NHS Grampian

Policy For The Covert Administration Of Medication In Adults For Staff Working Within NHS Grampian

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Identifier:	Review Date:	Date Approved:
MGPG/Policy/CovertMeds/ 1514	May 2027	May 2024 **Publication Date:** November 2024

Policy Statement:

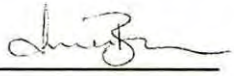
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant guideline, policies, protocols and procedures.

Version 6

Executive Sign-Off

This document has been endorsed by the:

Director of Pharmacy and Medicines Management **Signature:** _____



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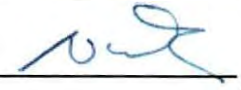

Medical Director **Signature:** _____

Replaces: NHSG/Policy/CovetMeds/MGPG1144, Version 5

Document application: NHS Grampian

Revision History:

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Made (Identify page numbers and section heading)
February – September 2024	Policy reviewed and amended to include additional information as to how best to support patients.	Page 3 Aim/Scope/Introduction Page 4 Deciding whether medicines should be administered covertly
February – September 2024	References and links updated. MWC Good practice guidance updated.	Page 4 update of good practice guidance Page 6/7 Patient Benefit / MDT working Page13 Reference update
February – September 2024	Review and update of covert administration of medication flow chart.	Page 5 update
February – September 2024	Addition of information relating to consulting Welfare Attorney/Guardian.	Page 6 best practice information added
February – September 2024	Addition of information relating to HEPMA and recording, including best practice advice via MWC.	Page 7 HEMPA best practice information
February – September 2024	Addition of HEPMA information.	Pages 9-12
February – September 2024	Information relating to review best practice	Page 11-12

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1. Aim

This document aims to safeguard the interests of patients and staff by providing guidance and direction on the legal and practical issues relating to the covert administration of medicines within NHS Grampian. This document is based on guidance issued by the Mental Welfare Commission for Scotland: "Covert Medication: Good Practice Guidance May 2022".

2. Scope

This document provides guidance on covert administration of medication for:

- All NHS Grampian staff working in hospital settings.
- General Practitioners and non-medical prescribers who may need to consider covert administration for patients under their care.
- All NHS Grampian staff working health and social care settings.

This document aims to identify best practice and give guidance in accordance with the Mental Welfare Commission for Scotland: "Covert Medication: Good Practice Guidance May 2022"[1] however, the onus remains with the individual practitioner to act within the principles of the legislation in the best interests of the individual patient. If deviation from the guidance is necessary in order to act in the best interests of the patient this should be documented appropriately with rationale and a plan to address any outstanding issues as soon as practicable.

The scope of this document does not cover the administration of medication in an emergency situation.

3. Introduction

"Covert medication is when medicines are administered in disguised form so that the person is not aware that they are taking medication. This usually involves disguising medication by administering it in food and drink. As a result, the individual does not know they are taking medication because it is disguised or hidden. The most common scenario in which this happens in practice is due to a refusal to take medication when it is offered and where treatment is deemed necessary for the individual's physical or mental health and where the person does not have the capacity to understand the consequences of not taking the covertly administered medication" (Mental Welfare Commission 20221).

Covert administration of medication must never be given to someone who is capable of making a decision about his or her medical treatment.

Covert administration of medication should not be considered to be routine practice. Any decision to administer a medicine covertly should only be taken following discussion between the multi-disciplinary clinical team and the patient's relatives, carers or proxy. Any decisions or action taken should be documented appropriately.

The law and covert medication:

3.1. The Adults with Incapacity (Scotland) Act 2000[2]

The medical practitioner assesses capacity and issues a certificate of incapacity (S47*) if appropriate. The certificate of incapacity normally lasts for up to one year, but in certain circumstances may be extended to cover periods of up to three years. The Adults with Incapacity (AWI) Scotland Act covers treatment for both physical and mental illness. *Section 47 paperwork link.

3.2. The Mental Health (Care and Treatment) (Scotland) Act 2003[3]

The Mental Health Act only covers treatment for mental illness.
https://www.mwcscot.org.uk/sites/default/files/2022-05/CovertMedication-GoodPracticeGuide_2022.pdf
https://www.mwcscot.org.uk/law-and-rights/mental-health-act

For more information on the hospital treatment for physical illness in the absence of consent, please see the Mental Welfare Commission Good Practice Guidance[4].

