DEPARTMENT OF HEALTH SERVICES
Division of Care and Treatment Services
F-24277 (05/2024)

STATE OF WISCONSIN
42 CFR483.420(a)(2)
DHS 134.31(3)(o)
DHS 94.03 & 94.09
§§ 51.61(1)(g) & (h)

INFORMED CONSENT FOR MEDICATION

Completion of this form is voluntary. If informed consent is not given, the medication cannot be administered without a court order unless in an emergency.
This consent is maintained in the client's record and is accessible to authorized users.

Name – Patient / Client (Last, First MI)	ID Number	Living Unit	Date of Birth
,			

Name – Individual Preparing This Form	Name – Staff Contact	Name / Telephone Number – Institution

MEDICATION CATEGORY	MEDICATION	RECOMMENDED DAILY TOTAL DOSAGE RANGE	ANTICIPATED DOSAGE RANGE
Antianxiety agent/Anticonvulsant (benzodiazepine)	Ativan® (lorazepam)	Oral: 0.5 - 10 mg per day usually in 2 to 3 divided doses	

The anticipated dosage range is to be individualized, may be above or below the recommended range but no medication will be administered without your informed and written consent.
Recommended daily total dosage range of manufacturer, as stated in *Physician's Desk Reference* (PDR) or another standard reference.
This medication will be administered ☐ Orally ☐ Injection ☐ Other – Specify:

1. Reason for Use of Psychotropic Medication and Benefits Expected (note if this is 'Off-Label' Use)
Include DSM-5 diagnosis or the diagnostic impression ("working hypothesis").

2. Alternative mode(s) of treatment other than OR in addition to medications include
Note: Some of these would be applicable only in an inpatient environment.

☐ Environment and/or staff changes
☐ Positive redirection and staff interaction
☐ Individual and/or group therapy
☐ Rehabilitation treatments/therapy (OT, PT, AT)
☐ Treatment programs and approaches (habilitation)
☐ Use of behavior intervention techniques

Other Alternatives:

3. Probable consequences of NOT receiving the proposed medication are

Impairment of ☐ Work Activities ☐ Family Relationships ☐ Social Functioning

Possible increase in symptoms leading to potential

☐ Use of seclusion or restraint
☐ Limits on access to possessions
☐ Limits on personal freedoms
☐ Limit participation in treatment and activities
☐ Limits on recreation and leisure activities
☐ Intervention of law enforcement authorities
☐ Risk of harm to self or others

Other Consequences:

Note: These consequences may vary depending upon whether or not the individual is in an inpatient setting. It is also possible that in unusual situations, little or no adverse consequences may occur if the medications are not administered.

Client Initial _____ Date _____

4. Possible side effects, warnings, and cautions associated with this medication are listed below. This is not an all-inclusive list but is representative of items of potential clinical significance to you. For more information on this medication, you may consult further with your physician or refer to a standard text, such as the PDR. As part of monitoring some of these potential side effects, your physician may order laboratory or other tests. The treatment team will closely monitor individuals who are unable to readily communicate side effects in order to enhance care and treatment.

Continued – Possible side effects, warnings, and cautions associated with this medication.

Most Common Side Effects sedation

Less Common Side Effects hypotension, asthenia, dizziness, unsteadiness, depression, delirium

Rare Side Effects hypertension, acidosis, nausea and vomiting

Caution:

Precautions:

Administration: Higher doses; increased risk of propylene glycol toxicity or polyethylene glycol toxicity especially in patients with renal impairment (injection).

Concomitant anesthesia: Risk of heavy sedation and possible airway obstruction (injection).

Concomitant use of benzodiazepines and opioids: May result in profound sedation, respiratory depression, coma, and death. Reserve use where alternative treatments are inadequate. Limit the dosage and duration and monitor for respiratory depression and sedation. FDA is advising that the opioid addiction medications buprenorphine or methadone should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS). The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction can outweigh these risks.

