Shropshire Community Health NHS
NHS Trust

Standard Operating Procedure

Covert Administration of Medicines

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Author		Rita O'Brien, Julie Rogers
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No	Date	Amendment
1	10/01/2018	New document
2	4/5/2018	Minor amendment. Addition of requirement to notify Director of Nursing or Medical Director by telephone to ensure Trust Board oversight
3		
4		
5		

Purpose
This procedural document aims to act as guidance to healthcare practitioners when considering the best actions to take if a patient is refusing important medicines that could contribute to a clinical deterioration if omitted.

A decision to ignore a patient's refusal to take prescribed medication could be legally challenged if appropriate steps have not been taken to exhaust all available alternatives

Introduction
Covert administration of medicine occurs when medicines for mental or physical health are administered to a patient without their consent or knowledge, often disguised in food or drink.
Covert administration of medicines 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medication is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault. The covert administration of medicines should only take place within the context of existing legal and best practice frameworks (see links below) to protect the person receiving the medicines and the care workers involved in giving the medicines.
See also: Rights, risks and limits to freedom. Guidance for practitioners considering restraint in residential care. Mental Welfare Commission for Scotland. June 2006 Covert medication. Mental Welfare Commission for Scotland. November 2006
www.mwcscot.org.uk/web/FILES/Publications/covertmedication.pdf
Mental Health Law Briefing: The covert administration of medicine Number 101 www.rlb-law.com/Repository/42/files/61_mhlb101_june2006.pdf
UKCC position statement on the covert administration of medicines www.nmc-uk.org.uk/aFrameDisplay.aspx?DocumentID=623

Scope
The use of covert medication should be a last resort. It should not be a routine measure or a contingency plan should the person not agree to take their prescribed medication. The covert administration of medicines is only likely to be necessary or appropriate in the case of patients who actively refuse medication but who are judged to lack capacity to understand the consequences of their refusal.
It is important to elucidate the reason why the patient is refusing medication e.g. they find it difficult to swallow the tablet or they find the medicine unpalatable

Covert administration should only be considered if all the following are met:

Last resort	Covert administration is the least restrictive when all other options have been tried
Medication specific	The need must be identified for each medication
Time limited	Should be used for the shortest time possible. Review at least weekly at MDT meeting or earlier if there is a significant change in health status or capacity
Regularly reviewed	Specify specific timescales for medication review and assessment of patient's capacity to consent specifically in respect of refusal of individual medications. Review should

	be at least weekly at the MDT meeting.
Clear process	Documentation to support the decision
Inclusive	The decision must not be taken in isolation but include carers, relatives, advocates and the multidisciplinary team
Best interest	All decisions must be in the patient's best interest with due consideration to the holistic impact on the patient's health and wellbeing

Definitions

Covert administration of medication occurs when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, crushed and mixed with food or drink. Covert administration of medication can only be necessary and justified in exceptional circumstances when legal requirements have been satisfied. Medicines should never be administered covertly to patients who have capacity to make their own decisions.

Responsibilities

Prior to undertaking covert administration it is the responsibility of the nurse to

- Check that the appropriate "best interests" decision has been documented
- ensure that a pharmacist has advised and signed that the administration of the medicine covertly is appropriate and will not compromise the release properties of the medicine. The pharmacist may recommend an alternative drug or formulation that would not result in off licence use of the medicine.

Procedure

	Action	Process	Rationale
1	Best interests decision made For drugs such as risperidone ensure appropriate monitoring done before prescribing e.g. ECG		See Appendix 1 Flowchart Appendix 2 Record of decision on covert administration of medication To ensure the drug is not contra-indicated for the patient
2	Entry on Datix		alert the safeguarding lead
3	Preparation of the medicine:	Following the pharmacist's advice, the medicines should be mixed with the smallest volume of food or drink possible rather than the whole portion. Note some food or drink may not be suitable The medication must be administered immediately after mixing with the food or drink	Appendix 3 for advice on the medicine To be confident that the patient has received the correct dose
4	Administration	Covert medications must be given individually and cannot be mixed together. Mix the dose with small volumes or quantities of food or drink	for interactions Confidence that the full dose has been consumed
5	Documentation	Each time the medicine is given covertly it must be documented on the drug chart	To identify when the patient did not give consent for the treatment where they were assed as lacking mental capacity, but it was deemed in the patient's best interest

6	Review	attempts to encourage adherence is essential.	Covert administration is not a long term solution. Patients' needs may change over time. Review at least weekly at MDT meeting. If likely to last more than a week, the Director of Nursing or alternatively the Medical Director must be contacted by telephone to ensure Trust Board oversight and input into the process. Appendix 4: Record of Review Ongoing covert administration requires external review. Will be arranged via ANP Dementia Lead
7	Covert medication no longer required – complete the Datix record		alert the safeguarding lead

