care plan, can then proceed to covert.
- In general, the medication(s) which are to be administered covertly should be mixed with the smallest volume of food or drink possible (rather than the whole portion). This increases the likelihood that the prescribed dose is actually taken. Being able to quantify the dose administered as far as possible is important. Not all drinks are suitable, e.g. tea or milk interacts with some medication and this should be documented clearly.
- Where possible, different medications should not be mixed together in food or drink as they may be unsuitable to be mixed together and cannot be quantified. There may be some cases where mixing different medicines together may need to be carried out in the best interest of the person. If this is the case, it should be agreed by a multidisciplinary team and clearly documented in the care plan.
- The medication must be administered immediately after mixing it with the food or drink. It must not be left for the person to manage themselves. If the person is able to feed themselves, observe to ensure that it is consumed.
- Each time medication is administered covertly in accordance with the care plan it should be clearly documented on the MAR sheet.
- Refusal of the food or drink containing medication must be recorded on the MAR sheet as refusal. It should also be noted if it is partially consumed as the dose is then uncertain.
- Refusal of covertly administered antibiotics could potentially result in hospital admission so the prescriber should be notified promptly.
- Good record keeping provides evidence to enable the prescriber to review the continued need for covert administration.