Concomitant use of medications that lower the convulsive threshold (such as antidepressants): Increased risk of convulsions/seizures if lorazepam is abruptly withdrawn (oral).

Endocrine and metabolic: Elevated lactate dehydrogenase levels have been reported with oral use; monitoring recommended with long-term use.

Hematologic: Leukopenia has been reported with oral use; monitoring recommended with long-term use.

Hepatic: In patients with hepatic insufficiency, severe and/or encephalopathy; risk of worsening encephalopathy; consider dose adjustments (oral). Use of injectable lorazepam is not recommended in patients with hepatic failure.

Immunologic: The extended-release capsule contains FD&C Yellow No. 5 (tartrazine) which may lead to allergic-type reactions, including bronchial asthma, in certain susceptible patients; increased risk in patients with aspirin hypersensitivity.

Neurologic: CNS depression may result in sedation that impairs the ability to perform tasks requiring mental alertness (eg, operating dangerous machinery including motor vehicles), especially with concomitant use of alcohol or other CNS depressants. Heavily sedated patients have an increased risk for airway obstruction (injection). Multiple doses increases the risk of impaired consciousness (injection). Patients with seizure disorder have an increased risk of convulsions/seizures if lorazepam is abruptly withdrawn (oral). Patients with status epilepticus have a risk of respiratory depression; monitoring is recommended (injection).

Psychiatric: Paradoxical reactions have been reported, with increased risk in elderly and pediatric patients. Patients with primary depressive disorder or psychosis have a risk of suicide or exacerbation of depression; use is not recommended (oral). Patients with significant personality disorders have an increased risk of drug dependence (oral).

Renal: Use is not recommended in patients with renal failure (injection).

Reproductive: Use during the later stages of pregnancy can result in neonatal sedation (eg, respiratory depression, lethargy, hypotonia) and neonatal withdrawal syndrome (eg, hyperreflexia, irritability, restlessness, tremors, inconsolable crying, and feeding difficulties); monitoring required and medical management may be necessary.

Respiratory: Patients with compromised respiratory function (sleep apnea syndrome and chronic obstructive pulmonary disease) have an increased risk of respiratory depression (oral). Patients with limited pulmonary reserve have a risk of hypoventilation or hypoxic cardiac arrest (injection).

Client Initial _____ Date _____

Caution

Special populations (Beers Criteria): Avoid use in elderly due to greater benzodiazepine sensitivity, especially in patients with a history of falls or fractures (unless safer alternatives are not available), cognitive impairment or dementia, or with delirium or at high risk for delirium. May increase risk of syncope, falls, fractures, ataxia, cognitive or psychomotor impairment, motor vehicle accidents, delirium, or other adverse CNS effects (may be appropriate for seizure disorders, rapid eye movement sleep disorders, benzodiazepine or ethanol withdrawal, severe generalized anxiety disorder, periprocedural anesthesia, and end-of-life care). Avoid concomitant use of 3 or more CNS-active agents in any combination due to increased risk of falls and fractures. Avoid concomitant use of any opioid due to increased risk of overdose. Elderly patients have an increased risk of hypoventilation, or hypoxic cardiac arrest (injection); and increased risk of sedation (oral); dosage adjustment and monitoring is recommended.

Special Populations (children): Brain development in children may be affected by repeated or lengthy use of general anesthetic and sedation drugs during surgeries or procedures, especially in children younger than 3 years or in fetuses of pregnant women during the third trimester; balance appropriate anesthesia use and timing of elective procedures that can be delayed against potential risks in children younger than 3 years and pregnant women, particularly with procedures that are longer than 3 hours or multiple procedures. Pediatric patients have an increased incidence of sensitivity to benzyl alcohol, polyethylene glycol, and propylene glycol especially in high doses (injection).

Special populations: Debilitated patients have an increased risk of hypoventilation, or hypoxic cardiac arrest (injection); and increased risk of sedation (oral); initial oral dose should not exceed 2 mg, monitoring recommended, consider dose adjustment.

