Livewell Southwest

Covert Administration of Medication Policy

Version No. 2.1
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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New Policy	July 2011	Deputy Director of Professional Practice	New policy
1	Minor amends	July 2011	Deputy Director of Professional Practice	Ratified.
1.1	Review	June 2013	Chief Pharmacist	For consultation
1.2	Ratified	Dec 2013	Chief Pharmacist	Following comments from MGG
2	Reviewed	October 2015	Chief Pharmacist	Reviewed no changes.
2.1	Reformatted	May 2016	A Hawke	Updated to LSW and review date extended to 3 years.

Covert Administration of Medication Policy

1 Introduction

1.1 This policy offers guidance for the administration of medicines to patients who are unable to give informed consent to treatment and refuse to take medication when offered to them and for whom medicines are administered in drinks and foods. This also includes patients for whom forced medication would be likely to cause significant harm i.e. physically frail.

1.2 Patients who have the capacity to give informed consent to treatment, but refuse to take medication are excluded from this policy. Patients detained under the Mental Health Act who refuse oral medication may be included under this policy when alternative methods of administration have been considered but are not acceptable.

1.3 This should not be confused with the administration of medicines against someone's will, which in itself may not be deceptive but may be unlawful.

2 Purpose

2.1 This policy should be read in conjunction with current advice from relevant professional bodies: Nursing and Midwifery Council, Royal College of Psychiatrists, General Pharmaceutical Council.

2.2 The disguising of medication in food and drink is not to be encouraged as it is usually outside the product licence and also could potentially reduce the bioavailability of the drug. Efforts must be made to obtain the patient's consent to receive prescribed medicines in the normal way. In exceptional circumstances, however, it is recognised that the disguising of medication in food and drink may be justified only if it is in the best interests of the patient.

3 Duties

- The Chief Executive is ultimately responsible for contents of policies and their implementation.
- Directors are responsible for identifying, producing and implementing policies.
- The Medicines Governance Group is responsible for the review and approval of this policy.
- Locality Managers, their deputies and Matrons will support and enable operational clinical leads to fulfil their responsibilities and ensure the effective implementation of this Policy.
- Ward / team managers are responsible for ensuring that all staff have access to the policy and a working knowledge of its contents.

- Pharmacists will advise on medication aspects of this policy on an individual case by case basis.

- All clinical staff are responsible for ensuring they adhere to this policy.

4 Definitions

4.1 **Covert administration of medication** -Refers to the practice of administering prescribed medication in food and / or drinks without the patient being aware of this.

NMC - Nursing and Midwifery Council

5 Guidance

Every registered practitioner is required to act at all times in such a manner as to justify public trust and confidence. Registrants are personally accountable for their practice and must work in an open and cooperative manner with patients and their families.

5.1 General principles

The best interest of the patient is paramount. The interest of the health professional should not determine any decision to administer medication.

5.2 **When should Covert Administration be considered**

5.2.1 Covert administration of medication may be considered for patients only when **all** of the following criteria are met:

- Patient for whom administration of one or more medication(s) is in their best interests: to save life, prevent deterioration, or ensure an improvement in the patient/client's physical or mental health (note that not all of a patient's prescribed medications may be deemed to be essential in this respect).
- Patient is unable to give informed consent to treatment.
- Patient refuses to take oral medication(s) when openly offered.
- Patients detained under the Mental Health Act who refuse oral medication may be included under this policy when alternative methods of administration have been considered but are not acceptable.

5.3 **When is Covert Administration not acceptable**

5.3.1 Disguising medication in food / drink for the convenience of the healthcare team is unacceptable.

5.3.2 Covert administration of medication should be a contingency /emergency measure and not regular practice.

5.3.3 **Patients who have the capacity to give informed consent to treatment, but refuse to take medication are excluded from this policy**. These patients

refusal must be respected but they must have been given sufficient information about the nature, purpose, risks of and alternatives to the proposed treatment.

5.3.4 This policy also excludes the forcible administration of medicines.

5.3.5 Medication administered to a patient who lacks the capacity to consent but is unable to appreciate that they are taking medication (e.g. an unconscious patient) need not be viewed as covert administration. However, their consent to treatment should be sought at the earliest opportunity upon recovering awareness.

5.3.6 An advance decision to refuse particular treatment in anticipation of future incapacity (also known as a 'living will' or an 'advance directive') must be respected. Please refer to the 'Consent to Treatment' Policy for full details, but crucially the patient must have made clear which treatments they are refusing (a general desire not to be treated is insufficient) and in what specific circumstances they refuse them – the advance decision must apply to the proposed current treatment and in the current circumstances.

5.4 Consent

Every adult must be presumed to have the mental capacity to consent or refuse treatment, including medication unless he or she:

- Is unable to take in and retain the information about it provided by the treating staff, particularly as to the likely consequences or refusal.
- Is unable to understand the information .
- Is unable to weigh up the information as part of the process of arriving at a decision.

5.5 The assessment of capacity is primarily a matter for treating clinicians, but practitioners retain a responsibility to participate in discussions about this assessment. The outcome of the assessment must be documented.

5.6 The Decision to Proceed

5.6.1 For patients whom covert administration is thought to be appropriate the decision to proceed should be made by the multi-disciplinary team (involving at least the patient's consultant (or delegate), named nurse (or deputy) and a pharmacist). If a pharmacist cannot be present their advice should be sought before the decision to proceed is made.

5.6.2 Where appropriate the patient's family/carer(s) should be involved in and informed of the decision to administer medication covertly. (Note however that nobody can consent for someone else; but the views of family / carers may be helpful in clarifying a patient's wishes and what is in their best interests).

5.6.3 Any healthcare professional involved in the covert administration of medication should be aware of the treatment aims and the legal and ethical implications of

covert administration.

