

Sunderland CCG covert administration of medication aide memoire

This aide memoire aims to support care home staff and healthcare professionals in making appropriate decisions on when to use covert administration of medication.

Covert administration of a medication occurs when medicines are administered without the knowledge or consent of the person receiving them, in a disguised format, for example in food or drink.

Patients with swallowing difficulties may need medication administered with soft food. Administering medication in this way would not be considered as covert if the patient is fully aware and has consented to having their medication administered in this way.

The full North of England CCG guidance is available here: www.sunderlandccg.nhs.uk/about-us/prescribing/pharmacy-guidelines/

Best interests discussions

Consider the following giving each equal consideration:

- Patient's wishes - this may have been previously expressed or documented in an advance statement
- Patient representative - this may be through relatives, friends, carers, advocates, LPA's. If no family or friends to give a view on best interest an Independent Mental Capacity Advocate may be required to support the decision making process.
- Could patient regain capacity
- Ensure patient is encouraged to use all existing skills

Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 includes Deprivation of Liberty Safeguards (DoLS).

They are a set of checks that apply to patients in a hospital or care home, who lack capacity about their care and treatment.

DoLS aim to make sure that any care that restricts a person's liberty, in order to prevent harm or to provide treatment, is both appropriate and in their best interests.

Covert administration of medications to a patient may add to a package of care that amounts to a deprivation of their liberty. This is more likely if the medication alters mental state, mood or behaviour, whether intentional or as an adverse drug reaction and it restricts a patient's freedom. For example, antidepressants, antipsychotics, sedative medications

Expert pharmacy advice

A pharmacist will be able to consider the best method that meets patient's needs and preferences taking into account which will cause the least distress.

This advice can be sought from the community pharmacy supplying the care home, your practice pharmacist and from the care home medicines optimisation team from IntraHealth (email: NECSU.Intrahealthsunderlandintegratedcareteam@nhs.net)

Documentation

It is essential that the decision process is fully documented. The MAR chart must also be annotated with the necessary instructions for administering the medicine.

It must be clearly documented and highlighted that the patient has their medications covertly administered when transferring between care settings, for example on admission to hospital. It is recommended that GP practices flag the patient record to ensure the information is included in any admission documents.

The effects of the decision must be reviewed especially for patient deterioration or declining food and drink. Review must also be carried out a regular basis as to the need for continued covert administration of medicines. A plan for review should be included in the documentation.

Covert administration of medication aide memoire

Establish whether covert administration is required – discuss with GP and care staff.

Consider whether medications can be given without the need for covert administration.

Patient is persistently refusing medication in any form

Review all medication to assess clinical need and benefit to the patient.

- Have all reasonable steps been taken to support the patient to take their medicine?
- Can alternative forms be tried e.g. liquid instead of tablets?
- Does the patient need more time and encouragement at medication times?
- Are all medications being refused or just one?

Is the medication essential and of benefit to the patient?

A mental capacity assessment must be carried out to establish if the patient lacks capacity to make this decision. NB capacity is assumed unless proven otherwise

Refer to: <http://www.sunderlandccg.nhs.uk/news-media/publications/item/co03-mental-capacity-act-deprication-liberty-policy/>

Does the patient have capacity to refuse medication?

Any adult who has mental capacity has the right to give or refuse consent to treatment or nursing intervention and this decision must be respected.

Disguising medication in the absence of informed consent is unlawful. The exception to this is where the person is detained under the Mental Health Act.

Yes
The patient's decision must be respected. Covert administration would be unlawful

No
A "best interests" discussion must be held

Ensure all appropriate people take part in the discussion, including the patient if they are able and wish to do so.

Covert administration is appropriate

Covert administration is not appropriate
Ensure review date +/- circumstances agreed

The local authority **must** be contacted if the patient is subject to a DOLs.

Where there is no DOLs, consideration must be given to initiating the process.

Is the patient subject to a Deprivation of Liberty process?

This will take into account the risks of any adverse effects that might be caused by administering the medication covertly, versus benefit obtained.

For example, change in absorption, or risk of person tasting medicine and subsequently refusing all food and drink.

Obtain expert pharmacy advice regarding best method of covert administration

The decision process **must** be fully documented.

In all cases, care or nursing staff can only administer medication covertly if authorised by the prescribing practitioner. Add readcode to GP record as an active problem with an indefinite duration). The status of the coding should be amended should the need for covert administration change. The MAR chart must also be annotated with the necessary instructions for administering the medicine.

DOCUMENTATION & REVIEW
Add Read Code to GP record as active problem

READCODE:
9NgE0 - Best intrst decision allw covert administ medicines
MCA2005