necs



Good Practice Guidance for Care Homes							
Permission to administer medication in food to facilitate swallowing							
Name:		Date	of B				
Care Home:				Date:			
Completed by:		Position:					
Assessing Capacity:		Yes/No					
Does the person have impairment, or a disturbance in the functioning, of their mind or brain?		Yes/No					
Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?							
NOTE: If person is assessed to lack capacity to consent to medication being administered, refer to the care home's medicine policy and documentation regarding covert administration of medicines and ensure relevant assessments (Best Interests, Mental Capacity) and agreements are undertaken and recorded.							
Functional tests	Describe ho	ow as	ssessed				
	e a decision a person must be able to:						
 understand t retain that inf 							
use or weigh that information as part of the process							
 of making the communicate 							
If a person has capacity to consent, verbal permission to add medication to food must be gained prior to each		Name:					
administration.	Signature:						
Person to sign that administering med							
and that medicatio	Date:						
What medication is being considered for administration in							
food to facilitate su							
Have alternative options been considered?		list					
A Pharmacist must be involved to give advice if		Name of Pl	harm	acist [.]			
administration ir	Name of Pharmacy/organisation::						
capsules or combi drink.	Date:						
Describe the method for administering in food agreed with							
pharmacist Describe how eac	Describe how each medicine is to be given						
Review Date:							

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