Review of the patient

Ongoing attempts to encourage adherence is essential. As far as possible, a reason for refusal must be sought and documented within an appropriate care plan. Once taken, the decision to administer medicines covertly must be reviewed for each patient on a regular basis.
If likely to last more than a week, the Director of Nursing or alternatively the Medical Director must be contacted by telephone to ensure Trust Board oversight and input into the process.
Staff involved in the patients' care must appreciate that covert administration is not a long term solution. Patients' needs may change over time. Ongoing covert administration requires external review. Will be arranged via ANP Dementia Lead

Monitoring
There must be audit on a regular basis to ensure that the processes are always followed and that patient's safety and experience is of high quality. The Datix entry will prompt the Safeguarding Lead and the Mental Health Nurse to initiate audit to ensure the processes are followed.

References

PrescQIPP	Best Practice Guidance in covert administration of medication Bulletin 101 Sept 2015
Black Country Partnership NHS Foundation Trust	Consent to treatment and covert administration of medication
Royal Masonic Benevolent Institution	Covert administration of Medication Form 8
NHS Telford & Wrekin CCG Medicines Management.	Covert administration of medicines policy.

Consultation

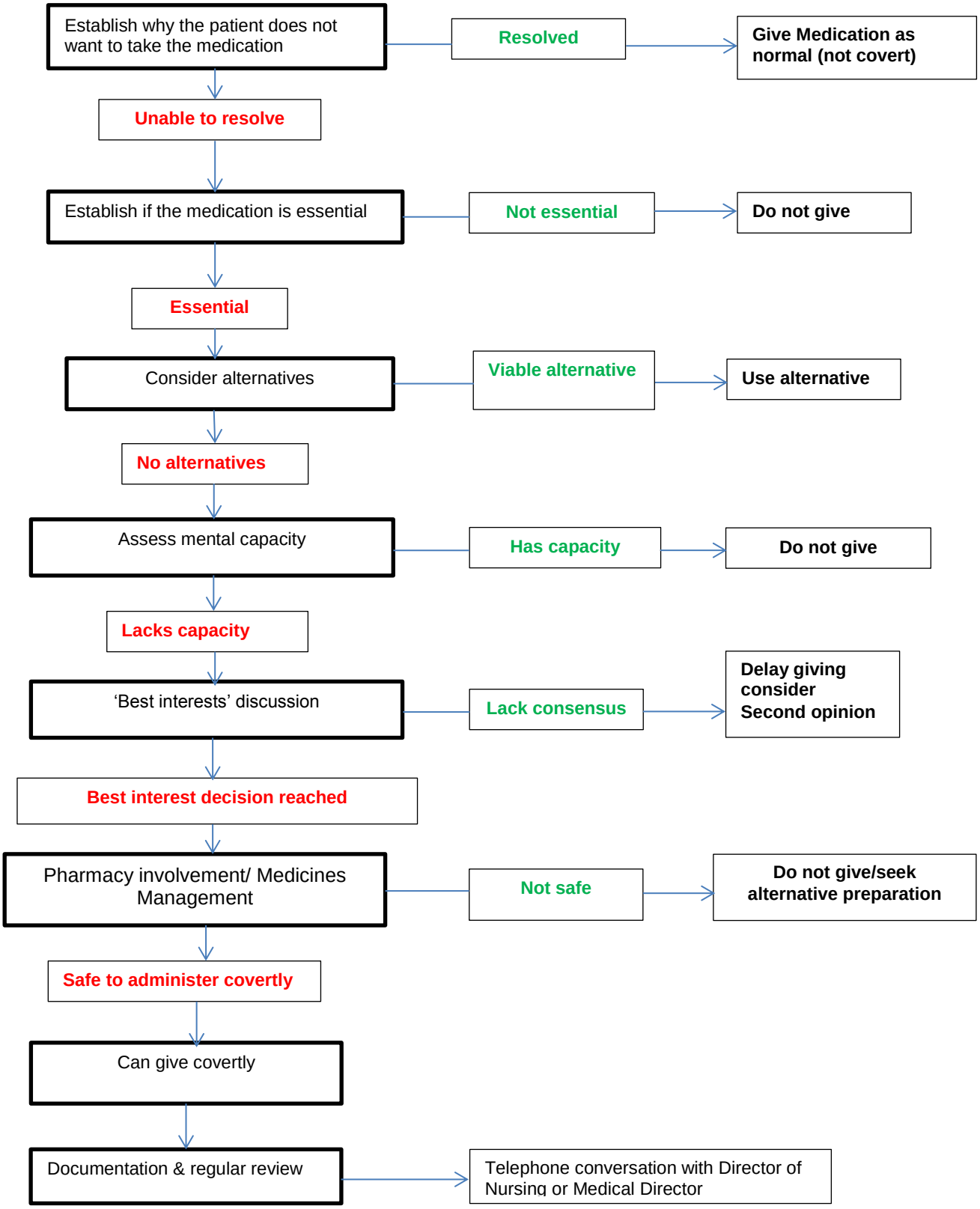
This document has been produced in consultation with:

