PSYCHOTROPIC MEDICATION THERAPY INFORMED CONSENT FORM

Use a separate form for each medication

Psychotropic medication		has been prescribed for			
or the diagnosis of					
Additional documented cl	inical rationale based	on assessment of t	he resident's (your) co	ndition and therapeut	ic goals include(s):
Short Term Use:	ce of dementia 🛯 M	edical illness w/psyc	hotic symptoms and/o	or treatment-related p	sychosis or mania
 Hiccups not caused Other (specify) 	by other medication	Nausea and vor	miting, cancer/chemot		5
The expected benefit(s) fr	om the medication in	tervention includes:	C ALC	pecify)	$ \land $
The clinically significant s	ymptom or behavior		with this medication in	tervention include bu	t are not limited to:
Antipsychotic	Antianxiety <	Sedative/ Hypnotic	Antidepressant	Antimanic	Anticonvulsar
Blurred vision Confusion Constipation Drooling Dry mouth ncreased risk of death nvoluntary movements Muscle rigidity Restlessness Sedation Sleep disturbances Stiffness of the neck The proposed course of t O 1 month O 3 r I HAVE received educa I GIVE my full consent is controlled, the usage The use of this medica reviewed at least quark O I DO NOT GIVE my cor result in uncontrolled s	nonths 06 months ation regarding this m for the use of the me e of the medication sl ation and individualize terly.	O 12 months O edication, including edication indicated a nould be gradually d d approaches have the medication indic	bove. I understand that ecreased to the lowes been included on the in cated above. I realize t	a Box warnings. at once the targeted s t possible dosage an resident's (your) care the risk of not taking	Weight change Blurred vision Headache
Signature of Resident				Date	Time
Signature of Resident Repres	sentative			Date	Time
Signature of Person Obtainin	ng Consent			Date	Time
/erbal Consent given by (full	name and relation)			Date	Time
AME-Last	First	Middle Atter	iding Physician	Record No.	Room/Bed

INFORMED CONSENT FORM

PSYCHOTROPIC 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 (brexpiprazole); 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.

ANTIANXIETY/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 (eszopicione); 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)

ANTICONVULSANTS

Sezaby (phenobarbitol); Klonopin (clonazepam); Tegratol (carbamazepine); Depakene (valproic acid); Dilantin (phenytoin)

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)]