4. Deciding Whether Medicines Should Be Administered Covertly

The decision to use the covert administration of medication must be a multidisciplinary discussion, which includes practitioners involved in the care of the patient along with guidance from a pharmacist. **The patient's Power of Attorney or Welfare Guardian should also be consulted, and the rights of the individual must be considered.**

Promotion of reasonable adjustments under the Equality Act (2010)[10] will ensure that information is presented and communicated using the individuals preferred way of communicating. Thus, ensuring an active inclusion when making informed choices and decisions about their care and treatment.

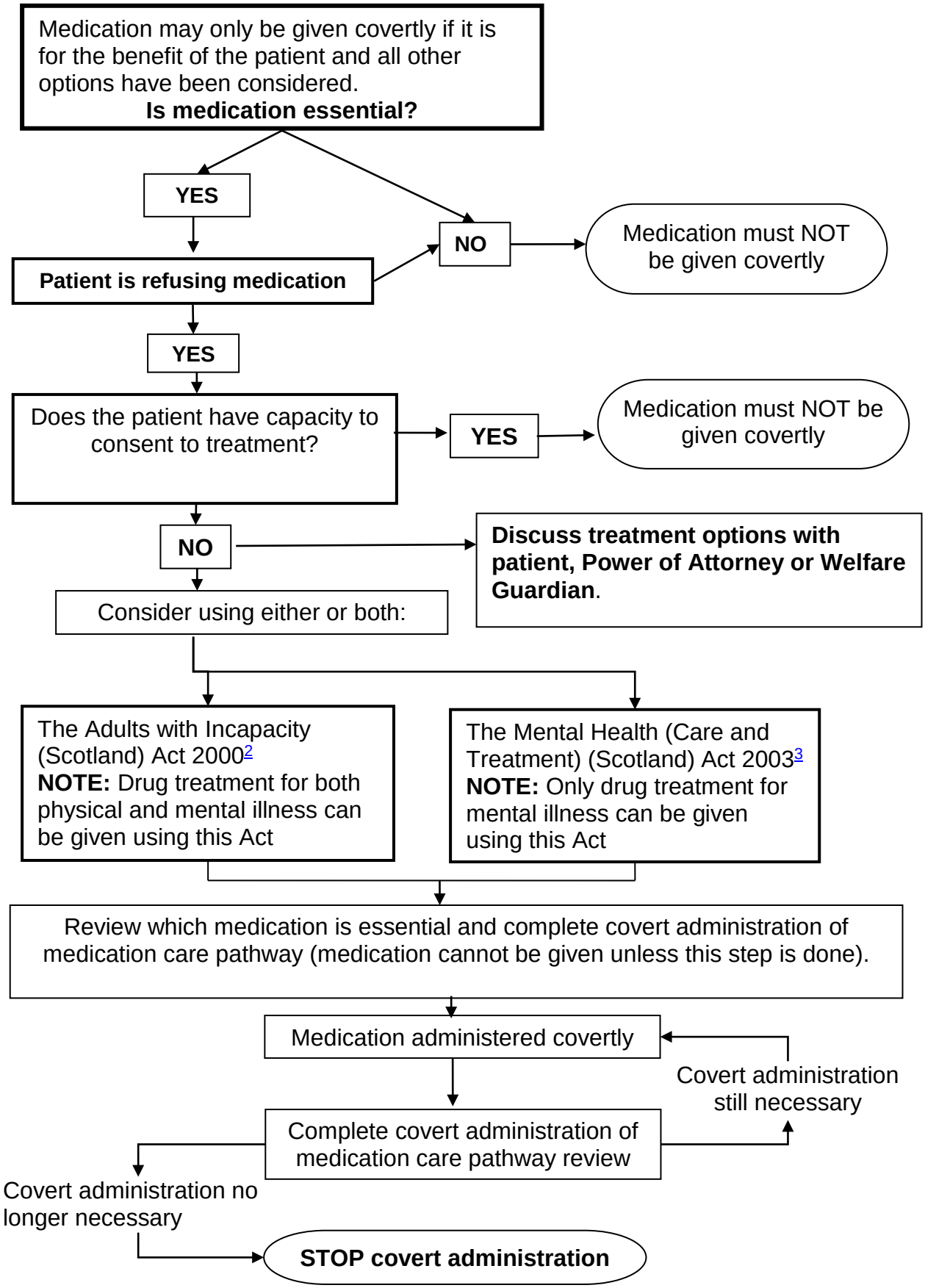
The flowchart on the following page will assist in determining whether covert administration of medication is appropriate.

