



Public – To be published on the Trust external website

Title: Covert Administration of Medicines

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Status: Approved

Document type: Procedure

Overarching policy: [Medicines Overarching Framework](#)

Contents

1	Introduction.....	3
2	Purpose	3
2.1	Objectives.....	3
3	Who this procedure applies to.....	3
4	Related documents.....	3
5	Definitions	3
5.1	What is Covert Administration of medication?	3
5.2	When should covert administration be considered?	4
5.3	What is outside of the scope of this procedure?	4
6	What is the process for Covert Administration of Medication - Inpatients?..	4
6.1	Review Compliance	4
6.2	Review Legal Framework	4
6.3	MDT Discussion.....	5
6.4	Develop Covert Medication Plan.....	5
6.5	Administration of covert Medication	5
6.6	On-going review.....	6
7	Community Patients	6
8	Respite Units.....	7
8.1	Patients under 16.....	7
8.2	Patients aged over 16	7
9	How this procedure will be implemented.....	7
10	How this procedure will be monitored	7
11	Roles and responsibilities.....	8
12	References	9
13	Document control (external)	9
Appendix 1 - Covert Medicines decision aid.....		11
Appendix 2 - Measure to improve patient compliance with medication before covert administration of medication.		12
Appendix 3 - Electronic Patient Record System template		13
Appendix 3B – Electronic Patient Record System template – Community.....		15
Appendix 4 – Template For Covert Administration in Children Under 16 years... 		17
Appendix 5 – Approval checklist		18

1 Introduction

Covert administration is the administration of a medicine disguised in food or drink to a patient without their knowledge or consent. This will most often be due to severe dementia or profound learning disability. The Royal College of Psychiatrists (RCP) states that “covert administration of medication for schizophrenia and other severe mental illness where patients can learn and understand that they will be required to take medication is unacceptable”.

This procedure supports [Our Journey To Change \(OJTC\)](#) as set out in the [Medicines Overarching Framework](#).

2 Purpose

Following this procedure will help the Trust to:

- Ensure covert medication administration is undertaken within current legal frameworks and only in the patients’ best interest.
- Ensure the responsibilities of pharmacy staff medical, and nursing staff in the covert medication process are clearly defined.

2.1 Objectives

- To define the process for covert administration of medications.
- To highlight possible steps that can be taken to avoid the need for covert medications.
- To define when covert administration of medications is appropriate.
- To clarify responsibilities of pharmacy staff, medical and nursing staff in covert medication administration

3 Who this procedure applies to

This procedure applies to our patients identified through this procedure.

4 Related documents

The preparation and covert medications are outlined in the [Medicines Overarching Framework](#).

Pharmacy Technician Competency for Covert Medication Plans and Reviews (PCF12) – this is held within the pharmacy shared drive.

5 Definitions

5.1 What is Covert Administration of medication?

- Covert administration is a complex issue and involves the administration of a medicine disguised in food or drink to a patient without their knowledge or consent. It should only be

considered, within a legal framework, for patients who are deemed to lack capacity, consistently refuse medication and it is deemed in the patient's best interests.

- Administration of medication in food, to disguise the taste or to aid administration, **with the patients' consent and knowledge** is **NOT** covert administration

5.2 When should covert administration be considered?

- If patient is admitted to the ward with an existing covert medication plan.
- Patient is identified as regularly refusing medication for mental health and/or physical health disorders whilst on ward.
- In community where patient is refusing mental health medications and prescribing responsibility remains with TEWV.

5.3 What is outside of the scope of this procedure?

- Community patients where GP has responsibility for prescribing

6 What is the process for Covert Administration of Medication - Inpatients?

6.1 Review Compliance

Patient is identified as not accepting medication on multiple occasions for mental health and/or physical health disorders using Electronic Prescribing and Medicines Administration Record (EPMA), care home MAR chart where applicable, verbal information from carers / family, multi-disciplinary Team (MDT) discussion and the decision aid in [appendix 1](#).

