

## Covert medication care pathway

Name of patient

DOB

Location

What treatment is being considered for covert administration? Name the actual medication(s).	
Why is this treatment necessary? Where appropriate, refer to clinical guidelines, e.g. SIGN.	
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 MHC&TSA 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 individual? Give reasons.	
What are the individual's present and past views of the proposed treatment, if known?	
Who was involved in the decision? <i>N.B. A qualified pharmacist must give advice on safe administration if this involves crushing tablets or combining</i>	Practitioner staff involved:  Pharmacy advice obtained from:

<p><i>medication with food and drink.</i></p> <p><i>N.B. If there is any person with the power to consent (welfare attorney, welfare guardian), then the treatment may only be administered covertly with that person's consent unless this is impracticable.</i></p>	<p>Relatives or other carers involved:</p>
<p>Do any of those involved disagree with the proposed use of covert medication?</p> <p>If so, they must be informed of their right to challenge the treatment.</p>	<p>Yes/No</p> <p>Date informed</p>
<p>When will the need for covert treatment be reviewed?</p>	<p>Date of first planned review:</p>
<p>Covert medication plan: outline method of covert administration for each medication</p> <p>Medication1 Method of covert administration</p> <p>Medication 2 Method of covert administration</p> <p>Medication3 Method of covert administration</p> <p>Medication4 Method of covert administration</p> <p><i>(add more if necessary)</i></p>	

Signed:

(Name)

(Designation)

(Date)