5.6.4 Where adult patients / clients are capable of giving or withholding consent to treatment, no medication should be given without their agreement. For that agreement to be effective, the patient / client must have been given adequate information about the nature, purpose, associated risks and alternatives to the proposed medication. A competent adult has the right to refuse treatment, even if refusal will adversely affect his or her health or shorten his or her life. Therefore, registrants must respect a competent adult's refusal as much as they would his or her consent. Failure to do so may amount not only to criminal battery or civil trespass, but also to a breach of their human rights. The exception to this principle concerns treatment authorised under the relevant mental health legislation.

5.6.5 When a patient / client is considered incapable of providing consent, or where the wishes of the mentally incapacitated patient or client appear to be contrary to the best interests of that person, the registrant should provide an objective assessment of the person's needs and proposed care or treatment. He or she should consult relevant people close to the patient / client, such as relatives, carers and other members of the multi-disciplinary team, and respect any previous instructions that the patient / client gave.

5.6.6 A patient / client may be mentally incapacitated for various reasons. These may be temporary reasons, such as the effect of sedative medicines, or longer term reasons such as mental illness, coma or unconsciousness. It is important to remember that capacity may fluctuate, sometimes over short periods of time and should therefore be regularly assessed by the clinical team treating the patient / client.

5.7 Children

It cannot be assumed that children are unable to give consent. It is important that both legal and professional principles governing consent are applied equally to all, whatever the health care setting, but with the following significant restrictions:

- Children under the age of 16 are generally considered to lack the capacity to consent to or refuse treatment, including medication. The right to do so remains with the parents, or those with parental responsibility, unless the child is considered to have significant understanding and intelligence (sometimes referred to as the Fraser guidelines, formerly Gillick competence) to make up his or her own mind about it. Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age up to 18. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.

5.8 Regular attempts should be made to encourage the patient / client to take their medication. This might best be achieved by giving regular information, explanation and encouragement, preferably by the team member who has the

best rapport with the individual.

5.9 Practical issues

5.9.1 Before administering medication covertly the patient should again be encouraged to take it in the normal way e.g. by giving regular information and explanation, by different team members.

5.9.2 The properties of the medication (e.g. its bioavailability) should not be significantly affected by administering it covertly (where this information exists).

5.9.3 Modified release (e.g. MR / SR / CR / XL) and enteric coated (E/C) preparations are generally not suitable for covert administration – always seek advice from a pharmacist before doing so.

5.9.4 If a licensed liquid preparation of the prescribed medication is available this should always be used to mix with drink / food if appropriate. This is in preference to crushing or dissolving tablets or capsules, which usually render the medication unlicensed (see below).

5.9.5 The prescriber, pharmacist and administering nurse should take reasonable steps to ensure administering medication covertly (including the crushing of tablets or emptying of capsule contents) will not cause harm to the patient.

5.9.6 Crushing tablets / emptying capsule contents and mixing with food / drink will, in the majority of cases, render the medication outside of its marketing authorisation (MA) (but exceptions do exist e.g. the contents of Zomorph® capsules can be emptied into semi-solid food within the terms of the MA).

5.9.7 Prescribers, pharmacists and nursing staff should refer to the unlicensed medicines policy; section 20 Safe & Secure Handling of Medicines Policy.

5.9.8 The prescriber must be aware of and authorise the use of any medication outside of its product licence. As a minimum the prescriber must:

- Assess the patient's need to receive that medication.
- Satisfy themselves that it is in the patient's best interests to receive that medication.
- Consider an alternative route of administration of that medication (e.g. topical, parenteral).
- Consider an alternative medication (e.g. available in different forms or which have to be given less frequently).
- Authorise the crushing of tablets etc. as a last resort.

5.9.9 The pharmacist should refer to the standard texts, the SPC for the medicine(s) concerned and specifically to the "Handbook of Drug Administration via Enteral Feeding Tubes" (Rebecca White and Vicky Bradnam, Pharmaceutical Press) to advise:

- The suitability of the medication(s) to be administered covertly in food / drink.

- Alternative licensed preparations and the effect crushing / dissolving the preparation on the licensed status.
- Alternative routes of administration to be considered.
- Alternative medications to be considered.
- The method by which medication(s) should be mixed with food / drink.
- Any additional precautions necessary.

5.9.10 In general the medication(s) which are to be administered covertly should be mixed with smallest volume of food or drink possible (rather than the whole portion). This increases the likelihood that the prescribed dose is actually taken. Not all drinks are suitable e.g. tea or milk interacts with some medication.

5.9.11 The medication must be administered immediately after mixing it with the food or drink.

5.9.12 It is important not to compromise the patient's nutrition. A dietician should be consulted if there are concerns from any member of the MDT or patient's family / carer.

5.10 Record Keeping

5.10.1 The prescriber must personally make a record in the patient's clinical notes authorising covert administration and the use of the medication in an unlicensed fashion as appropriate.

5.10.2 A care plan for covert administration for an individual patient should be made and used.

5.10.3 The care plan should include:

- The treatment aims of covert administration.
- Statement of assessment of care needs.
- Identification of essential medication.
- Statement of capacity.
- Identification of MDT and others consulted in decision to administer medication covertly.
- Method of administration of each medication.

5.10.4 The care plan should be kept with the patient's medication chart.

5.10.5 The care plan should be reviewed weekly by the MDT.

5.10.6 **Each time medication is administered covertly** it should be documented in the patient's clinical notes that the medication has been given covertly in accordance with the care plan.

6 Monitoring Compliance and Effectiveness

The monitoring of the administration of covert medication must be reviewed by

the matron/team manager following each incident . The review should include the care plan, the rationale for the administration and a clear review process.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 11th December 2015