Consider the following to improve compliance (see [appendix 2](#) – measures to avoid covert administration for more details):

- Change medication times
- Change formulations
- Administration care plan

Document review in electronic patient record system.

6.2 Review Legal Framework

Check capacity has been assessed, and specific Mental Capacity Act (MCA) forms are completed for covert medications. Reference to the MDT best interest discussion should be included on the MCA documentation. If the patient has capacity and is refusing physical health medication these cannot be given covertly. See [appendix 1](#) for more information.

NB Mental Capacity Act applies to 16 years and over.

Check if the patient is receiving drugs for mental health condition. If so Mental Health Act (MHA) is used for the authority to administer these drugs irrespective of consent or capacity to consent.

6.3 MDT Discussion

Discuss if covert medication administration is in best interest of patient, with carers / family, MDT, and ward pharmacist; include an Independent Mental Capacity Advocate (IMCA) where appropriate. Discussions should be documented on electronic patient record system and consider the following:

- Are all the current medications still indicated? MDT should review all medications and consider deprescribing where appropriate.
- Which medications are to be given covertly? The decisions should be based on the clinical indication of the medication, formulations available, and if appropriate to administer covertly.
- What food stuffs or drinks the patient will accept.
- Flavours of medication (liquid or crushed) in food or drink may be bitter and be detected by the patient.
- If the method of covert administration will make a drug unlicensed e.g., by crushing
- Will crushing medication increase risks to staff e.g., cytotoxic or finasteride
- Medication given via transdermal patches which could be applied out of direct sight of the patient.
- Potential interactions between food / drink and medications
- The long-term plan for medication administration if patient to be discharged on this medication how will this be managed.

Agree frequency of future reviews. Royal College of Psychiatrists suggest as best practice, weekly reviews initially and if requirement for covert medicines persists, reduce frequency. Document discussions in electronic patient record system.

6.4 Develop Covert Medication Plan

Once covert administration has been agreed, pharmacist or suitably qualified pharmacy technician to complete covert medication plan documenting how medication can be administered covertly, considering pharmaceutical factors and product license.

The crushing of medication and/or addition to food or drink can make the drug unlicensed, by virtue of changing the mode of administration. The benefits and risks of doing this need to be considered and documented. Further information on the licensed administration and crushing medication can be found in the references listed in section 12.



Solid dosage forms **must not** be hidden in food without discussion with pharmacy team.

Consider if each covert medicine is to be administered separately (best practice) or, if it is in the patients' best interest and safe to do so, to give all medicines together. Document on electronic patient record system (see [Appendix 3](#) for suggested template). Safety summary and plan should be updated to include reference to covert administration of medications

Add notes to each medication on EPMA detailing how it may be administered covertly

Add covert plan attribute to banner on EPMA

6.5 Administration of covert Medication

On each occasion when medication is required, offer each prescribed medicine openly and only give covertly if the patient refuses. If plan is to reoffer medication later, then refusal should not be

documented on EPMA but a comment to document that medication was offered and refused. Only once medication has been accepted or continually refused should successful administration or refusal be documented. Refusal should not be documented until the end of the re-offering window.

Where the requirement for covert medication persists and it has been discussed and documented by the MDT, the medication(s) can be given covertly straight away at each medicine round. This will be documented on the covert plan.

Comments should be added to each medication administration on EPMA to indicate when it has been administered covertly. This can be done by selecting "given at" then selecting covert from the drop-down menu.

6.6 On-going review

Regularly review within MDT how successful covert administration is considering how well patient is eating and drinking. Identify what food stuffs / drinks are best when administering medication covertly. Consider fluctuations in capacity and action to be taken in such circumstances. If patient now readily accepting medication, consider stopping covert medication plan.

Where the need for covert administration persists and offering the medication openly causes significant distress to consider always administering medication covertly.

