

INFORMED CONSENT FOR MEDICATION

Dosage and / or Side Effect information last revised on 03/23/2021

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
Central Nervous System Stimulant	<div><div>▪ Dexedrine, Zenzedi (dextroamphetamine tablet/capsule)</div><div>▪ ProCentra (dextroamphetamine oral solution)</div></div>	<div><div>▪ Immediate release (IR) capsule: 2.5 mg – 60 mg/day</div><div>▪ Extended release (ER) solution/tablet: 5 mg-60 mg/day.</div><div>▪ Oral solution: 5 mg-60 mg/day</div></div>	

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.

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: Anxiety; dry mouth; feeling depressed; crying or depersonalization (not wanting to interact with others); euphoria; fast, pounding, or irregular heartbeat; irritability; nervousness or restlessness; paranoia; quick to react or emotionally overreacting; rapidly changing moods; shaking or trembling; shortness of breath (panic attack); false sense of well-being. After stimulant effects have worn off, you may experience drowsiness, unusual tiredness or weakness, or mental depression.

Less Common Side Effects: increased blood pressure; slower growth during childhood; hyperthyroidism (symptoms of nervousness, hyperactive energy, mood swings, difficulty falling or staying asleep, feeling tired, feeling sensitive to heat, muscle weakness, diarrhea, needing to urinate more often, feeling thirsty, itchiness, losing interest in sexual activity, hair loss, weight loss, or excessive sweating.); constipation; unpleasant taste in the mouth; altered speech; severe headache; dizziness; blurred vision or other changes to vision; decreased ability to obtain or keep an erection in males; decreased or increased interest in sexual activity.

Rare Side Effects: Although rare, please contact your doctor as soon as possible if any of the following side effects occur: chest pain; unusually high fever; skin rash or hives; uncontrolled movements of head, neck, arms, and legs; weakness on one side of the body; difficulty thinking; fainting; vomiting; loss of sexual function; seizures; dark urine; difficulty urinating; muscle pain or weakness; development of blue or red hands and feet; erection lasting more than 4 hours; numbness or burning in the hands or feet; extreme pain; thoughts of suicide or worsening depression; hallucinations; or signs of an allergic reaction (swollen face, tongue, lips, arms, or legs; severe itching or rash; difficulty taking, swallowing, or breathing; unusual hoarseness).

Caution

- **Withdrawal:** Do not abruptly stop taking this medication. If you have questions concerning this medication, please contact your doctor first and they will help you find an appropriate plan. After you stop using this medicine, your body may need time to adjust. The length of time this takes depends on the amount of medicine you were using and how long you used it. During this period of time check with your doctor if you notice any of the following side effects: mental depression; nausea or vomiting; stomach cramps or pain; trembling; unusual tiredness or weakness
- **Driving and operating heavy machinery**
This medication may impair your ability to drive, operate heavy machinery, or participate in any other activities requiring full awareness. Do not participate in these activities until you know how this medication affects you.
- **Tourette's syndrome**
Stimulants, such as dextroamphetamine, may make the muscle or verbal tics in Tourette's worse. If you or your child experiences and increase in tics while taking this medication, please call your doctor. Stimulants should generally be avoided in this population.
- **Raynaud's disease**
Although rare, episodes of ulcers or skin changes in the fingers or toes have been reported while taking this medication. If you notice ulceration or other skin changes on your fingers or toes after starting this medication, call your doctor right away.
- **Rhabdomyolysis**
Although rare, rhabdomyolysis is usually first identified by muscle pain or weakness. If you notice unusual muscle pain or weakness, and you cannot identify a cause, such as exercise, please call your doctor right away.
- **Serotonin syndrome**
Potentially life-threatening serotonin syndrome may occur when dextroamphetamine is used in combination with other serotonergic agents (eg, selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, St. John's wort, tryptophan). Symptoms of serotonin syndrome include restless, overactive muscle reflexes, shivering, excessive sweating, tremors, agitation, fever, confusion, and pounding heartbeat.
- **Insomnia management**
For patients taking the short-acting form of this medicine: Take the last dose for each day at least 6 hours before bedtime to help prevent trouble in sleeping. For patients taking the long-acting form of this medicine: Take the daily dose when you wake up to help prevent trouble in sleeping. These capsules or tablets should be swallowed whole. For the extended release (ER), or long-acting form, DO NOT break, crush, or chew them before swallowing.

Warning: [BLACK BOX WARNING]: Abuse and dependence potential: Amphetamines have a high potential for abuse. Particular attention should be paid to the possibility of subjects obtaining amphetamines for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided.

Warning: [BLACK BOX WARNING]: Cardiovascular events: Misuse of amphetamines may cause sudden death and serious cardiovascular adverse event. Use has been associated with serious cardiovascular events including sudden death in patients with preexisting structural cardiac abnormalities or other serious heart problems (sudden death in children and adolescents; sudden death, stroke and MI in adults).

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

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 <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Obtained from – PRINT – Parent / Guardian (POA-HC) Name	Date Expires	Date Received