

Covert administration of medication

Covert administration is the administration of medicines in a disguised form without the knowledge of the person receiving them.¹ This briefing outlines a pathway that should be followed as best practice to support a decision to administer a medication covertly.

Key recommendations

- Prescribers should no longer use instructions to carers such as, “just mix with food” as a verbal or brief written instruction for covert administration of medications.
- Clarify the reason(s) for an individual’s refusal to take their medication(s) as this understanding may present a resolution which does not involve covert administration.
- Review medication and consider whether deprescribing is appropriate for the individual as a first line approach.
- Test mental capacity against the five key statutory principles in assessing capacity before covert administration is considered as an option.
- Complete a Best Interest Decision form for each individual refusing their medication. Each medication should be documented individually (attachment 2).
- Any organisation considering covert administration of medication should develop local policies to ensure best practice where covert administration takes place.
- Agree the steps to be taken when considering covert administration of medication in individuals. Attachment 3 can be used for this purpose.
- Covert administration should be used as a last resort, be medication specific, time limited, reviewed regularly, transparent, inclusive and in the person’s best interest. Review the need for covert administration regularly.

Suggested care pathway

The steps entailed in a suggested care pathway when covert administration of medicines is being considered are outlined below.

Step 1 - Assessing mental capacity (MCA assessments)

Individuals capable of making the decision have the right to accept or refuse medical treatment, even where a refusal could potentially lead to a detrimental outcome.²

Step 2 - Best interest decision (but only if assessed to lack capacity in step 1)

‘Best interests’ is a method for making decisions which aims to be objective.³ The Mental Capacity Act 2005 provides a checklist which must be followed when making a decision for someone.⁴

Step 3 - Assess suitability of each medicine to be covertly administered

If the best interest decision is to administer covertly, the suitability of each medication must then be considered and each time a new medicine is started.⁵ Always check with a pharmacist to make sure that the medicine will not be affected by administering it covertly.⁶

Step 4 - Record keeping

Good record keeping is essential for ensuring safety and quality of care. An appropriately trained member of care staff should produce a personalised instruction for each medicine to be given covertly in line with the advice of the pharmacist. Each time medication is administered covertly in accordance with the care plan it should be clearly documented on the back of the MAR sheet or documented in line with the care home policy.^{5,6}

Step 5 - Practical points for administering covertly

Offer the medication overtly each time and only proceed to covert administration after refusal and appropriate steps have been taken.^{5,7} Mix the covert medication with the smallest volume of food or drink possible which increases the likelihood of the dose being taken. Some food and drinks interact with some medication and this should be documented.^{6,8} Administer the medication immediately after mixing it with food or drink and do not leave it for the person to manage for themselves.⁶

Refusal of covertly administered antibiotics could potentially result in hospital admission so the prescriber should be notified promptly.⁹

Step 6 - Review of continued need

The need for continued covert administration should be reviewed within time scales which reflect the physical and mental state of each individual. This should be agreed at the time of implementing covert administration within the best interest decision.^{8,10}

References

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	 Tools	

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