Please note: In primary care or during out-of-hours, a doctor may initiate a necessary medicine for an acute treatment and then confirm whether a covert administration of medication pathway requires to be completed. They must ensure the following procedure is followed.

5. Covert Administration Of Medication Flow Chart

Safeguarding rights of individuals, all options to support patient decision making must be explored before deciding whether to give covert medication.

This flow chart must be used in conjunction with the Mental Welfare Commission for Scotland's 'Covert Medication: Good Practice Guide (2022)'[1]



6. Key Principles

6.1. Patient Benefit

- The intervention must be for the benefit of the patient.
- The intervention must be the least restrictive in relation to the patient's freedom in order to achieve the desired benefit.

The patient's past and present wishes must be taken into account. Consider anything the individual may have said to relatives or friends in the past. Advance statements under the Mental Health (Care and Treatment) (Scotland) Act 2003 may also help. Involve advocacy if appropriate**.**

If the patient has a Welfare Attorney or guardian they must be consulted unless impracticable. In cases of uncertainty, the Mental Welfare Commission may be able to advise. Should any person with an interest in the individual's welfare disagree with treatment decisions, they should be advised of the procedure to appeal the decision to the Sheriff (MWC 2022).

- The patient must have every opportunity to understand the need for medical treatment and to make and communicate decisions. Promotion of reasonable adjustments under the Equality Act (2010)[10] will ensure that information is presented and communicated using the individuals preferred way of communicating. Thus, ensuring active inclusion when making informed choices and shared decisions about their care and treatment.

- If the patient is non - English speaking, a 'face to face' interpreter or the 'Language Line' telephone interpretation service should be made available. If the patient has complex communication needs, suitable communication support should be provided.

- The NHS Grampian policy 'Obtaining Consent for Clinical Procedures and Health Care Interventions (2021)'[5] should be referred to and utilised as required.

- The NHS Grampian policy 'Policy on the Assessment of Cognitive Impairment in Older Adults and impact on Capacity to Consent to Care and Treatment (2021)[11] should be referred to and utilised as required.

6.2. Multidisciplinary working

- There must be full discussion within the multidisciplinary team (MDT).

- A covert administration of medication care pathway must be completed and signed by the prescribing doctor before administering medication covertly (refer to Appendix 1). Should a review of the signed medication care pathway (Appendix 1) be required, a new one must be completed to reflect the updated changes.

- The medical practitioner primarily responsible for the patient's care should take responsibility for documenting the care pathway, in consultation with relevant others.

- It is important to review whether the treatment continues to be necessary and if so, whether covert administration is still necessary (refer to Appendix 2). After the initial decision is made, there should be regular reviews at an appropriate frequency. The Royal College of Psychiatrists suggests weekly review, although longer review periods may be deemed to be appropriate to individual requirements.

- Additionally, the Mental Welfare Commission advises that covert administration should be kept under constant review and that a formal review meeting should be held to allow all involved to share their views. They suggest the timescale for this will depend on individual circumstances and the review process should be available for scrutiny. Nursing staff must ensure the review form is available at each multidisciplinary meeting.

6.3. Recording Information

- A robust capacity assessment must be completed and outcome documented along with discussion with legal representatives/family and other healthcare professionals.

- The appropriately qualified healthcare professional must record their plan and actions within the patient's clinical notes, along with the Section 47 Adults With Incapacity (AWI) certificate, Medical plan and separate AWI Section 47 'treatment plan' form.

