Covert administration of medicines
Guidance on Legal and Best Practice

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About me........

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Shaping better health
Objectives

- Define covert administration of medicines
- Identify when it can be an issue
- List the procedures for a safe and legal practice
- Explain when to apply Deprivation of Liberty Safeguards (DoLS)
- Evaluate when to review this practice
In 2015, Care Quality Commission (CQC) identified inadequate practices in medicine management in Bristol nursing homes. This included malpractice in the covert administration of medication.
In 2016...

40 nursing homes in Bristol
15 nursing homes were administering medicines covertly

All homes were audited April-June

Audits in 2016 highlighted:
- 11 were non-compliant
- 2 were semi-compliant (covert medicines procedures were missing from the home policy)
- Only 2 were fully compliant

Compliant: cover all the legal, ethical and training aspects required for a safe administration of medication covertly
What is covert administration of medication?

Covert administration of medicines is when medication is given to a patient without their knowledge and/or consent in a drink or with food.
Why is it important?
Issues with covert medication

**Pharmaceutical**: (Crushing Tablets)

- For some drugs, the therapeutic window is small, slight changes can affect the drug efficacy or increase the likelihood of side effects.
  - e.g. *digoxin, carbamazepine and phenytoin*

Drugs that are best absorbed on an empty stomach
  - e.g. 50% of absorption of penicillin is lost when given with food
What can not be crushed?

Modified release (slow or extended release) tablets or capsules (MR/SR….etc)

**Enteric coated /Film coated tablet or capsules.** These can be identified by the abbreviation EN or EC

Hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines

And many more……..

Nurses/carers/healthcare staff have a **professional responsibility** to question whether the medicines are appropriate before administration
Issues with covert medication

Medicines and food

- **Tea and coffee** will cause precipitation of some medication such as some antipsychotics such as haloperidol

- Some medicines interact with **calcium** and absorption will be reduced (e.g. ciprofloxacin with milky porridge)

- Levothyroxine, thyroid hormones levels can decrease if given with foods and supplements that contain: **calcium carbonate** or if taken with calcium fortified juice.
Issues with covert medication

Legal issues:
Mental Capacity Act 2005: the practice of giving medication covertly applies only to people who lack capacity.

(It must be remembered that capacity changes).

Deprivation of Liberty Safeguards (DoLS)
The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. (giving sedatives and other drugs may amount to a certain level of DoLS)
Covert medication pathway

1. Mental capacity assessment
2. Best interest decision including DoLS if applicable
3. Management plan and documentation
4. Reviews
Covert medication pathway

1. Mental capacity assessment:
According to Mental Capacity Act 2005 and the organisational policies and procedures

5 core principles:
• Presume capacity
• Encourage people to have capacity
• The right to make unwise decisions
• Decisions must be in best interest
• Least restrictive option
Covert medication pathway

2. **Best interest decision:**
   It must involve a multi-disciplinary approach involving:

- GP
- Nurse/care worker
- Family/friend/Lasting power of attorney
- Pharmacist/Pharmacy Technician
Covert medication pathway

Management plan and documentation:

- Mental capacity assessment (specific to medication decisions)
- Management plan on how the medication will be covertly administered safely
Covert medication pathway

Reviews:

- Specify the timeframe for reviews certain changes will trigger an **early review** (changes in meds)

- Reviews should include an assessment if covert administration of medicines is still the least restrictive option

- Outcome of the reviews should be communicated to the relevant professionals and family members
Covert medication and DoLS

The Court of Protection provided guidance for procedures to be followed to protect unlawful interference with article 5 and article 8 (Human rights)

The guidance highlights:
- Considering covert meds as a last resort
- If there is no agreement during the best interest meeting there should be an immediate application to the Court of protection
Things to consider (1)

- Ensure that the patient is eating all the food is the medicines is given covertly.

- Medicines are offered openly first on a daily basis before considering covert administration option.

- Consider the medicines with a bad taste once crush as this can affect patient medicines compliance.

Things to consider

• Explore the patient’s **food preferences**, this will improve compliance

• **Patterns of behaviour** should be monitored, a person might be refusing their medication at certain times of the day

• **Dementia training** is essential to develop persuasive techniques and establish the patient’s preferences
Best practice
Case study
Let’s Kahoot!

**Step one:** Go to: [www.kahoot.it](http://www.kahoot.it)

**Step Two:** enter the pin given

**Step three:** enter your nickname
Conclusion

• Only consider covert administration as a last resort, always consider other options

• Nurses and other healthcare professionals are responsible to question whether the medicines are appropriate before administration

• Certain types of medicines administered covertly automatically require a DoLs application

• Safe and legal pathway to set up covert medication includes: mental capacity assessment (DoLS if required), best interest, management plan and reviews
Questions