When patients go on leave, or are discharged from inpatient wards, and are still receiving medications covertly, a copy of the covert medication plan should be sent with them. Relevant care staff (e.g., GP, carers, care home staff) should be made aware that there is a covert medication plan in place so relevant documentation and reviews can be completed in primary care.

Document review on covert medication plan ([Appendix 3](#)) and save on electronic patient record. Agree a date for the next review. Initially covert medication plans should be reviewed weekly (sooner if medications change) but less frequently if patient requires a covert medication plan in the longer term. Covert medications and review dates should be captured in the notes of report-out discussions.

7 Community Patients

There will be some patients in the community, both in care homes and in their own homes, who will be receiving medications covertly. In most cases decisions around covert administration will be made in accordance with local policies within GP Practices and / or Care homes and fall outside the remit of this policy. Occasionally there may be situations where TEWV retain prescribing of mental health medications. In these situations, it may be appropriate to advise on covert administration.

It is good practice for the covert plan to be authorised by the prescriber responsible for the medications. This can result in two covert plans running simultaneously, one for psychotropics prescribed by TEWV and another for medications prescribed by GP.

Document in electronic patient records any advice / discussion around covert medications (see [appendix 3b](#))

8 Respite Units

Clients may be receiving medications overtly with food to improve palatability. A discussion should take place with carers to identify best method of medication administration and if medications are being given covertly. If so, a covert medication plan should be put in place.

8.1 Patients under 16

Staff nurses may continue to administer medication in accordance with the instructions of parents/ those with parental responsibility in the best interests of the patient. Parental consent must be obtained and documented on each admission – see [appendix 4](#) Template for Covert Administration in Children Under 16 years. Staff must always take pharmaceutical advice from an appropriate healthcare professional.

8.2 Patients aged over 16

Capacity must be assessed and MCA1 and MCA2 completed if appropriate. Any new requests for covert administration of medication should follow the guidance in this policy document.

9 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10 How this procedure will be monitored

The procedure will be monitored as part of the Multi-Disciplinary Team Reviews

11 Roles and responsibilities

Role	Responsibility
Chief Pharmacist and Deputy Chief Pharmacist – Clinical Services	To implement this policy withing the pharmacy service To ensure the implementation of this policy is monitored
Pharmacists	To identify patients who are refusing medications. To review medications to see if still indicated. Consider other options to improve compliance e.g., changing formulation or timing of medications. Ensure relevant documentation for MCA and MHA are completed. Develop covert medication plan and advise on best methods of administration of medications. Review needs for ongoing covert medication
Pharmacy Technicians	To identify patients who are refusing medications. Ensure correct formulations are ordered in line with covert medication plan. Support pharmacists with tasks relating to covert administration, once trained and competent
Consultant medical Staff	To identify patients who are refusing medications. Decide if covert medication is appropriate. Review medication to see if still indicated. Consider other options to improve compliance e.g., changing formulation or timing of medications. Ensure relevant documentation for MCA and MHA are completed. Review needs for ongoing covert medication administration. Consider any advance decisions patients may have
Other Medical Staff Non-Medical Prescribers	To identify patients who are refusing medications. Consider other options to improve compliance e.g., changing formulation or timing of medications. Review medication to see if still indicated.
Nursing staff	To monitor compliance of medications and identify patients who are not taking medications as prescribed. Ensure relevant documentation for MCA and MHA are completed. To administer medications covertly as directed by covert medication plan. Review needs for ongoing covert medication administration.

12 References

Sources of information:

The following sources can be used when advising on covert administration. NB the list is not exhaustive.

