



Public – To be published on the Trust external website

Title: Procedure for Covert Administration of Medicines

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Status: Approved

Document type: Procedure

Overarching policy: [Medicines Overarching Framework](#)

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1 Introduction

Covert administration is the administration of a medicine disguised in food or drink to a patient without their knowledge or consent. This will most often be due to severe dementia or profound learning disability. The Royal College of Psychiatrists (RCP) states that “covert administration of medication for schizophrenia and other severe mental illness where patients can learn and understand that they will be required to take medication is unacceptable” by providing appropriate treatment which gives access to the care for you. This procedure aligns to following Our Journey To Change goal.

2 Purpose

Following this procedure will help the Trust to:-

- Ensure covert medication administration is undertaken within current legal frameworks and only in the patients’ best interest.
- Ensure the responsibilities of pharmacists, medical, and nursing staff in the covert medication process are clearly defined.

2.1 Objectives

- To define the process for covert administration of medications.
- To highlight possible steps that can be taken to avoid the need for covert medications.
- To define when covert administration of medications is appropriate.
- To clarify responsibilities of pharmacists, medical and nursing staff in covert medication administration

3 Who this procedure applies to

This procedure applies to our patients identified through this procedure. The Trust values of respect, compassion and responsibility apply in every aspect of this procedure.

4 Related documents

The preparation and covert medications are outlined in the Medicines Overarching Framework. [Medicines Overarching Framework](#)

5 Definitions

5.1 What is Covert Administration of medication?

- Covert administration is a complex issue and involves the administration of a medicine disguised in food or drink to a patient without their knowledge or consent. It should only be considered, within a legal framework, for patients who are deemed to lack capacity, consistently refuse medication and it is deemed in the patient's best interests.
- Administration of medication in food, to disguise the taste or to aid administration, **with the patients' consent and knowledge** is **NOT** covert administration

5.2 When should covert administration be considered?

- If patient is admitted to the ward with an existing covert medication plan.
- Patient is identified as regularly not accepting medication for mental health and/or physical health disorders whilst on ward.

5.3 What is outside of the scope of this procedure?

- Community patients (excluding patients accessing TEWV services for respite care)
- Outpatients

6 What is the process for Covert Administration of Medication?

6.1 Review Compliance

Patient is identified as not accepting medication on multiple occasions for mental health and/or physical health disorders using Prescription and Administration record, Multi-disciplinary Team (MDT) discussion and the decision aid in [appendix 1](#).

Review medications to consider if medication is still indicated. Document any medication changes on electronic patient record system).

Consider the following to improve compliance (see [appendix 2](#) – measures to avoid covert administration for more details):

- Change medication times
- Change formulations
- Administration care plan

Document review in electronic patient record system.

6.2 Review Legal Framework

Check capacity has been assessed and specific Mental Capacity Act (MCA) forms are completed for covert medications. Reference to the MDT best interest discussion should be included on the MCA documentation. If the patient has capacity and is refusing physical health medication these cannot be given covertly. See [appendix 1](#) for more information.

NB Mental Capacity Act applies to 16 years and over.

Check if the patient is receiving drugs for mental health condition. If so Mental Health Act (MHA) is used for the authority to administer these drugs irrespective of consent or capacity to consent.

6.3 MDT Discussion

Discuss if covert medication administration is in best interest of patient, with carers / family, MDT, and ward pharmacist; include an Independent Mental Capacity Advocate (IMCA) where appropriate. Discussions should be documented on electronic patient record system and consider the following: -

- Which medications are to be given covertly? The decisions should be based on the clinical indication of the medication, formulations available, and if appropriate to administer covertly.
- If the method of covert administration will make a drug unlicensed e.g., by crushing
- Flavours of medication (liquid or crushed) in food or drink may be bitter and be detected by the patient.
- What food stuffs or drinks the patient will accept.
- Will crushing medication increase risks to staff e.g., cytotoxic or finasteride
- Medication given via transdermal patches which could be applied out of direct sight of the patient.
- Potential interactions between food / drink and medications
- The long-term plan for medication administration if patient to be discharged on this medication how will this be managed.