A pharmacist must give advice on the suitability of medication for covert administration and the method by which it can be administered. Detailed written instructions on crushing/mixing of medications should be given on a separate sheet, with consideration that some medication cannot be crushed or added to certain food or drinks, e.g. Appendix 3. This should include consideration to the patient's likes and dislikes, patient's dietary requirements in relation to their religion, cultural or personal belief/choice and, any medical conditions (i.e. Allergy, gluten intolerance).
This form must be completed by a pharmacist and kept with the administration of medicine document. For areas using HEPMA this information can be added to each medicine order by the pharmacist as an order note, in place of using a paper form. This should be completed by a pharmacist for every relevant drug and "Suppress on order stop/discontinue" should be selected. The pharmacist should ensure that advice for covert administration is only added for medicines documented in Appendix 1.
Please note: Changes to the patient's prescription may be required following receipt of advice from a pharmacist. A pharmacist who is not an independent prescriber may discontinue an order on the HEPMA inpatient chart to facilitate a formulation change then subsequently re-prescribe using a different formulation e.g. change a tablet preparation to a liquid preparation. If a change in drug, dose, frequency and/or route is required, this must be completed by a prescriber before the order note can be added.

Mental Welfare Commission best practice advises that as well as information recorded on HEPMA that the Covert Administration Medication Pathway (Appendix 1) and Review Pathway (Appendix 2) should be printed, signed and kept in a folder alongside Section 47 Adults With Incapacity (AWI) certificate and treatment plan information.

- Advice on the covert administration of medication may be obtained from a pharmacist in extenuating circumstances over the phone. The nurse or doctor requesting this advice should document, sign and date who they spoke with. The pharmacist will provide the written, signed and dated advice on Appendix 3 or HEPMA order note as soon as practicable.

- The medication to be administered covertly, must be clearly recorded on the patient's prescription and administration of medicines record (PAR) or HEPMA. Please refer to Appendix 3.

- An individual care plan should be completed for a patient by nursing staff and communication of this made to the MDT involved in the patient's care, to ensure the care plan is implemented in full by all staff.

- The care plan must include:

    - Treatment aims including benefit to patient.
    - Method of administration of each drug.
    - The patient's likes and dislikes and, patient's dietary requirements in relation to their religion, cultural or personal belief/choice and, any medical conditions (i.e. Allergy, gluten intolerance).
    - Review date of covert administration of medication care plan/pathway.

    There must be reference to where the information is kept in relation to:

    - Assessment of care and treatment needs.
    - Assessment of which medicines are considered essential.
    - Assessment and record of the process of reaching capacity status.
    - Review Date of AWI Section 47 certificate and covert administration of medication pathway.
    - Where AWI Section 47 certificate stored.
    - MDT and patient's relative/carer/welfare guardian/power of attorney participation.

- Copies of forms relating to the AWI certificate and covert administration of medication should be stored as followed:

- Medical Records:

    - Original AWI Section 47 certificate.
    - Original AWI Section 47 Treatment plan.
    - Original Covert administration of medication care pathway (including Record of Pharmacist Advice).

Each time the medication is administered covertly it should be documented in the patient's PAR using the code for 'other' that the medication has been given covertly in accordance with the care plan. If medication is administered covertly in a community setting, it must be recorded within the area's recognised drug recording paperwork in keeping with the area's medication administration policy and procedure. If no code is used, it is inferred that the patient has accepted medication without the need for covert administration.

For areas using HEPMA, medication administered covertly can be recorded using the Override charting function.

6.4. Guidance on Process

Process	**Rationale**
1. Assessment of Capacity	
A robust assessment of capacity must have been completed and documented along with discussion with legal representatives/family and other healthcare professionals.	To ensure the human rights of the individuals are maintained and ensure adherence to the legal framework set out locally and nationally.
2. Least Restrictive Option	
Always encourage the patient and give them time to take medication freely (voluntarily) Supported by giving the patient accurate information and explanation as to why they require the medication - information may need to be repeated. Appropriate language or communication support should be provided to the patient, if required.	To ensure the patient is still being given the opportunity to take the medication freely and that this is the least restrictive option.
3. Patient Benefit	
The medication must be of benefit to the patient, e.g. mental and/or physical health and well-being Guidance may be gained from the Mental Welfare Commission in the form of direct contact or guidance documentation: http://www.mwcscot.org.uk/publications/good-practice-guides/	To ensure the individual's and/or their legal representative's past/present wishes and feelings are taken into account. As far as is possible patient must be informed of the benefit of taking medication and consequence of not taking medication.

4. Legal Documentation Required	
It **must** be ensured that the Section 47 AWI certificate, medical plan, separate Section 47 treatment plan and covert administration of medication care plan are all in place. All must be complete and in date. **If no Section 47 Adults With Incapacity (AWI) certificate present or in date then the covert administration of medication must not be undertaken.** If a patient is detained under the Mental Health (Care and Treatment) (Scotland) Act (2003) any use of covert medication should be detailed in the care plan accompanying the Community Treatment Order. For further information the MWC is available for discussion about specific cases. Within the Inpatient Electronic Patient Record (EPR) a **IP important information flag** should be created to highlight that a Section 47 AWI certificate is in place and can be accessed as a paper copy **Good practice would be to have original documents in the front of the patient's medical notes with copies in both the nursing notes and with any prescribing documentation.**	To ensure the human rights of the individuals are maintained and ensure adherence to the legal framework set out by the AWI Act 2000 and Mental Health (Care and Treatment) (Scotland) Act 2003. To ensure clinicians are aware that a Section 47 AWI certificate is in place and can only be accessed as a paper copy
5. Pharmacy Advice	
Prior to the covert administration of medication, you **must** seek and document advice from a pharmacist to ensure that the properties or viability of the medication are not compromised as it will result in the medication being given out with its product licence, e.g. crushing tablets.	Consultation with pharmacy is essential to ensure the safe and effective covert administration of medication. Some medication cannot be crushed or added to certain food or drinks. See Section 6.3.

6. Administration and Record of Medication	
Identification of the patient must be in accordance with the 'Patient Identification Policy'.	To confirm administration to the correct patient. This minimises the risk to the patient or others.
Patient should receive medication as prescribed in the correct form, e.g. if the patient is prescribed liquid they should receive liquid.	This will increase the likelihood of the correct medication being administered to the patient consistently.
Always administer covert medication in the smallest possible volume of food or drink. This should also consider the patient's likes and dislikes and, patient's dietary requirements in relation to their religion, cultural or personal belief/choice and, any medical conditions (i.e. Allergy, gluten intolerance). Covert administration of medication must be given immediately after being mixed with food or drink.	To minimise the risk of the patient not receiving the full dose. To ensure an individual and person centred approach to patient's requests. Preventing medication degradation.
Patient must be observed at all times during the covert administration of medication.	To ensure that the patient has consumed the prescribed medication and to ensure the safety of other patients, who may also lack capacity.
Covert administration of medication within a hospital setting must be recorded in the PAR or HEPMA for every administration and recorded in the nursing notes in line with the appropriate care plan(s). In conjunction with local NHSG policies and guidance. See Section 6.3. If medication is administered covertly in a community setting, it must be recorded within the area's recognised drug recording paperwork in keeping with the area's medication administration policy and procedure.	To safeguard the patient and support the legal framework for the covert administration of medication. Ensure evidence is available for local and national inspection or audit if required.

7. Covert Medication Review	
In a hospital setting best practice is weekly review of covert administration of medication by the MDT and where possible the participation of the patient's legal representative, unless previously agreed (see Section 4.2 MWC paragraph). In clinical areas where HEMPA is in place a HEPMA task template should be created to highlight that Covert Administration and Pathway is in place. In primary care settings time scale for review should be arranged upon an individual's care needs basis. Mental Welfare Commission advises to keep covert medication under regular review, however the timescale will depend on individual circumstances.	To ensure that covert administration of medication is the most appropriate and least restrictive and most benefit for the patient as well as ensuring participation from their legal representative. To highlight that pathway is in place to support review process The review process should be available for scrutiny.
8. Patient Discharge/Transfer to other care settings	
At the point of discharge or transfer to another care setting, **copies** of the covert pathway documents should be transferred with the patient. **Copies** of the documents for transfer should include Appendix 1, 2, and 3. Appendix 1 and 2 - Responsibility of Nursing and/or Medical Staff to ensure documents are included as part of discharge / transfer process. Appendix 3 – Responsibility of Pharmacist to include alongside discharge medications.	To ensure good practice and sharing of all information in relation to patients care and treatment is available at point of discharge or transfer. Copies should be provided as originals should be filed in patient's medical notes

6.5. Covert Administration of Medication - General Information

- Prescribers need to ensure newly prescribed medication is included within the existing covert pathway. The prescriber and/or nursing staff need to ensure newly prescribed medication has been discussed with pharmacy in relation to the covert administration.

- Where tablets can be dissolved in water, it is reasonable to add a little blackcurrant or orange diluting juice to disguise the taste. Liquorice and chocolate coat the tongue and might help disguise the taste of medicines if given immediately beforehand. Ice cream may also be useful to numb the taste buds a little before giving a strongly flavoured medicine.

- If a medicine is prescribed as being suitable for administration with food, then a sweet or highly flavoured yoghurt would be the most effective for disguising bitter tastes. Anecdotally, toffee is particularly effective in this regard.

- It may be tempting to mix more than one medicine together, particularly if the patient is on a large number of medicines. This should be strongly discouraged as the resulting mixture is likely to be more difficult to disguise, there may be interactions between the medication and it will be impossible to tell how much of each drug has been administered.

- Covert administration advice is rarely supported by stability data. Medication may degrade quickly when in contact with light or the environment. Medicines should be given as quickly as possible after preparation.

- Some medicines can be an irritant to the skin and eyes, so consideration should be given to the use of personal protective equipment before crushing tablets.

7. References

1) Mental Welfare Commission for Scotland. Covert Medication: Good Practice Guidance (2022) https://www.mwcscot.org.uk/sites/default/files/2022-05/CovertMedication-GoodPracticeGuide_2022.pdf

2) Adults with Incapacity (Scotland) Act 2000 – A short guide to the Act. https://www.mwcscot.org.uk/law-and-rights/adults-incapacity-act

3) The Mental Health (Care and Treatment) (Scotland) Act 2003 http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030013_en_1

4) Mental Welfare Commission for Scotland. Good Practice Guidance – Right to treat? Delivering physical healthcare to people who lack capacity and refuse or resist treatment (2022) https://www.mwcscot.org.uk/sites/default/files/2022-08/RightToTreat-Guide-February2022.pdf

5) NHS Grampian. Obtaining Consent for Clinical Procedures and Health Care Interventions (2021) Staff Policy for Obtaining Consent for Clinical Procedures and Healthcare Interventions.pdf (sharepoint.com)

6) NHS Grampian. Instructions for NHS Grampian staff on Prescribing and Administration of Medicines using the NHS Grampian Prescribing and Administration record (2021)https://scottish.sharepoint.com/sites/GRAM-Guidance/Shared%20Documents/Prescribing%20and%20Administration%20of%20Medicines%20-%20NHS%20Grampian%20Prescription%20and%20Administration%20Record.pdf

7) Medicines Management Guidance (RCN) https://www.rcn.org.uk/clinical-topics/medicines-management

8) Royal Pharmaceutical Society (RPS) https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567

9) NHS Education for Scotland: The Pharmaceutical Care of People with Dementia: https://www.cppe.ac.uk/learningdocuments/pdfs/dementia%20final%20version%202014-03-06%20nes.pdf

10) Equality Act (2010) https://www.legislation.gov.uk/ukpga/2010/15/contents

11) Policy on the Assessment of Cognitive Impairment in Older Adults and Impact on Capacity to Consent to Care and Treatment: https://scottish.sharepoint.com/sites/GRAM-Guidance/Shared%20Documents/Assessment%20of%20Cognitive%20Impairment%20in%20Older%20Adults%20and%20Impact%20on%20Capacity%20to%20Consent%20to%20Care%20and%20Treatment%20(Policy).pdf

12) North of Scotland Regional HEPMA page. NoS HEPMA - Home (sharepoint.com)

8. Information Sources - Covert Administration Of Medication

To assist pharmacists with completion of Appendix 3, the following information sources can be consulted:

1) What Legal and Pharmaceutical Issues Should be Considered when Administering Medicines Covertly?https://www.sps.nhs.uk/articles/covert-administration-of-medicines-in-adults-legal-issues/ https://www.sps.nhs.uk/articles/covert-administration-of-medicines-in-adults-pharmaceutical-issues/

NICE Guidance Giving Medicines Covertly

- https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly
- https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/giving-medicines-covertly-quick-guide.pdf

No single resource will contain instructions on how to give a medicine covertly. Information can be gathered from a variety of resources, and professional judgement applied. Resources may include Summary of Product Characteristics (SPCs), Newt guidelines (subscription required), Handbook of Drug Administration via Enteral Feeding Tubes (3rd edition available via Knowledge Network), for example.