- [BNF](#)
- www.medicines.org.uk
- White, R, Bradnam, V. Handbook of Drug Administration via Enteral Feeding Tubes 3rd Edition
- [Covert administration of medicines: legal issues – SPS - Specialist Pharmacy Service](#) –
- CQC: Brief Guide: Covert Medication in a Mental Health Services
20180406_9001398_briefguide-covert_medication_mental_health_v2.pdf (cqc.org.uk)
- NEWT guidelines
- [Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#)
- [Recommendations | Managing medicines in care homes | Guidance | NICE](#)

For further information contact relevant pharmacy team or Medicines Information via TEWV.medicinesinformation@nhs.net

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

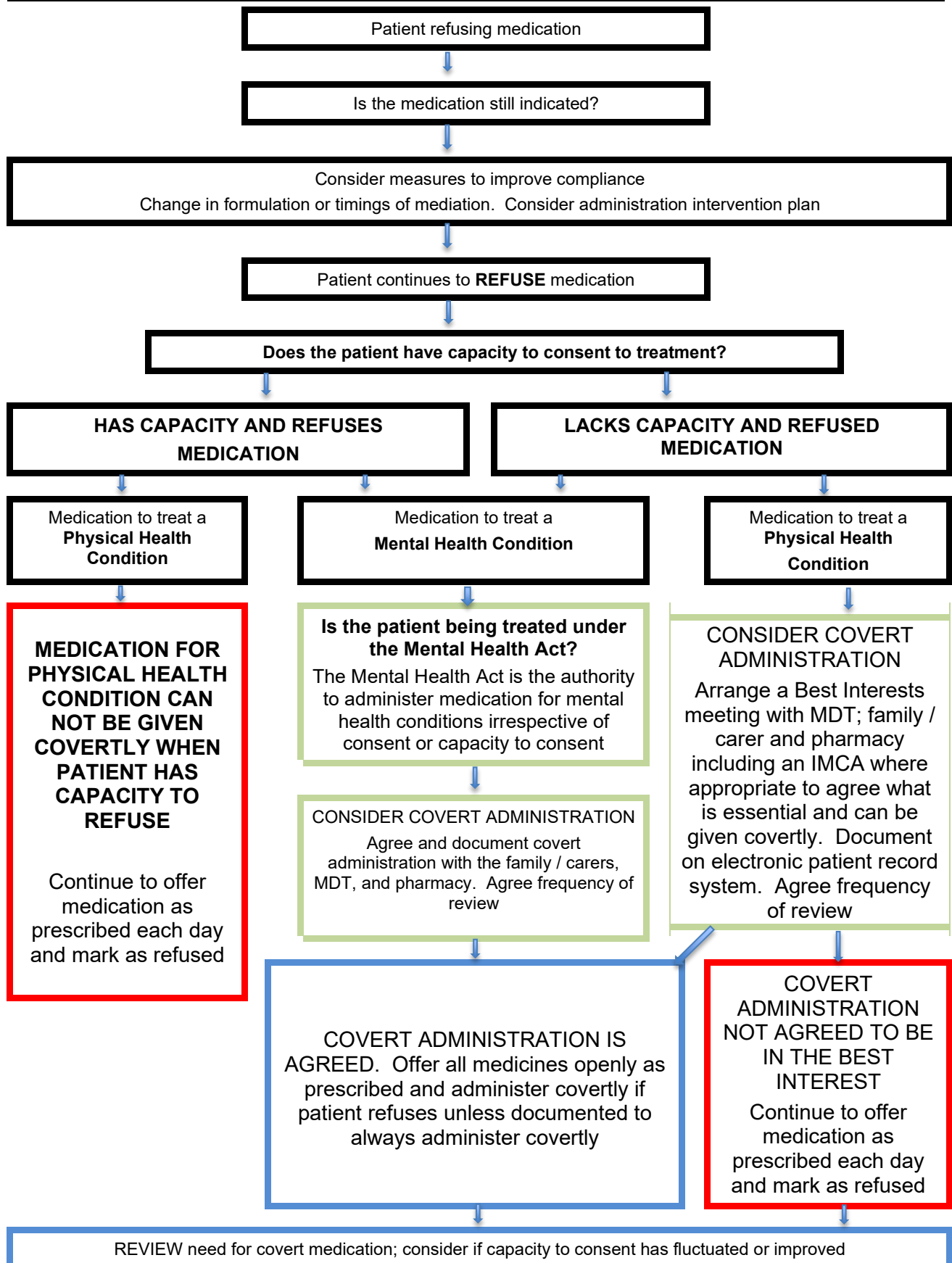
Required information type	Information
Date of approval	23 July 2026
Next review date	31 July 2029
This document replaces	PHARM-0090-v3.1 Covert Administration of Medicines
This document was approved by	Drug & Therapeutics Committee
This document was approved	23 July 2026
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	n/a - Generic Pharmacy Equality Analysis applies

Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
1.0	Nov 2017	Change from Pharmacy Standard Process Description 22 v1.9 to PHARM-0090	Superseded
2.0	23 Sept 2021	Full review of Document	Superseded
3.0	27 July 2023	Full document review	Superseded
3.1	28 Nov 2024	- Tasks that have been done by pharmacists can now be done by suitably trained pharmacy technicians. This includes the formulation of the covert plan and undertaking reviews of the plan with pharmacist oversight. - Inclusion of the use of MAR charts to review compliance in the community - Use of EPMA when administering medication covertly: addition of instructions on how to administer medication covertly to EPMA, recording of medication given covertly on EPMA - Consideration of food/ drink preferences when administering meds covertly	Superseded
4.0	23 Jul 2026	Full review – minor changes: • Safety summary and plan to reference covert administration plans • Less frequent reviews for “patients requiring longer term plan” rather than “longer stay wards” • Added a warning re choking risk from hiding solid dose forms in food • References updated	Approved

Appendix 1 - Covert Medicines decision aid



Appendix 2 - Measure to improve patient compliance with medication before covert administration of medication.

Measure	Indications when this would happen	Pharmacy action	Prescriber's action	Nurse's action
Change formulation	Patient has problems with size / taste of oral medication / need to swallow whole for some formulations. Risk of secreting tablets	Recommend appropriate formulation. Review patient taking new formulation.	Prescribe alternate formulation. Involve patient (where possible) in decisions re change of formulation.	Encourage patient to take medication. Assess, record, and report non-adherence.
Change timing	Patient gets up later or becomes more amenable to receiving medication later in the day.	Advise on the appropriate changes to timings of medication or alternate medicines / formulations to reduce the number of administration times	Prescribe at the time that patient most likely to take medication or alternative. Involve patient (where possible) in decisions.	Encourage patient to take medication. Assess, record, and report non-adherence.
Aiding administration or disguising taste in food with patients consent / knowledge. (NB - Disguising in food without <u>consent</u> is covert administration)	If the patient doesn't like the taste of a medication, it could be mixed with food or drink, with the patients consent. Must be taken immediately. This could also be done to aid administration of some larger tablets / capsules where there isn't a liquid or granule formulation.	Consider pharmaceutical stability. Are there alternative formulations to prevent need for this? Does it make it unlicensed?	Involve the patient in decisions and inform patient where it is unlicensed. Endorse prescription with instructions in the comments section.	Encourage patient to take medication. Assess, record, and report non-adherence.
Extend period that prescribed time of medication is valid for e.g., furosemide 40mg OM. Can be offered up to 2pm if refuses in the morning.	Patient whose amenability to take medication fluctuates through the morning or day. In this way medication can be offered through a stated time period.	If dose is greater than once daily, ensure extended times don't lead to double dosing. Monitor when doses given. Review at report out and if consistent time established highlight so can be prescribed at that time. Consider pharmaceutical safety and effectiveness of this approach.	Clear instructions in comments section of EPMA stating that nurse can try to give up to agreed time.	Nurses have a recorded plan to know when and how to offer. Ensure that patient does not receive double doses. ONLY record the time of successful administration on the administration record (see reoffering guidance) Document in daily nursing notes when offered and refused.

