

Covert Administration Checklist (Adults)

Name:.....
NHS No:.....
Ward:.....

Patient is **persistently refusing medication** deemed essential to their wellbeing, or receives medicines covertly in the community (patient must be reassessed on admission to hospital)

Alternative dosage forms have been tried to improve palatability or overcome swallowing difficulties, side effects (perceived or actual) have been addressed, timing of dose reviewed (for example, night time doses switched to morning or vice versa)

Ethical or religious beliefs, that may be influencing the patient's decision, have been taken into account

Assess the patient's capacity to refuse medication
Mental Capacity Act Assessment to be performed by clinician caring for the patient

Reassess when appropriate, within a planned timeframe

Do NOT give covertly
Document assessment and all attempts to administer medication

Patient has capacity

Patient does not have capacity

Is the patient's capacity likely to improve? Can the decision be delayed? e.g. short term delirium

Yes

No

The patient has an advanced decision (Living Will) it must be followed

Has the patient appointed someone to make decisions on their behalf re health and welfare

Best interest meeting (including next of kin or patient representative) to decide what is in the patient's best interest. Use best interest paperwork and MCA toolkit A and B.
Record outcome of assessment in notes, with a planned timeframe for reassessment

Prescriber to perform risk/benefit review of each medication, and stop all medication not deemed to be essential to patient's wellbeing or the safety of others. **Record decisions in medical notes and ensure this is included on the discharge summary, if applicable***
*Decisions regarding covert administration are only valid during this inpatient stay - a separate assessment will need to be carried out in community

Pharmacist to review essential medicines and plan how they are to be administered

- If to be administered with food/drink, are there any potential interactions
- Is there a liquid/dispersible preparation available and if so, does the dose/frequency need to be adjusted e.g. if switching from a modified release preparation
- If there is no liquid available, is there any information from the manufacturer allowing crushing of tablets/opening of capsules within the product license (e.g. apixaban)
- If there is no licensed data available, is there anecdotal information available from a trusted source, such as the [NEWT guidelines](#) – ensure that the prescriber understands that medicines given this way will be unlicensed
- Consider switching to an alternative drug if there is no data available

Document in medical notes and annotate drug chart with instructions for nursing staff

Monitor:

- **Side effects** (as they may be getting regular doses, unlike before)
- **Oral intake** – ensure patient consumes entire dose and does not become suspicious, leading to refusal of food/drink
- **Capacity** – is it fluctuating? If so, **reassess**

Patient reviewed by:	Doctor	Sign:	Print:	Date:
	Pharmacist	Sign:	Print:	Date: