

**Appendix D: Best Interest Decision Record Form
regarding support to take medication**

Record of actions taken to make a best interest decision regarding taking medication. This document will be used after a capacity assessment, specifically about taking medication, has been completed and the person was considered unable to make the decision because of a mental impairment. This is not a statutory form.

Name of Person:			
Name Of Decision Maker:			
Date:			
Please give the name and status of anyone who assisted with making this best interest decision:			
<u>Name</u>	<u>Status</u>		
Description of the decision to be made:			
Can the person decide whether or not to be supported to take their medication?			
PART 1 – MENTAL CAPACITY TO MAKE THIS DECISION AT THIS TIME Every adult should be assumed to have the mental capacity to make the decision at the time it needs to be made unless it is proved that they lack capacity.			
Has the person been deemed to not have the mental capacity to make the decision as to whether they want support to take their medication at this time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes please comment on the mental capacity assessment (e.g. who did the assessment and when, that it was about taking medication and that the outcome was that the person does not have mental capacity to make this decision)

If you have answered **YES**, **PROCEED TO PART 2** of this document.
 If you have answered **NO**, then the person is the decision maker

PART 2 – DETERMINING BEST INTERESTS

Working out what is in someone’s best interests cannot be based simply on someone’s age, appearance, condition, or behaviour.

Please provide your comments below

The Persons Wishes: What are the person’s past and present known wishes, feelings, and values? E.g. does the person have any known views about medication, in general or anything specific? Or have they previously expressed any views? How have these been taken into account?

Written statements: Have you considered any written statements about taking medication made by the person when they had capacity?

Encourage Participation: What have you done to enable the person to take part in making the decision?

Regaining Capacity: Is the person likely to have the mental capacity to make this decision at some date in the future – this could be a matter of hours or days etc - and if so can the decision be delayed until then?

Relevant Circumstances: What are the views of other people who know the person best, e.g friends and relatives, care staff who regularly help the person, independent advocate etc?

<p>Least restrictive option: How have you given consideration to the least restrictive options for the person? E.g. can the person be reminded to take the medication using telecare technology? If the person is objecting to taking the medication, is the opinion of the prescribing clinician that the medication is essential?</p>	
<p>Disagreement or challenges: Is there any objection from anyone to this decision, including the relevant person? Is a best interests meeting required?</p>	
<p>The decision: Having considered all the relevant circumstances, what decision / action do you intend to take regarding the person being supported with medication? How is this decision in the best interests of the person, e.g. what might happen if the person is not supported? Describe any other options and explain why this one is the best for the person.</p>	

Signature:		Date:	
Print name:			
Job title:			