Special populations: Neonate patients have an increased risk of fatal "gasping syndrome" with injection due to benzyl alcohol, especially with higher doses and in premature or low-birth-weight infants. Seizure activity and myoclonus have been reported in premature and low-birth-weight infants (injection).

Withdrawal: A protracted withdrawal syndrome with symptoms lasting weeks to more than 12 months has been reported in benzodiazepine users.

Warning

Black Box Warning:
Oral (Capsule, Extended Release; Tablet): Risks From Concomitant Use With Opioids; Abuse, Misuse, and Addiction; and Dependence and Withdrawal Reactions.
Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation. The use of benzodiazepines, including lorazepam, exposes users to risks of abuse, misuse, and addiction, which can lead to overdose or death. Abuse and misuse of benzodiazepines commonly involve concomitant use of other medications, alcohol, and/or illicit substances, which is associated with an increased frequency of serious adverse outcomes. Before prescribing lorazepam and throughout treatment, assess each patient's risk for abuse, misuse, and addiction. The continued use of benzodiazepines, including lorazepam may lead to clinically significant physical dependence. The risks of dependence and withdrawal increase with longer treatment duration and higher daily dose. Abrupt discontinuation or rapid dosage reduction of lorazepam after continued use may precipitate acute withdrawal reactions, which can be life-threatening. To reduce the risk of withdrawal reactions, use a gradual taper to discontinue lorazepam or reduce the dosage.

Syndrome Note

See standard reference text for an all-inclusive list of side effects.

Client Initial _____ Date _____

Medication: Ativan® – (lorazepam)

By my signature below, I GIVE consent for the named medication on Page 1 and anticipated dosage range. My signature also indicates that I understand the following:

1. I can refuse to give consent or can withdraw my consent at any time with written notification to the institution director or designee. This will not affect my right to change my decision at a later date. If I withdraw consent after a medication is started, I realize that the medication may not be discontinued immediately. Rather, it will be tapered as rapidly as medically safe and then discontinued so as to prevent an adverse medical consequence, such as seizures, due to rapid medication withdrawal.
2. Questions regarding this medication can be discussed with the Interdisciplinary Team, including the physician. The staff contact person can assist in making any necessary arrangements.
3. Questions regarding any behavior support plan or behavior intervention plan, which correspond with the use of the medication, can be directed to the client's social worker, case manager, or psychologist.
4. I have the right to request a review at any time of my record, pursuant to § 51.30(4)(d) or § 51.30(5)(b).
5. I have a legal right to file a complaint if I feel that client rights have been inappropriately restricted. The client's social worker, case manager, or agency/facility client rights specialist may be contacted for assistance.
6. My consent permits the dose to be changed within the **anticipated dosage range** without signing another consent.
7. I understand the reasons for the use of the medication, its potential risks and benefits, other alternative treatment(s), and the probable consequences that may occur if the proposed medication is not given. I have been given adequate time to study the information and find the information to be specific, accurate, and complete.
8. This medication consent is for a period effective immediately and not to exceed fifteen (15) months from the date of my signature. The need for and continued use of this medication will be reviewed at least quarterly by the Interdisciplinary Team. The goal, on behalf of the client, will be to arrive at and maintain the client at the minimum effective dose.

SIGNATURES		**DATE SIGNED**
Client – If Presumed Competent to Consent/Parent of Minor/Guardian (POA-HC)	Relationship to Client ☐ Self ☐ Parent ☐ Guardian (POA-HC)	
Staff Present at Oral Discussion	Title	

Client / Parent of Minor / Guardian (POA-HC) Comments

As parent/guardian (POA-HC) was not available for signature, he/she was verbally informed of the information in this consent.

Verbal Consent

Obtained by – PRINT – Staff Name	Date Obtained	Written Consent Received ☐ Yes ☐ No
Obtained from – PRINT – Parent / Guardian (POA-HC) Name	Date Expires	Date Received

Client Initial _____ Date _____