Medicines Management
Care Homes Support

NHS
Coventry and Warwickshire

Covert medication care pathway - Best interest decision & Review form

For more information on legal and pharmaceutical issues of disguising medications.

SPS:Covert administration of medicines - legal issues

SPS:Covert administration of medicines – pharmaceutical issues

Name of person			
Date of birth		Location	
• What treatment is being considered for covert medicines administration? It has been confirmed that no advanced decisions are in place concerning this treatment.			
		Confirmed by:	
		Signature:	
• Why is this treatment necessary? • How will the person benefit? • Could this treatment be stopped? Where appropriate, refer to clinical guidelines.			
• What alternatives did the team consider which were not successful? e.g. Other ways to manage the person's behaviours or other ways to administer treatment. Other formulations tried and unsuccessful or inappropriate • Why were they not appropriate?	State the options tried:		
Covert administration may only be considered for a person who lacks capacity. • When was Mental Capacity Assessment (MCA) for this issue completed?		Date:	
		Assessed by:	
• Who was involved in the "best interests" decision? A pharmacist must give advice on administration if this involves crushing tablets or combining with food or drink, as it may be unsuitable. If there is any person with power to consent eg. LPA, then the treatment may only be administered covertly with that person's consent, unless this is impracticable.		Name of practitioner staff involved:	
		Name of relatives, advocates or other carers involved:	
When will the need for covert treatment be reviewed? (This will be dependent on physical condition of each patient. Fluctuating capacity requires more frequent review).		Date of first planned review	
GP name:			
Signature:			
Date:			

Please provide a copy to the care home and scan into notes at surgery

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Instructions for carers

This information should be included in the Service User's care plan and with the Medicines Administration Records (MAR).

Name of person			
Date of birth		Location	

Medication	Formulation	Advice – how to administer*

Name of pharmacist providing instruction for administering:	
GPhC number:	
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 MAR chart).
- There appears to be a deterioration in the patients health and well being.

*Specify clearly how it is to be administered. Include instructions on the dispensing label, if possible. Include any cautions such as temperature/types of food to avoid. "All to be mixed with food" is not sufficient.

Administration of Covert (Disguised) Medication Review Form

Name of person			
Date of birth		Date of review	

Is medication still necessary? If so, explain why	
Is covert administration still necessary? If so explain why	
Who was consulted as part of the review?	
Is legal documentation still in place and valid?	
Date of next review*	

*Frequency depends on the stability of the service user: e.g. monthly, 6 monthly but at least annually

GP name:	
Signature:	
Date:	