Covert medication care pathway - Best interest decision

Please provide a copy of this pathway to the care home staff supporting the patient and scan into the patient notes at the GP surgery.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of patient |  | | |
| Date of birth |  | Location |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What treatment is being considered for covert administration?It has been confirmed that no advanced decisions are in place concerning this treatment. | |  | |
| Confirmed by |  |
| Signature |  |
| Why is this treatment necessary?  * How will the person benefit? * Could this treatment be stopped?   Where appropriate, refer to clinical guidelines, e.g. NICE. | |  | |
| * What alternatives did the team consider which were not successful? E.g. Other ways to manage the person or other ways to administer treatment.  Why were they not appropriate? | | State the options tried. | |
| Treatment may only be considered for a person who lacks capacity.  * When was Mental Capacity Assessment (MCA) for this issue completed? | | Date |  |
| Assessed by |  |
| * Who was involved in the decision?   N.B. A qualified pharmacist must give advice on administration if this involves crushing tablets or combining with food and drink as it may be unsuitable.  If there is any person with power to consent, then the treatment may only be administered covertly with that person’s consent, unless this is impracticable. | | Name of healthcare practitioner staff involved |  |
| Name of relatives, advocates or other carers involved |  |
| When will the need for covert treatment be reviewed? (This will be dependent on physical condition of the patient. Fluctuating capacity requires more frequent review - at least every three months.) | | Date of first planned review |  |
| GP name |  | | |
| Signature | Date: | | |

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Instructions for care home staff

This information should be included in the patient’s care plan and with the medicines administration record (MAR) sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of patient |  | | |
| Date of birth |  | Location |  |

|  |  |
| --- | --- |
| Name of medication to be administered |  |
| Instructions for administration  Specify clearly how it is to be administered  Include instructions on directions the for pharmacist to label the medication if possible  Include any cautions such as temperature/types of food to avoid |  |
| Name of pharmacist/GP providing instruction for administering |  |
| Date of commencement |  |
| Date of review |  |
| Authorised by |  |

**Report to GP at next contact if:**

* Covert administration results in a refusal to eat or drink.
* It appears that the full dose of medication has not been taken (make a note on the MAR sheet).
* There appears to be a deterioration in the patients health and well being.