Agree frequency of future reviews. RCP suggest as best practice, weekly reviews initially and if requirement for covert medicines persists, reduce frequency. Document discussions in electronic patient record system.

6.4 Develop Covert Medication Plan

Once covert administration has been agreed, pharmacist to complete covert medication plan documenting how medication can be administered covertly, considering pharmaceutical factors and product license.

The crushing of medication and/or addition to food or drink can make the drug unlicensed, by virtue of changing the mode of administration. The benefits and risks of doing this need to be considered and documented. Further information on the licensed administration and crushing medication can be found in the [references](#) listed in section 12.

Consider if each covert medicine is to be administered separately (best practice) or if in the patients' best interest to give all medicines together. Document on electronic patient record system (see [Appendix 3](#) for suggested template).

Print electronic patient record entry and file with the Drug Prescription and Administration record.

Annotate "refer to electronic patient record entry" in comments section of the Drug Prescription and Administration record.

Add Covert medication Checklist to 'Monitoring Charts in use' section.

6.5 Administration of covert Medication

On each occasion when medication is required, offer each prescribed medicine openly and only give covertly if the patient refuses.

Where the requirement for covert medication persists and it has been discussed and documented by the MDT, the medication(s) can be given covertly straight away at each medicine round. This will be documented on the covert plan accompanying the inpatient prescription and administration chart.

Covert administration of medicines should be indicated by a circle around nurses' signature on the medication administration record.

6.6 On-going review

Regularly review if covert medication has been given and is still required; or if patient now readily accepting medication: consider fluctuations or improvement in capacity and action to be taken in such circumstances.

Where the need for covert administration persists and offering the medication openly causes significant distress to consider always administering medication covertly.

When patients go on leave or are discharged from inpatient wards and are still receiving medications covertly, a copy of the covert medication plan should be sent with them. Relevant care staff (e.g., GP, carers, care home staff) should be made aware that there is a covert medication plan in place so relevant documentation and reviews can be completed in primary care.

Document review in electronic patient record system and agree a date for the next review. Covert medications and review dates should be captured in the notes of report-out discussion's. See [Appendix 4](#) for review template.

7 Community Patients

There will be some patients in the community, both in care homes and in their own homes, who will be receiving medications covertly. In most cases decisions around covert administration will be made in accordance with local policies within GP Practices and / or Care homes and fall outside the remit of this policy. Occasionally there may be situations where TEWV retain prescribing of mental health medications . In these situations, it may be appropriate to advise on covert administration.

It is good practice for covert plan to be authorised by the prescriber responsible for the medications. This can result in two covert plans running simultaneously, one for psychotropics prescribed by TEWV and another for medications prescribed by GP.

Document in electronic patient records any advice / discussion around covert medications (see [appendix 3b](#))

8 Respite Units

Clients may be receiving medications overtly with food to improve palatability. A discussion should take place with carers to identify best method of medication administration and if medications are being given covertly. If so, a covert medication plan should be put in place.

Patients under 16: Staff nurses may continue to administer medication in accordance with the instructions of parents/ those with parental responsibility in the best interests of the patient. Parental consent must be obtained and documented on each admission – see [appendix 5](#) Template for Covert Administration in Children Under 16 years . Staff must always take pharmaceutical advice from an appropriate healthcare professional.

Patients aged over 16: Capacity must be assessed and MCA1 and MCA2 completed if appropriate. Any new requests for covert administration of medication should follow the guidance in this policy document.

9 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10 How this procedure will be monitored

The procedure will be monitored as part of the Multi-Disciplinary Team Reviews

11 Roles and responsibilities

Role	Responsibility
Chief Pharmacist and Deputy Chief Pharmacist – Clinical Services	To implement this policy withing the pharmacy service To ensure the implementation of this policy is monitored
Pharmacists	To identify patients who are refusing medications. To review medications to see if still indicated. Consider other options to improve compliance e.g., changing formulation or timing of medications. Ensure relevant documentation for MCA and MHA are completed. Develop covert medication plan and advise on best methods of administration of medications. Review needs for ongoing covert medication
Pharmacy Technicians	To identify patients who are refusing medications. Ensure correct formulations are ordered in line with covert medication plan.
Consultant medical Staff	To identify patients who are refusing medications. Decide if covert medication is appropriate. Review medication to see if still indicated. Consider other options to improve compliance e.g., changing formulation or timing of medications. Ensure relevant documentation for MCA and MHA are completed. Review needs for ongoing covert medication administration. Consider any advance decisions patients may have
Junior Medical Staff Non-Medical Prescribers	To identify patients who are refusing medications. Consider other options to improve compliance e.g., changing formulation or timing of medications. Review medication to see if still indicated.
Nursing staff	To monitor compliance of medications and identify patients who are not taking medications as prescribed. Ensure relevant documentation for MCA and MHA are completed. To administer medications covertly as directed by covert medication plan. Review needs for ongoing covert medication administration.

12 References

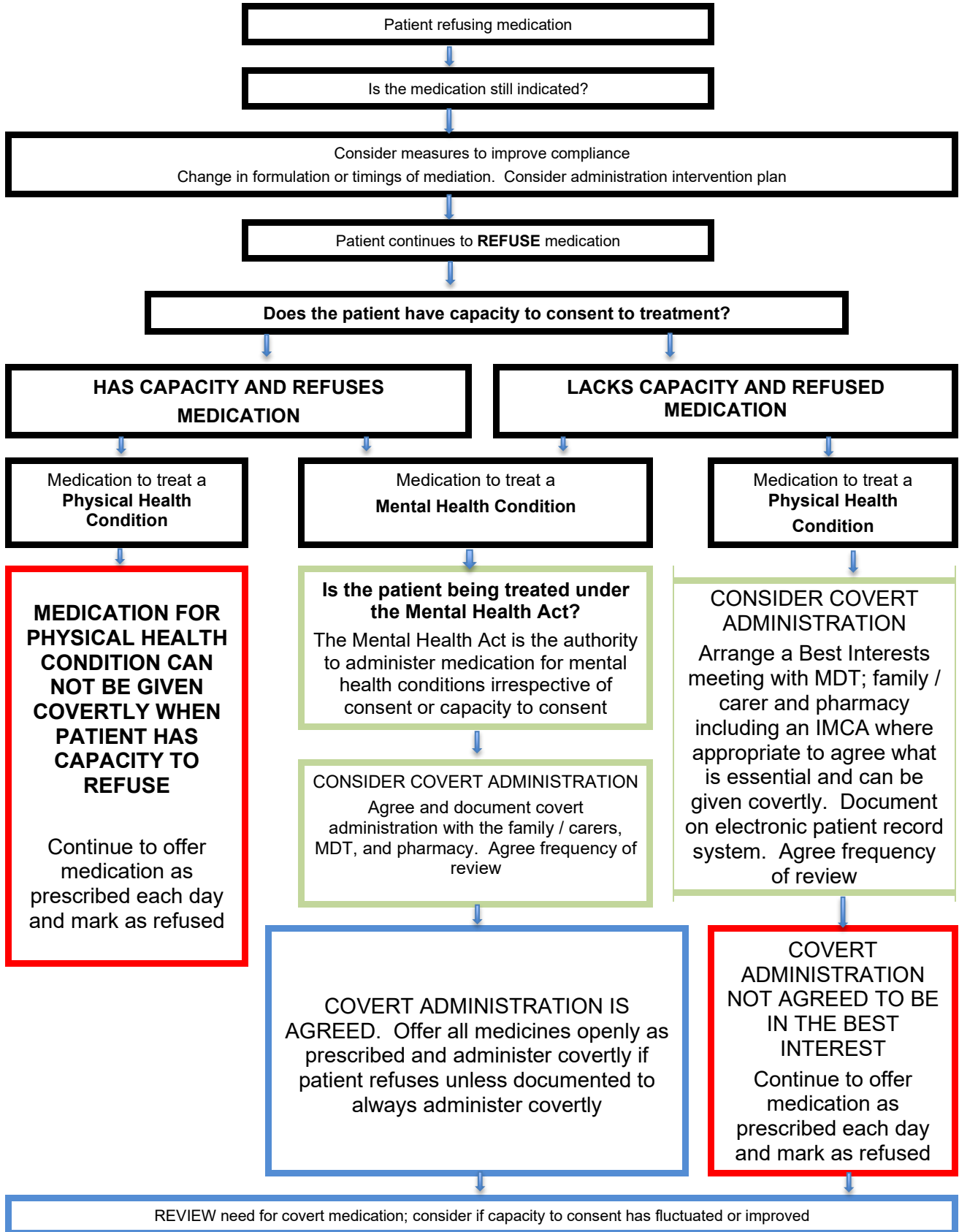
Sources of information:

The following sources can be used when advising on covert administration. NB the list is not exhaustive.

<ul style="list-style-type: none"> • BNF
<ul style="list-style-type: none"> • www.medicines.org.uk
<ul style="list-style-type: none"> • White, R, Bradnam, V. Handbook of Drug Administration via Enteral Feeding Tubes 3rd Edition
<ul style="list-style-type: none"> • UKMI Q&As –What are the therapeutic options for patients unable to take solid oral dosage forms? Updated Dec 19 https://www.sps.nhs.uk/wp-content/uploads/2013/09/UKMi_QA_Unable-to-swallow-solid-oral-meds_update-Dec-19.pdf
<ul style="list-style-type: none"> • What legal and pharmaceutical issues should be considered when administering medicines covertly? Feb 2017 UKMI
<ul style="list-style-type: none"> • CQC: Brief Guide: Covert Medication in a Mental Health Services https://www.cqc.org.uk/sites/default/files/20161122_briefguide-covert_medication.pdf
<ul style="list-style-type: none"> • NEWT guidelines
<ul style="list-style-type: none"> • https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly

For further information contact ward pharmacy team or Medicines Information via TEWV.medicinesinformation@nhs.net

Appendix1 - Covert Medicines decision aid



Appendix 2 - Measure to improve patient compliance with medication before covert administration of medication.

Measure	Indications when this would happen	Pharmacy action	Prescriber's action	Nurse's action
Change formulation	Patient has problems with size / taste of oral medication / need to swallow whole for some formulations. Risk of secreting tablets	Recommend appropriate formulation. Review patient taking new formulation.	Prescribe alternate formulation. Involve patient (where possible) in decisions re change of formulation.	Encourage patient to take medication. Assess, record, and report non-adherence.
Change timing	Patient gets up later or becomes more amenable to receiving medication later in the day.	Advise on the appropriate changes to timings of medication or alternate medicines / formulations to reduce the number of administration times	Prescribe at the time that patient most likely to take medication or alternative. Involve patient (where possible) in decisions.	Encourage patient to take medication. Assess, record, and report non-adherence.
Aiding administration or disguising taste in food with patients consent / knowledge. (NB - Disguising in food without <u>consent</u> is covert administration)	If the patient doesn't like the taste of a medication it can be mixed with food or drink, with the patients consent. Must be taken immediately. This can also be done to aid administration of some larger tablets / capsules where there isn't a liquid or granule formulation.	Consider pharmaceutical stability. Are there alternative formulations to prevent need for this? Does it make it unlicensed?	Involve the patient in decisions and inform patient where it is unlicensed. Endorse prescription with instructions in the comments section.	Encourage patient to take medication. Assess, record, and report non-adherence.

<p>Regular prescription with PRN if patient refuses.</p> <p>e.g., amlodipine 10mg OM plus PRN 10mg OM to be offered if patient refuses morning dose, not to be offered after teatime.</p>	<p>Patient who is amenability to take medication fluctuates through the day and there may be no predictability to this.</p>	<p>Monitor how given and no double doses. Consider for essential medication, ideally only for medicines prescribed daily. Review at report out and if consistent time established highlight so can be prescribed at that time. Consider pharmaceutical safety and effectiveness of this approach for each medicine.</p> <p>Advise on timescales when medications can be offered.</p>	<p>Prescribe PRN, using the prescribed frequency for the 'min dose interval' and the total daily regular dose for the 'max daily dose'.</p> <p>Endorse in comments section '<i>if the patient refuses regular treatment</i>' plus a statement of the latest in the day that this can be offered prn.</p> <p>Ensure the prescription is in line with T3 / T2 forms if they are in place.</p>	<p>Nurses have a recorded plan to know when and how to offer. Ensure that patient doesn't receive a double dose in 24 hours. Record that the patient has refused on the administration record of the regular prescription and ONLY mark as successfully administered on the PRN administration record. Document in daily nursing notes when offered and refused.</p>
<p>Extend period that prescribed time of medication is valid for</p> <p>e.g., furosemide 40mg M. Can be offered up to 2pm if refuses in the morning.</p>	<p>Patient whose amenability to take medication fluctuates through the morning or day. In this way medication can be offered through a stated time period.</p>	<p>If dose if greater than once daily, ensure extended times don't lead to double dosing. Monitor when doses given. Review at report out and if consistent time established highlight so can be prescribed at that time. Consider pharmaceutical safety and effectiveness of this approach.</p>	<p>Clear instructions in comments section of the notes stating that nurse can try to give up to agreed time.</p>	<p>Nurses have a recorded plan to know when and how to offer. Ensure that patient doesn't receive double doses. ONLY record the time of successful administration on the administration record. Document in daily nursing notes when offered and refused.</p>
<p>Prescribe single daily dose over 12 hours, using a circle across the dose frequency timings.</p>	<p>If there is no consistent time that the patient will take medication, so needs to be tried at any time through the day and evening.</p>	<p>Only suitable for medicine which can be given once per day.</p> <p>Review at report out and if consistent time establish highlight so can be prescribed at that time. Consider pharmaceutical safety and effectiveness of this approach for each medicine.</p>	<p>Prescribe and use a circle across the administration times BLTN.</p>	<p>Nurses have a recorded plan to know when and how to offer. Ensure that the patient doesn't receive double doses. ONLY record the time of successful administration on the administration record. Document in daily nursing notes when offered and refused.</p>

Appendix 3 - Electronic Patient Record System template

X continues to refuse medications despite measures taken to improve compliance including *(document steps taken to improve compliance prior to considering covert administration)* At MDT discussion on it was agreed that medication could be given covertly if he/she continues to refuse. Medications have been reviewed and the following amendments made *(include medications stopped and rationale)*:

Family in agreement with covert administration of medicines as per discussion on

(See electronic patient record entry)

X is being treated under Mental Health Act and lacks capacity regarding decisions around medication (See MCA forms)

Currently prescribed the following medications:

(list medications and suggestions on how they can be administered covertly, indicating where this makes the product unlicensed)

<i>Medication</i>	<i>How to administer</i>	<i>Unlicensed (✓)</i>

WHEN ADMINISTERING MEDICATION COVERTLY STAFF SHOULD CIRCLE THEIR INITIALS ON KARDEX.

- **Frequency of Covert medication plan review:**

- **When administering medication covertly:**

Always offer medication overtly to patient before considering covert administration unless the MDT has agreed to always offer covertly.

