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

Dosage and / or Side Effect information last revised on 07/13/2020

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
Mood – Stabilizing Agent	Eskalith; Eskalith-CR; Lithobid (lithium)	Adults and children older than 12 years of age: 900 mg – 1800 mg Children up to 12 years of age: Dose is based on weight, must be determined by the doctor	

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.

See Page 2

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: increased frequency of urination or loss of bladder control—more common in women than in men, usually beginning 2 to 7 years after start of treatment; increased thirst; nausea (mild); sleepiness; diarrhea; trembling of hands (slight); hypothyroidism—more common in women than in men, and may appear years after the start of treatment. Individuals with hypothyroidism may experience fatigue, constipation, dry skin, muscle weakness, increased sensitivity to the cold, hair loss, weight gain, menstrual changes, or have the presence of a goiter.

Less Common Side Effects: confusion, poor memory or lack of awareness; fainting; fast or slow heartbeat; irregular pulse; stiffness of arms or legs; troubled breathing (especially during hard work or exercise); slurred speech; unusual tiredness or weakness; weight gain; skin rash; bloated feeling or pressure in the stomach; muscle twitching (slight); hair loss; worsening of psoriasis; swelling of the lips, tongue, or face; vomiting; dry mouth; swelling of the salivary glands; itchiness.

Rare Side Effects: Although rare, check with your doctor as soon as possible if any of the following side effects occur: blue color and pain in fingers and toes; coldness of arms and legs; severe dizziness; eye pain; headache; ringing in the ears; changes in vision; heart failure; seizures; reduced intellectual ability; hyperactive behavior; slowed movement; metallic taste; joint swelling.

Caution:

- **Aspirin and NSAIDs**
  Try to minimize over-the-counter aspirin as well as NSAID medications such as naproxen and ibuprofen for acute fever/ pain relief as it could lead to toxic levels of lithium. Instead, it is recommended to use Tylenol (acetaminophen) for acute fever/ pain relief. If you are currently taking an NSAID medication, speak with your doctor and they can help safely manage your medication regimen.
- **Overdose/ Toxicity**
  Early symptoms of overdose or toxicity: Diarrhea; drowsiness; lack of coordination; loss of appetite; muscle weakness; nausea or vomiting; slurred speech; trembling.
  Late symptoms of overdose or toxicity: Blurred vision; clumsiness or unsteadiness; confusion; convulsions (seizures); dizziness; increase in amount of urine; ringing in the ears; trembling (severe).
- **Dehydration**
  Caution – lithium levels will rise as an individual becomes dehydrated; some side effects can worsen. Be sure to stay properly hydrated while taking this medication.
- **Hypothyroidism**
  Signs of low thyroid function: Dry, rough skin; hair loss; hoarseness; mental depression; sensitivity to cold; swelling of feet or lower legs; swelling of neck; unusual excitement.
- **Driving and operating heavy machinery**
  This medication may make you drowsy or dizzy, which can impair your ability to drive, operate heavy machinery, or do any other activity that could be dangerous if not fully alert. Hold off on these activities until you know how this medication affects you.
- **Serotonin Syndrome**
  Lithium can precipitate a potentially life-threatening serotonin syndrome, particularly when used in combination with other serotonergic agents (eg, selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, triptans, tricyclic antidepressants, fentanyl, tramadol, buspirone, St. John's wort, tryptophan) or agents that impair metabolism of serotonin (eg, monoamine oxidase inhibitors). Monitor patients closely for signs of serotonin syndrome, such as mental status changes (eg, agitation, hallucinations, delirium, coma), autonomic instability (e.g. tachycardia, labile BP, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular changes (eg, tremor, rigidity, myoclonus, hyperreflexia, incoordination), GI symptoms (eg, nausea, vomiting, diarrhea), and/or seizures. Discontinue treatment (and any concomitant serotonergic agent) immediately if signs/symptoms arise and initiate supportive therapy.
- **Pregnancy**
  Lithium has been known to cross the placenta during pregnancy, which may cause physical changes or malformations in an infant. This risk is elevated during the first trimester of pregnancy, and taking lithium while pregnant should be avoided if possible. However, if this medication is deemed necessary, your doctor will work to manage the dose to reduce the risk during pregnancy. If you are pregnant, or are planning to become pregnant, please let your doctor know so they can come up with a plan that works for you.

Warning: [Black Box Warning]: Monitoring: Toxicity is closely related to serum concentrations and may occur at doses close to therapeutic levels. Equipped facilities should be identified prior to initiation of therapy to provide prompt and accurate serum concentration data.

Monitoring recommendations related to black box data:

- Dosage must be individualized according to serum levels and clinical response. Regular monitoring of the patient's clinical state and serum lithium levels is necessary.
- Acute Mania: Desirable serum lithium levels are 1 to 1.5 mEq/L. Determine serum levels twice per week during acute phase, and until the serum levels and clinical condition have stabilized.
- Long term control: Desirable serum lithium levels are 0.6 to 1.2 mEq/L. In uncomplicated cases receiving maintenance therapy, determine serum levels at least every two months.
- Blood samples for serum lithium determinations should be drawn immediately prior to the next dose when concentrations are relatively stable. Total reliance must not be based on serum levels alone. Patient evaluation is required.

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

Client Initial _____ Date _____

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 _____