2) Grampian Medicines Information Centre, Aberdeen Royal Infirmary,
Telephone: 01224 552316 **Email:** gram.medinfo@nhs.scot

9. Acknowledgements

This guidance is based on the Mental Welfare Commission for Scotland, Covert Medication: Good Practice Guidance (2022)[1].

The covert medication pathways (Appendices 1 and 2) have been adapted from the above document.

10. Distribution List

Directorate of Nursing
Professional and Practice Development
Clinical Governance Unit
Director of Pharmacy
Lead Pharmacists
All Lead Nurses and Senior Charge Nurses
DOME Consultants
Primary Care Prescribers

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Date Impact Assessed: 16th October 2024

Appendix 1 - NHS Grampian Covert Administration of Medication Pathway

Name of Patient: **Sex: M / F / Other**

Date of Birth: **CHI Number:**

Hospital/Care Home/Home: **Ward:**

Responsible Medical Practitioner:

What treatment is being considered for covert administration? Name the actual medications(s).		Date commenced	Date discontinued
Why is this treatment necessary? Where appropriate, refer to clinical guidelines, e.g. SIGN guidance.			
What alternatives did the team consider? (e.g. other ways to manage the individual or other ways to administer treatment). Why were these alternatives rejected?			
Treatment may only be considered for an individual who lacks capacity. Outline the assessment of capacity.	Assessed by: _____		
Treatment may only be administered under a certificate of incapacity (Section 47, AWI) or appropriate Mental Health Act documentation. What legal steps were followed?	Legal documentation completed: AWI S47 ☐ Mental Health Certificate (MHC) and treatment orders (3 or 4) ☐ Date: _____		

Treatment may only be given if it is likely to benefit the individual. What benefit will the individual receive from each medication administered covertly?	
Is this the least restrictive way to treat the person? Give reasons.	
What are the individual's present views on the proposed treatment, if known?	
Who was involved in the decision? ***Note:*** *A pharmacist must give advice on administration if this involves crushing tablets or combining with food and drink.* ***Note:*** *If there is any person with power to consent (welfare attorney, welfare guardian), then the treatment may only be administered covertly with that person's consent, unless this is impracticable*.	Practitioner staff involved: Pharmaceutical advice obtained from: Welfare attorney, welfare guardian relatives or other carers involved:
Do any of those involved disagree with the proposed use of covert administration of medication? If so, they must be informed of their right to challenge the treatment.	Yes/No Date informed:
When will the need for covert treatment be reviewed?	Date of first planned review:
Covert administration of medication plan: Outline method of covert administration for each medication:	See Appendix 3 NHS Grampian Record Of Pharmacist Advice On Method of Covert Administration Of Medicines

Signed: _____ Name: _____

Date: _____ Designation: _____

Appendix 2 - NHS Grampian Covert Administration of Medication Care Pathway Review

Name of patient: **Sex: M / F / Other**

Date of Birth: **CHI Number:**

Hospital/Care Home/Home: **Ward:**

Responsible Medical Practitioner:

Is the treatment still necessary? If so, explain why.	
Is covert administration of medication still necessary? If so, explain why.	
Who was consulted as part of the review?	
Is legal documentation still in place and valid?	
Date of next review.	

Signed: _____ Name: _____

Designation: _____ Date: _____

Adapted from the Mental Welfare Commission for Scotland Covert Medication: Good Practice Guidance (2022)[1]

Appendix 3 - NHS Grampian Record of Pharmacist Advice on Method of Covert Administration of Medicines

Name of patient: **Sex: M / F / Other**

Date of Birth: **CHI Number:**

Hospital/Care Home/Home: **Ward:**

Responsible Medical Practitioner:

Name of Medication	Method of Administration and formulation of medication

Information sources consulted:

Signed: _____ Name: _____

Designation: _____ Date: _____