

INFORMED CONSENT FOR MEDICATION

Dosage and / or Side Effect information last revised on 05/27/2021

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	Daytrana (methylphenidate transdermal)	10 mg-60 mg	

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
- ☐ Rehabilitation treatments/therapy (OT, PT, AT)
- ☐ Positive redirection and staff interaction
- ☐ Treatment programs and approaches (habilitation)
- ☐ Individual and/or group therapy
- ☐ 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 recreation and leisure activities
- ☐ Limits on access to possessions
- ☐ Intervention of law enforcement authorities
- ☐ Limits on personal freedoms
- ☐ Risk of harm to self or others
- ☐ Limit participation in treatment and activities

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: Insomnia (difficulty falling asleep or staying asleep), headache, irritability, weight loss, decreased appetite, dry mouth, nausea.

Less Common Side Effects: Chest pain; abnormally fast heartbeat; increased blood pressure; lack of emotion; increased bruising; restlessness; vertigo; increased risk for upper respiratory tract infections; constipation; back pain; skin changes; fever; joint pain; skin rash or hives; anger; dizziness; drowsiness; muscle aches; nausea; nervousness; runny nose; hair loss; stomach pain; talking, feeling, and acting with excitement.

Rare Side Effects: Check with your doctor immediately if any of the following rare side effects occur: Black, tarry stools; blistering, burning, itching, peeling, skin rash, redness, or other signs of irritation at site of patch; blood in urine or stools; blurred vision or other changes in vision; convulsions; crusting, dryness, or flaking of skin; muscle cramps; uncontrolled vocal outbursts and/or tics (uncontrolled and repeated body movements); unusual bleeding or bruising; severe chest pain.

Get emergency help immediately if any of the following symptoms of overdose occur: Agitation; confusion (severe); convulsions; dryness of mouth or mucous membranes; false sense of well-being; fast, pounding, or irregular heartbeat; fever; flushing; hallucinations (seeing, hearing, or feeling things that are not there); headache (severe); increased blood pressure; increased sweating (severe); large pupils; muscle twitching; overactive reflexes; sweating; trembling or shaking; vomiting.

Caution

- **Cardiovascular Risk**

CNS stimulant treatment has been associated with sudden death in children and adolescents with preexisting structural cardiac abnormalities and sudden death, stroke, and heart attack have been reported in adults. If you do experience any symptoms such as an abnormally fast heartbeat, chest pain, or unusual chest tightness, please call your doctor immediately.

- **Blood Circulation Changes**

This medication, in rare instances, may cause parts of the body, such as fingers or toes, to become numb and turn blue or purple. This is seen when blood is not reaching the affected part of the body. If you do notice numbing, changing color of the skin, or breakdown of the skin, please call your doctor immediately.

- **Priapism (Prolonged Erection)**

Prolonged (>4 hours), painful, and non-painful erections, sometimes requiring surgical intervention, have been reported in pediatric and adult patients, according to the manufacturers' labeling and a 2013 FDA warning. If you do experience this, please call your doctor immediately.

- **Vision Changes**

If you do notice a change in your vision, such as increased blurriness or double vision, please call your doctor immediately.

- **Seizure Risk**

This medication may increase the risk of experiencing a seizure in those who have a history of seizures. If experienced, please call your doctor.

- **Skin Sensitivity**

If you notice any skin changes such as rash, change in skin color, or breakdown of the skin, please call your doctor. This medication may also irritate the skin. If this is bothersome, please call your doctor.

Warning: [Black Box Warning]: Abuse and Dependence

CNS stimulants, including methylphenidate-containing products and amphetamines, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing, and monitor for signs of abuse and dependence while on therapy. Chronic abusive use can lead to a marked tolerance and psychological dependence with varying degree of abnormal behavior.

Should be given cautiously to patients with a history of drug dependence or alcoholism. Careful supervision required during drug withdrawal from abusive use since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder that may require follow-up.

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