

PSYCHOACTIVE MEDICATION THERAPY INFORMED CONSENT FORM

Use a separate form for each medication

At times it may be necessary to use psychoactive medication interventions under certain conditions to protect residents from harm to others and themselves and to promote a higher level of independence. Medication interventions are NEVER used for disciplinary action or for the convenience of the facility to control behavior.

Psychoactive medication _____ has been prescribed for _____
for the diagnosis of _____.

The specific condition(s) being treated include(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD Disorder | <input type="checkbox"/> Impulse Control Disorder | <input type="checkbox"/> Severe depression resistant to other therapies and/or with psychotic features |
| <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> Mood Disorder w/psychotic features | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Agitation | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Socially withdrawn |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Catatonia | <input type="checkbox"/> Psychotic Disorder | |
| <input type="checkbox"/> Delusional Disorder | <input type="checkbox"/> Schizophrenia | |
| <input type="checkbox"/> Huntington's Disease | | |

Short Term Use:

- Psychosis in absence of dementia Medical illness w/psychotic symptoms and/or treatment-related psychosis or mania
 Hiccups not caused by other medication Nausea and vomiting, cancer/chemotherapy

The expected benefit(s) from the medication intervention includes:

- Improved functional ability Reduced adverse behavior Other (specify) _____

The clinically significant side effects possibly associated with this medication intervention include but are not limited to:

Antipsychotic	Antianxiety	Sedative/Hypnotic	Antidepressant	Antimanic	Psychomotor Stimulant
Blurred vision Confusion Constipation Drooling Dry mouth Increased risk of death Involuntary movements Muscle rigidity Restlessness Sedation Sleep disturbances Stiffness of the neck	Appetite changes Blurred vision Confusion Dizziness Drowsiness Fatigue Hypotension Nightmares Sedation Slurred speech Urinary retention Dry mouth	Anxiety Confusion Dizziness Fatigue Hallucinations Headache Lightheadedness Mania Nightmares Sedation Syncope	Appetite changes Blurred vision Constipation Dry mouth Dyspepsia Headache Hypotension Insomnia Weight changes Urinary retention	Bradycardia Confusion Drowsiness Hypotension Impaired cognition Impaired vision Nausea Nephritic syndrome Seizures Tremors	Anorexia Dry mouth Impaired taste Insomnia Nervousness

The proposed course of therapy is approximately:

- 1 month 3 months 6 months 12 months Prolonged treatment / Indefinite

- I HAVE** received education regarding this medication, including side effects and Black Box warnings.
 I GIVE my full consent for the use of the medication indicated above. I understand that once the targeted behavior is controlled, the usage of the medication should be gradually decreased to the lowest possible dosage and frequency.
 The use of this medication and individualized approaches has been included on the resident's care plan and will be reviewed at least quarterly.
 I DO NOT GIVE my consent for the use of the medication indicated above. I realize the dangers of not taking this medication may result in uncontrolled behaviors which may make it difficult for the nursing staff to appropriately provide care.

Signature of Resident _____	Date _____	Time _____
Signature of Resident Representative _____	Date _____	Time _____
Signature of Person Obtaining Consent _____	Date _____	Time _____
Verbal Consent given by (full name and relation) _____	Date _____	Time _____

NAME—Last	First	Middle	Attending Physician	Record No.	Room/Bed
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PSYCHOACTIVE MEDICATION THERAPY INFORMED CONSENT FORM

ANTIPSYCHOTICS

Abilify/Aristada (aripiprazole); **Chlorpromazine**; **Clozaril/Fazaclo** (clozapine); **Compazine** (prochlorperazine); **Prolixin** (fluphenazine); **Geodon** (ziprasidone); **Haldol** (haloperidol); **Loxitane** (loxapine); **Zyprexa** (olanzapine); **Seroquel/Seroquel XR** (quetiapine fumarate); **Risperdal/Risperdal Consta** (risperidone); **Serentil** (mesoridazine besylate); **Thioridazine**; **Prochlorperazine**; **Orap** (pimozide); **Moban** (molindone hydrochloride); **Thiothixene**; **Perphenazine**; **Latuda** (lurasidone); **Rexulti** (brexipiprazole); **Invega/Invega Trinza** (paliperidone); **Saphris** (asenapine); **Fanapt** (iloperidone); **Nuplazid** (pimavanserin)

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.

ANTIANKXIETY/ANXIOLYTICS

Ativan (lorazepam); **BuSpar** (buspirone HCl); **Xanax/Xanax XR/Niravam** (alprazolam); **Luvox CR** (fluvoxamine maleate); **Oxazepam**; **Tranxene**; **Librium** (chlordiazepoxide HCl); **Klonopin** (clonazepam); **Restoril** (temazepam); **Tranxene** (clorazepate)

SEDATIVES/HYPNOTICS

Ambien/Ambien CR (zolpidem tartrate); **Butisol** (butabarbital sodium); **Halcion** (triazolam); **Lunesta** (eszopiclone); **Nembutal** (pentobarbital); **ProSom** (estazolam); **Quazepam**; **Rozerem** (ramelteon); **Restoril** (temazepam); **Seconal** (secobarbital); **Somnote** (chloral hydrate); **Sonata/Zaleplon**; **Zolpimist** (zolpidem tartrate)
Over-the-counter: Benadryl (diphenhydramine); **Unisom** (doxylamine)

ANTIDEPRESSANTS

Aplenzin/Wellbutrin/Wellbutrin SR/Wellbutrin XL (bupropion hydrobromide); **Celexa** (citalopram HBr); **Cymbalta** (duloxetine); **Norpramin** (desipramine); **Desyrel/Trazadone** (trazodone HCl); **Doxepin**; **Effexor/Effexor XR** (venlafaxine hydrochloride); **Prozac/Selfemra** (fluoxetine hydrochloride); **Paxil/Paxil CR** (paroxetine hydrochloride); **Zoloft** (sertraline hydrochloride); **Surmontil**; **Symbyax** (olanzapine and fluoxetine); **Amitriptyline**; **Trintellix** (vortioxetine); **Pristiq** (desvenlafaxine); **Remeron/Remeron SolTab** (mirtazapine); **Serzone** (nefazodone); **Silenor** (doxepin); **Tofranil** (imipramine)

ANTIMANICS

Lithium Citrate/Lithium Carbonate; **Equetro** (carbamazepine); **Depakote/Depakote ER**; **Lamictal** (lamotrigine); **EsKalith/EsKalith CR** (lithium carbonate)

PSYCHOMOTOR STIMULANTS

Ritalin/Ritalin LA/Ritalin SR (methylphenidate hydrochloride); **Cylert** (pemoline); **Adderall/Adderall XR**; **DextroStat** (dextroamphetamine sulfate); **Strattera** (atomoxetine); **Dexedrine** (dextroamphetamine)

This is not an all-inclusive list. New medications are frequently added to each of these categories. Here are some suggested resources to view medications in detail as well as their Black Box warnings and side effects:

Resources:

<http://www.druglib.com/>
<http://www.druglib.com/drugindex/category/>
<http://umm.edu/health/medical/drug-interaction-tool>
<http://globalrph.com/drug-A.htm>

[There are several Nursing Drug Handbooks on the market; also Physician's Drug References (PDR)]

NAME-Last

First

Middle

Attending Physician

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