

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
Antidepressant (SNRI)	Pristiq® (desvenlafaxine)	25 mg - 100 mg by mouth daily	

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.

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** diaphoresis, constipation, decrease in appetite, nausea, vomiting, serum cholesterol above reference range, xerostomia, dizziness, insomnia, somnolence, tremor, erectile dysfunction, fatigue

**Less Common Side Effects** hypertension, orthostatic hypotension, sustained diastolic hypertension, syncope, tachycardia, flushing, rash, alopecia, hyperprolactinemia, low density lipoprotein cholesterol above reference range, serum triglycerides above reference range, weight increased, taste sense altered, asthenia, disturbance of attention, seizure, vertigo, blurred vision, mydriasis, tinnitus, anxiety, bruxism, depersonalization, dream disorder, delay when starting to pass urine, proteinuria, urinary retention, absence of ejaculation, disorder of ejaculation, late ejaculation, orgasm disorder, orgasm incapacity, reduced libido, sexual dysfunction, yawning, angioedema, shivering.

**Rare Side Effects** mania

### Caution

#### Precautions:

Cardiovascular: Blood pressure increases have been reported, some cases requiring immediate treatment; monitoring recommended, especially patients with preexisting hypertension, cardiovascular, or cerebrovascular conditions affected by blood pressure increases; consider dose reduction or discontinuation for sustained elevations. Higher incidence of systolic orthostatic hypotension reported in elderly patients (65 years or older).

Concomitant use: Avoid concomitant use with other desvenlafaxine-containing products or venlafaxine. Avoid alcohol.)

Endocrine and metabolic: Hyponatremia (usually as a result of SIADH) has occurred, especially in volume-depleted and elderly patients or with concurrent diuretic therapy; discontinue if symptoms develop.

Hematologic: Bleeding events (including life-threatening hemorrhages) have been reported with SSRIs and serotonin norepinephrine reuptake inhibitors; concomitant use of NSAIDs, aspirin, warfarin and other anticoagulants may increase this risk.

Hepatic: Dosage adjustment required in patients with moderate to severe hepatic impairment.

Neurologic: Seizures may occur; use with caution in patients with a history of seizures.

Ophthalmic: Worsening of angle-closure glaucoma may occur in patients with anatomically narrow angles without an iridectomy. Avoid use in patients with untreated anatomically narrow angles.

Psychiatric: Antidepressant therapy may trigger a mixed/manic episode in patients with underlying bipolar disorder; baseline screening recommended. Mania and activation of mania/hypomania have been reported; use caution in patients with a personal or family history of mania or hypomania.

Reproductive: Symptoms of sexual dysfunction including ejaculatory delay or failure, decreased libido, and erectile dysfunction, have been reported in male patients; inquiry about sexual function prior to initiation and during therapy recommended. Increased risk of postpartum hemorrhage, especially when serotonin norepinephrine reuptake inhibitors (SNRIs) are used in the month prior to delivery. Symptoms of sexual dysfunction including decreased libido and delayed or absent orgasm, have been reported in female patients; inquiry about sexual function prior to initiation and during therapy recommended.

Renal: Dosage adjustment recommended in patients with severe renal impairment or ESRD.

Respiratory: Rare cases of interstitial lung disease and eosinophilic pneumonia have been reported with venlafaxine therapy; discontinuation may be required.

Serotonin syndrome: Life-threatening serotonin syndrome has been reported, often during concurrent use with other serotonergic drugs (ie, triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, amphetamines, meperidine, methadone, tryptophan, St John's wort) or drugs that impair metabolism of serotonin (ie, MAOIs), but may occur when used alone; monitoring recommended and discontinue if suspected. Supportive therapy may be required.

Special populations (Beers Criteria): Avoid use in elderly patients with a history of falls or fractures (unless safer alternatives are not available) as ataxia and impaired psychomotor performance may occur. Avoid concomitant use of 3 or more CNS-active agents in any combination due to increased risk of falls. Use with caution in elderly patients as this may cause or exacerbate SIADH or hyponatremia, and monitor sodium levels when starting or changing doses.

Withdrawal: Serious withdrawal symptoms upon abrupt discontinuation have been reported; gradual dose reduction rather than abrupt cessation is recommended whenever possible.

**Warning****Black Box Warning:****Suicidal Thoughts and Behaviors**

Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term studies. These studies did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in patients over age 24; there was a reduction in risk with antidepressant use in patients aged 65 and older.

In patients of all ages who are started on antidepressant therapy, monitor closely for worsening, and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber.

Desvenlafaxine is not approved for use in pediatric patients.

**Syndrome Note**

Stevens-Johnson syndrome has been reported during postmarketing use.

Serotonin syndrome including life-threatening cases, has been reported with the use of desvenlafaxine. Signs and symptoms of serotonin syndrome include mental status changes (eg, agitation, hallucination, coma), autonomic instability (eg, tachycardia, labile blood pressure, hyperthermia, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular aberrations (eg, hyperreflexia, incoordination, tremor, rigidity, myoclonus), seizures, and gastrointestinal symptoms (eg, nausea, vomiting, diarrhea). The risk is increased with concomitant use of SSRIs, serotonin norepinephrine reuptake inhibitors (SNRIs), triptans, antipsychotics, tricyclic antidepressants, fentanyl, lithium, tramadol, meperidine, methadone, tryptophan, buspirone, St John's wort, and MAOIs. Immediately discontinue treatment and initiate supportive symptomatic treatment if serotonin syndrome is suspected.

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