Andrew Thomas: Safeguarding Lead (Adults) Shropshire Community Health Trust
Mrs Kathy George RGN: Named Nurse, Adult Safeguarding, Telford and Wrekin CCG
Paul Cooper: Head of Safeguarding Adults Shropshire CCG
Dr Emily Peer: Associate Medical Director, Shropshire Community Health NHS Trust

Forms/templates

Appendix 1: Covert Medicines Flowchart
Appendix 2: Record of decision on covert administration of medication
Appendix 3: Pharmacist's advice for covert administration of the patient's medicines
Appendix 4: Covert medication Record of Review

Appendix 1
Flowchart for the use of covert medication



Appendix 2 Covert Administration Medication Record Form

Name of Patient Date

Date of birth

NHS Number

<table>
<tr><td colspan="2">What medications are being considered for covert administration?

Has appropriate monitoring e.g. ECG been done?</td></tr>
<tr><td colspan="2">Why is the treatment necessary?

Is the condition likely to improve without medication?</td></tr>
<tr><td colspan="2">What alternatives have the multidisciplinary team considered? (e.g. other ways to manage the condition or administer treatment)

Why were these alternatives rejected?</td></tr>
<tr><td colspan="2">Is capacity likely to return?</td></tr>
<tr><td>An assessment has been performed to –
• confirm service user lacks capacity to consent
• confirm the continued need for the above treatment following a medication review
• confirm the covert administration is essential</td><td>Assessment completed and appropriate document stored in patients notes

Signature ……

Name ……..

Designation ……

Date ……..</td></tr>
<tr><td colspan="2">Has the person expressed views in the past that are relevant to present treatment? Yes / No

If Yes , what were those views</td></tr>
</table>

Name all involved in the decision to administer medication covertly. Any concerns or objections should be documented below.		
Name	Designation Lead decision maker:…….. Doctor……. Nurse …… Pharmacist …….. Relative / Carer ……..	Date
Record pharmacist's advice on appendix 3 Pharmacists Name…… Date ……..		
Is there a person with power to consent on behalf of the patient e.g. LPA or Court Appointed Deputy? Has a copy of a Registered LPA been provided and copy taken (store in patient notes) **Treatment may only be administered covertly with that advocate's consent unless this is impractical** Has this person given consent?	Yes / No If Yes, Name …… Relationship to patient…… Confirm provided ☐ Yes / No …… If No please state reason:	
Do any of those involved disagree with the proposed use of covert medication? If yes, they must be informed of their right to challenge treatment	Yes / No If yes: Disagreement by: (Name)……. State reason : Date informed …….	

Which members of staff will be administering the medication? **These members of staff must receive appropriate guidance on administration of the medication**	Names
How will they be administering the medication E.g. mixed in yoghurt?	
How will this be recorded on the drug chart?	
When will the need for covert administration be reviewed? Please refer to Administration of covert medication review form (appendix 4) when review is performed	Date for first planned review

Nurse in Charge signature ……

Print Name ……

Date ……..

To be stored in patients notes

Appendix 3 Pharmacist advice for covert administration of the patient's medicines

Name of Patient Date

Date of birth

NHS Number

Medication	Formulation	Advice from Pharmacist	Source of information e.g. NEWT , BNF , SPC , RPS , etc	Date	Pharmacist signature
Example	***Liquid***	***Mix with a small amount of food or drink prior to administration. Witness all has been consumed by patient***		***dd/mm/yyyy***	*L Brown*

To be stored in patient's notes. A copy should be kept with the current drug chart

Appendix 4 Covert Medication Record of Review

Name of Patient Date

Date of birth

NHS Number

Is medication still necessary? If so explain why?
Who was consulted as part of the review? Date of conversation with Director of Nursing or Medical Director: Outcome:
Is the legal documentation still in place? ……. Examples of the documents are as below:- • DoLS authorisation (covert medication is considered to be a restriction) http://www.shropscommunityhealth.nhs.uk/content/doclib/10331.pdf • Leaving power of Attorney (health & welfare) or Enduring power of Attorney • Any patient 'Advance Decision' which is relevant • Any documented assessment of capacity relating to consent to treatment • Mental Health Act papers (i.e. if the person has previously been detained under Section and was now out under section 17) • http://www.shropscommunityhealth.nhs.uk/content/doclib/10479.pdf • Community treatment order (again under Mental Health Act) http://www.shropscommunityhealth.nhs.uk/content/doclib/10305.pdf
Date of next planned review ……(at least once a week at MDT meeting)

Signed (name of prescriber) ……..

Date ……

To be stored in patients notes