

# Covert Administration: Updated guidance

## June 2018

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Covert administration is ***when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink.***

Covert medication can only be considered when the patient lacks capacity in relation to their medication. When a patient has capacity around their medication it is illegal to administer their medication covertly. Where Covert Administration is being considered or used, the following principles should be followed:

- Last resort
- Time limited
- Regularly reviewed
- Best interest
- Transparent and Inclusive

Covert administration is a highly restrictive practice and must be reviewed on a regular basis (at least monthly by the care provider and at least 3 monthly by the prescriber - unless rationale is provided to extend to no longer than 6 months).

To ensure that the above principles are being adhered to, the use of covert administration should be recorded in the prescriber's records and the person's care records and medication administration records.

Practices are advised that patients who are receiving their medication covertly should have a read code of 9NgE0 (Best interest decision allow covert administration medicines [MCA 2005]) documented in their medical records. This will facilitate the identification and timely review of patients who receive their medication covertly.

Updated guidance on covert administration can be accessed at:

<http://www.elmmb.nhs.uk/search/?q=covert+adminisatration>

*Covert administration is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or drink*

*Covert administration must be reviewed on a regular basis and patients' medical records should be documented with the read code 9NgE0*

For further information, please contact the Medicines Management Team on  
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