

Audit Tool
Covert Administration of Medication Policy

Service User Name.....

Date.....

The audit tool will be completed in all instances when the policy is implemented and act as an aid memoir. Please refer to the policy when completing the form.

1. Have the three criteria been met?

➤ All conventional methods of administration have been unsuccessful.
Yes No

➤ The person to receive the medication is unable to give consent.
Yes No

➤ Covert administration is believed to be in the best interest of the service user.
Yes No

2. Has Consent Form Four been completed? Yes No

3. What professional has signed the document?

4. Which of the following were consulted:

➤ Service User
➤ Family members
➤ Friends
➤ Advocates

5. Has the method of administration been agreed with the pharmacist?
Yes No

6. Has the Trust's legal representatives been consulted?
Yes No

7. Has a record been made in the service users notes of the following:

➤ The decision to pursue this procedure.
➤ The initial review.
➤ Review dates.
➤ Copy of consent form 4