

Good Practice Guidance for Care Homes

Permission to administer medication in food to facilitate swallowing

Name:		Date of Birth:	
Address:		Date:	
Completed by:		Position:	
Assessing Capacity: Does the person have impairment, or a disturbance in the functioning, of their mind or brain? Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?		Yes/No (if yes a best interests decision must be documented) Yes/No (if yes a best interests decision must be documented)	
Functional tests of capacity To be able to make a decision a person must be able to: <ul style="list-style-type: none"> understand the information relevant to the decision, retain that information, use or weigh that information as part of the process of making the decision, or Communicate the decision. 		Describe how assessed	
If a person has capacity to consent, verbal permission to add medication to food must be gained prior to each administration. Person to sign that they agree that with the principal of administering medicine with food to facilitate swallowing, and that medication may be unlicensed in this manner		Name: Signature: Date:	
If person is lacking capacity to consent to medication being administered in food. A best interest's decision involving the prescriber, person with lasting power of attorney, family and care home representative must be made e.g. why this medication is necessary or what benefit is there for the patient?		Name and signatures of persons involved in decision	
What medication is being considered for administration in food to facilitate swallowing? Advise one medicine per form.			
Have alternative options been considered?		list	
A Pharmacist must be involved to give advice if administration involves crushing tablets, opening capsules or combining medicines in any way with food or drink.		Name of Pharmacist: Name of Pharmacy/organisation:: Date:	
Describe the method for administering in food agreed with pharmacist			
Review Date:			

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