Don't mix with food that is too hot or too cold.

If crushing tablets or opening capsules give food immediately

Don't leave food containing medicine unattended.

Best practice is to mix each medicine separately with a small amount of food but recognised there may be cases where in the patients' best interest to give all medicines together.

Ensure patient consumes all the food or liquid or they will not receive the correct dose. If food is left, need to inform the prescriber as the prescribed dose has not been administered.

Food that are successful when giving covert medicines: spoonful of jam, fruit yoghurt or soft foods that can be mashed.

- **Information sources: -**

Appendix 3B - Electronic Patient Record System template – Community

X continues to refuse medications despite measures taken to improve compliance including (document steps taken to improve compliance prior to considering covert administration)

A capacity assessment has taken place onand X is deemed to lack capacity around medications.

A best interest discussion has taken place with the following people who are in agreement for medication to be administered covertly.

Name	Designation

Currently prescribed the following mental health medications:

(list medications and suggestions on how they can be administered covertly, indicating where this makes the product unlicensed)

Medication	How to administer	Prescribing responsibility remains with TEWV (✓)	Unlicensed (✓)

Where medications are being administered covertly the prescriber must be aware and involved in decisions around covert administration

Frequency of Covert medication plan review:

Staff carrying out review:

When administering medication covertly:

- Always offer medication overtly before considering covert administration unless it has been agreed to always offer covertly.
- Don't mix with food that is too hot or too cold.
- If crushing tablets or opening capsules give food immediately
- Don't leave food containing medicine unattended.
- Best practice is to mix each medicine separately with a small amount of food, but recognised there may be cases where in the patients' best interest to give all medicines together.
- Ensure all of the food or liquid is consumed or they will not receive the correct dose. If food is left, need to inform the prescriber as the prescribed dose has not been administered.
- Food that are successful when giving covert medicines: spoonful of jam, fruit yoghurt or soft mash-able food.

Information sources:

Appendix 4 - Template for Reviews

- **Covert Administration of Medicines – Review**

Reviewed / discussed at report out on

Is X still consistently refusing medications? *If no, consider ongoing need for covert medications administration.*

Any issues raised from nursing staff around covert medications? *(e.g., difficulties in administering medications covertly, patient only accepting certain foods)*

Are all medications still indicated / appropriate? *(document any changes)*

Have any medications been added / stopped since previous review? If so, then ensure covert medication plan has been updated to reflect this.

Frequency of reviews:

Appendix 5 - Template For Covert Administration in Children Under 16 years

Date:

Patient name:

NHS number:

Name of carer:

Relationship to patient:

In the best interests of(patient name)....., I(parent name)..... consent to the following medications being administered in the following way, whilst under the care of TEWV. I understand that administering the medication in this way may be outside of the manufacturers product license and may impact how well the medication works.

Name of medication	Administration details
<i>Example: sertraline liquid</i>	<i>Mixed with yoghurt</i>

Has the prescriber been informed that medication is being given in this way: (Yes/ No)

Registered nurse name and signature:

Date:

Pharmacy check:

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	27 July 2023
Next review date	27 July 2026
This document replaces	PHARM-0090-v2 Covert Administration of Medicines
This document was approved by	Drug & Therapeutics Committee
This document was approved	27 July 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	n/a - Generic Pharmacy Equality Analysis applies
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
1.0	November 2017	Change from Pharmacy Standard Process Description 22 v1.9 to PHARM-0090	Superseded
2.0	23Sept 2021	Full review of Document	Superseded
2.0	6 Dec 2021	Approval checklist appended to document	Superseded
3.0	27 July 2023	Full document review	Published

Appendix 6 - Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	Circulated with respite units for comment (note: appendix 4 - Template for reviews)
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Are training needs included in the document?	No	No training needs identified
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	N/a	Generic Pharmacy Equality analysis applies
	Have Equality and Diversity reviewed and approved the equality analysis?	n/a	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	Not applicable