

Pharmacy tip: Disguising medicines in food or drink

The following applies to both care homes and domiciliary care.

What issues need to be considered?

- Is it acceptable to crush medication?
- Does mixing medication with food or drink affect it?
- Does crushing medicines and mixing medicines with food constitute covert administration?
- Does the person have capacity to consent to treatment?
- Who made the decision to crush and mix the medication with food or drink and what documentation is in place?
- What is the home or agency's policy on this?

Guidance

It is generally not acceptable to crush medication since this may alter the properties of the tablet or capsule. By doing this, the person may absorb the medication quicker than intended and suffer side effects. But some medicines would not be affected after being crushed and some capsules can be opened and the contents mixed with food.

It is important that care staff have sought the professional guidance of a pharmacist who is in the best position to advise on this and the advice is documented in the care plan. GP's would usually not know this.

Some foods or drinks may affect the active ingredient of the tablet or capsule or how it is absorbed, if they are taken together. Again, the professional advice of a pharmacist would be needed.

Crushing medicines and mixing medicines with food or drink to make it more palatable or easier to swallow when the person has consented to this, does not constitute covert administration. It is important that other forms of medication are considered first such as liquids, dispersible or soluble tablets.

Disguising medication in the absence of consent may be regarded as deception, as the person is being led to believe that they are not receiving medication when in fact they are.

It is important to clearly distinguish between those people who have the capacity to refuse medication (and that this is respected) and those people who lack capacity. It must be remembered that capacity changes and so regular reviews are needed.

There may be some circumstances where it could be acceptable to disguise medicines, such as when medication is essential and not to give it is more harmful, so it is in the best interests of the person. An assessment of capacity as required by the Mental Capacity Act 2005 must be carried out.

The decision to administer medication covertly must not be considered routine. Any decision to do so must be reached after careful assessment of the person's needs. There should be open discussion and agreements within the multidisciplinary team and the person's relatives or advocate.

The decision, the action taken and the names of all parties concerned should be documented in the person's care plan and reviewed at regular intervals.

Care homes and agencies must have a clear policy on the covert administration of medicines and this must include guidance on the action to take if it is necessary.

What kind of things will inspectors be looking for?

- What instructions are written on MAR charts
- Evidence of medicines being crushed such as tablet crushers, metal spoons, mortar and pestle
- Food e.g. pots of jam, kept with medication
- What people say about how they are given their medicines
- What policy and procedures are in place
- Does the care plan carry an assessment of the person's capacity and identifies who carried out the assessment and when
- That the care plan reflects the person's assessed needs and any agreements to administer medicines in food or drink have been discussed with a pharmacist and have been clearly documented
- There are agreed review dates and reviews take place