



The Right to Refuse and Covert Administration of Medicines Eithne Ni Dhomhnaill RGN, M.Sc Nursing

Administration Practice ((NMBI, 2018).

The nurse or midwife must only administer a medicine in a safe context. That is if:

- they have knowledge of the patient's current health status and plan of care
- the prescription is clear, legible and unambiguous and they have access to information on medicines
- they have the consent and participation of the patient**
- they comply with the Ten Rights of Medicines Management
- they are competent to do so and working within their scope of practice

Medicines Management

- Residents are actively involved in determining the services they receive and are empowered to exercise their human and individual rights. This includes the right to be treated equally in the allocation of services and supports, and the right to refuse a service or some element of a service.

(HIQA, 2015)

Informed Consent.

- Medicines are only administered with the resident's consent and the resident has the right to refuse medicines(HIQA, 2015).
- Residents should be provided with information on medicines and be included in decisions about their own medicines and treatment (HIQA, 2015)
- Medicines management is directed and influenced by many factors. These include professional, legal and ethical considerations. Professional healthcare regulation, medicines legislation and ethical principles such as consent and autonomy of the patient all form part of these factors (NMBI, 2018)

Refusal to take Medications

- Residents may refuse medicines for different reasons.
- The centre's medicines management policy should include guidance to staff on how to manage refusal of medicines.
- This guidance should include the actions to be taken if medicines are refused, who to contact and the documentation to be completed.

(HIQA, 2015)

Refusal of Resident to take medications.

- If a resident agrees to take a medicine later than the prescribed time, this must be clearly documented in the MAR sheet (HIQA, 2015)
- If a medicine is given at a later time than prescribed, the prescriber should be contacted to ensure that there are no contra-indications. If there is a pattern where a resident often refuses medicine, a plan must be put in place with involvement of the staff, multidisciplinary team, the resident and their representatives, if appropriate. This plan must be reviewed on a regular basis, in line with the relevant legislation or more often if circumstances change (HIQA, 2015).

Refusal

- Accurate and contemporaneous documentation should be made for any medicinal product withheld or refused.
- Any information or advice given to a patient / service-user about the possible consequences of such a refusal should also be documented.
- The decision by a patient / service-user to refuse administration of a medicinal product (after having been provided with information about the drug and the risks and benefits of the therapy) should be respected and the medical practitioner or registered nurse prescriber should be notified.

(An Bord Altrainis, 2007)

Covert Administration (NMBI, 2018)

Nurses and midwives should not administer medicines to a patient without their knowledge or informed consent (covert administration) if the patient has capacity to make decisions about their treatment and care. Nurses and midwives in consultation with the multi-disciplinary team should use existing legal and best practice frameworks for those who lack capacity. Examples include, the HSE National Consent Policy (2014), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014), Assisted Decision-Making Capacity Bill (2013), Quality Framework for Mental Health Services in Ireland – (National Mental Health Services Standards), (HIQA 2015) Medicines Management Guidance and relevant organisational policies.

Covert Administration of Medicines.

- Should only be used in exceptional circumstances where there is a risk to the life or health of the person.
- Alternatives should be explored first.
- A full written assessment of the resident is performed prior to the administration of medicines covertly. The assessment identifies the medicines being administered, the indications for these medicines, alternative measures that have been taken and the rationale for the use of covert administration.

Covert Administration of Medicines.

- ▶ All decisions to administer medicines covertly must be made following a multidisciplinary agreement that this practice is in the resident's best interests.
- ▶ This agreement must be documented and reviewed in line with the relevant legislation or more often if circumstances change.
- ▶ Medicines to be administered covertly should be prescribed on the prescription sheet.

(HIQA, 2015).

