



Medicines Optimisation Best Practice Guidance – *Bulletin 19*

Procedure for Initiating Covert Administration

An appropriate process MUST be followed prior to the initiation of the covert administration of medicines.

This document should be read in conjunction with [NW ICB Best Practice Guidance - Mental Capacity of the Patient and Covert Medication](#) for more information.

It is important to clearly document the decision-making process to implement covert administration to protect the resident against deprivation of liberty (DoL) to make decisions about their health and welfare. All best interest decisions and documentation must be kept in the resident's care plan and copies made available with the Medicines Administration Chart (MAR) to ensure all those giving medication are aware of the need and the circumstances involved in the covert administration of medicines.

Remember to follow due process and clearly document decisions for: Mental Capacity Assessment, Best Interest Meeting and Risk Benefit Review of Current Medication

Mental Capacity Assessment

The person best able to assess an individual's capacity and to make decisions about their medication will usually be the person who is directly concerned with the individual at the time the decision needs to be made, e.g. care home manager/ senior carer (residential care)/ nurse or in some cases the prescriber.

Remember that lack of capacity can be temporary therefore a review date must be agreed. **ALL** persons involved in the assessment must be recorded.

Best Interest Meeting

This is to discuss the resident's refusal of treatment, their mental capacity and the consequences of their continued refusal and, whether initiating covert administration is in their best interest to ensure their wellbeing.

A **prescriber (ideally residents GP)**, the **resident's advocate** (person with power of attorney for health matters or a social worker), **care home** representative and **pharmacist** (where appropriate) must be present at the meeting. Any living will/ advanced directive of the resident must be adhered to, and every effort should be made to ask relatives/ friends if the person had any documented wishes prior to loss of capacity. The outcome, evidence of advanced directive and names of those present **MUST** be documented.

Risk Benefit Review of Current Medication

ALL medication should be reviewed by the prescriber to determine those which are **essential** to their wellbeing and/or safety of others. A pharmacist should be consulted if oral medication is to be opened/crushed and added to food/ drink to advise if this is safe practice and suitable for the medications.

ALL medication to be given covertly **MUST be listed and have written authorisation** from the prescriber, have instructions added to their prescription and have full guidance given to the care home about **WHEN** covert administration is appropriate for the individual i.e. continual, during a period of infection, an aggressive incident, or when refusing an open offer of medication. This should be kept with the MAR chart.

References

[NWICB - Mental Capacity of the Patient and Covert Medication Jan 2024](#)

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0.2	October 2016	MS	Draft	To reword for the process using the flow chart as template. To highlight the important stages with further explanation.
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1.1	September 2018	SP-C	Updating	Logo changes, content checked for accuracy and any changes in legislation. Referecne and links checked.
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2.1	January 2024	Medicines Optimisation Team - HH	Review	Transferred to new template. Links checked.
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