Appendix 3 - Electronic Patient Record System template

[insert name] continues to refuse medications despite measures taken to improve compliance including *(document steps taken to improve compliance prior to considering covert administration)* At MDT discussion on it was agreed that medication could be given covertly if [insert name] continues to refuse. Medications have been reviewed and the following amendments made *(include medications stopped and rationale)*:

Family / advocate in agreement with covert administration of medicines as per discussion on

(See electronic patient record entry)

[insert name] is being treated under Mental Health Act and lacks capacity regarding decisions around medication (See MCA forms)

Drinks / food preferences:

Currently prescribed the following medications:

(list medications and suggestions on how they can be administered covertly, indicating where this makes the product unlicensed)

Medication	How to administer	Source of information	Unlicensed (✓)

- **Frequency of Covert medication plan review:**
- **When administering medication covertly:**

Always offer medication overtly to patient before considering covert administration unless the MDT has agreed to always offer covertly.

Don't mix with food that is too hot or too cold.

If crushing tablets or opening capsules give food immediately

Solid dosage forms must not be hidden in food without discussion with pharmacy team due to choking risk

Don't leave food containing medicine unattended.

Best practice is to mix each medicine separately with a **small** amount of food or drink but recognised there may be cases where in the patients' best interest to give all medicines together.

Ensure patient consumes all the food or liquid or they will not receive the correct dose. If food is left, need to inform the prescriber as the prescribed dose has not been administered.

Food that are usually successful when giving covert medicines: spoonful of jam, fruit yoghurt or soft foods that can be mashed.

Details of reviews

Date	Reviewed by	Discussed with	Comments	Date of next review

Appendix 3B – Electronic Patient Record System template – Community

X continues to refuse medications despite measures taken to improve compliance including (document steps taken to improve compliance prior to considering covert administration)

A capacity assessment has taken place onand X is deemed to lack capacity around medications.

A best interest discussion has taken place with the following people who are in agreement for medication to be administered covertly.

Name	Designation

Currently prescribed the following mental health medications:

(list medications and suggestions on how they can be administered covertly, indicating where this makes the product unlicensed)

Medication	How to administer	Source of information	Prescribing responsibility remains with TEWV (✓)	Unlicensed (✓)

Where medications are being administered covertly the prescriber must be aware and involved in decisions around covert administration

Details of reviews

Frequency of reviews:

Date	Reviewed by	Discussed with	Comments	Date of next review

When administering medication covertly:

- Always offer medication overtly before considering covert administration unless it has been agreed to always offer covertly.
- Don't mix with food that is too hot or too cold.
- If crushing tablets or opening capsules give food immediately
- Solid dosage forms must not be hidden in food without discussion with pharmacy team due to choking risk
- Don't leave food containing medicine unattended.
- Best practice is to mix each medicine separately with a **small** amount of food but recognised there may be cases where in the patients' best interest to give all medicines together.
- Ensure all the food or liquid is consumed or they will not receive the correct dose. If food is left, need to inform the prescriber as the prescribed dose has not been administered.
- Food that are successful when giving covert medicines: spoonful of jam, fruit yoghurt or soft mash-able food.

Appendix 4 – Template For Covert Administration in Children Under 16 years

Date:

Patient name:

NHS number:

Name of carer:

Relationship to patient:

In the best interests of(patient name)....., I(parent / guardian name)..... consent to the following medications being administered in the following way, whilst under the care of TEWV. I understand that administering the medication in this way may be outside of the manufacturers product license and may impact how well the medication works.

Name of medication	Administration details
<i>Example: sertraline liquid</i>	<i>Mixed with yoghurt</i>

Has the prescriber been informed that medication is being given in this way: (Yes/ No)

Registered nurse name and signature:

Date:

Parent / Guardian signature:

Date:

Pharmacy check:

Appendix 5 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	

Are training needs included in the document?	n	No training needs identified
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	y	
8. Equality analysis		
Has an equality analysis been completed for the document?	y	Generic Pharmacy Equality analysis applies
Have Equality and Diversity reviewed and approved the equality analysis?	y	
9. Approval		
Does the document identify which committee/group will approve it?	y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)		
Do all pictures and tables have meaningful alternative text?		
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')		