INFORMED CONSENT FOR MEDICATION

Dosage and / or Side Effect information last revised on 02/24/2017

Completion of this form is voluntary. If not completed, 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
Antipsychotic Agent/Mood	Risperdal; Risperdal Consta (risperidone)	Adults: 2mg—16mg Older adults: 0.5—3mg Children under the age of 18 as determined by MD: 1-16mg Consta: 12.5mg—50mg IM every 2 weeks	

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 "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.

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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

Check with your doctor immediately if any of the following side effects occur: Difficulty in speaking or swallowing; inability to move eyes; muscle spasms of face, neck, and back; twisting movements of body; EPS side effects.

Check with your doctor as soon as possible if any of the following side effects occur: Anxiety or nervousness; changes in vision, including blurred vision; decreased sexual desire or performance; loss of balance control; mask-like face; menstrual changes; mood or mental changes, including aggressive behavior, agitation, difficulty in concentration, and memory problems; problems in urination or increase in amount of urine; restlessness or need to keep moving (severe); shuffling walk; skin rash or itching; stiffness or weakness of arms or legs; tic-like or twitching movements; trembling and shaking of fingers and hands; trouble in sleeping.

Other side more common effects may include: Constipation; coughing; diarrhea; drowsiness; dryness of mouth; headache; heartburn; increased dream activity; increased length of sleep; nausea; sleepiness or unusual drowsiness; sore throat; stuffy or runny nose; unusual tiredness or weakness; weight gain.

Less Common Side Effects

Check with your doctor immediately if any of the following side effects occur: speech or vision problems; sudden weakness or numbness in the face, arms or legs.

Check with your doctor as soon as possible if any of the following side effects occur: Back pain; chest pain; unusual secretion of milk/elevated prolactin levels.

Other less common side effects may include: back pain; body aches or pain; chills; dandruff; darkening of skin color; dry skin; ear congestion; fever; increase in body movements; increased sensitivity of the skin to sun; increased watering of mouth; joint pain; loss of voice; nasal congestion; oily skin; pain or tenderness around eyes and cheekbones; shortness of breath or troubled breathing; sneezing; stomach pain; toothache; tightness of chest or wheezing; vomiting; weight loss.

Rare Side Effects

Although rare, stop taking risperidone and get emergency help immediately if any of the following side effects occur: convulsions (seizures); difficult or fast breathing; fast heartbeat or irregular pulse; fever (high); high or low blood pressure; increased sweating; loss of bladder control; muscle stiffness (severe); unusually pale skin; unusual tiredness or weakness (severe).

Check with your doctor immediately if any of the following side effects occur: high body temperature (dizziness; fast, shallow breathing; fast, weak heartbeat; headache; muscle cramps; pale, clammy skin; increased thirst); lip smacking or puckering; low body temperature (confusion, drowsiness, poor coordination, shivering); prolonged, painful, inappropriate erection of the penis; puffing of cheeks; rapid or worm-like movements of tongue; uncontrolled chewing movements; uncontrolled movements of arms and legs.

Check with your doctor as soon as possible if any of the following side effects occur: extreme thirst; increased blinking or spasms of eyelid; loss of appetite; talking, feeling, and acting with excitement and activity that cannot be controlled; uncontrolled twisting movements of neck, trunk, arms, or legs; unusual bleeding or bruising; unusual facial expressions or body positions.

Other rare side effects may include: back pain; body aches or pain; chills; dandruff; darkening of skin color; dry skin; ear congestion; fever; increase in body movements; increased sensitivity of the skin to sun; increased watering of mouth; joint pain; loss of voice; nasal congestion; oily skin; pain or tenderness around eyes and cheekbones; shortness of breath or troubled breathing; sneezing; stomach pain; toothache; tightness of chest or wheezing; vomiting; weight loss; priapism.

Caution

Before having any kind of surgery, dental treatment, or emergency treatment, tell the medical doctor or dentist in charge that you are using this medicine.
Risperidone may cause your skin to be more sensitive to sunlight than it is normally.

Client Initial _____ Date _____

Medication : Risperdal;
Risperdal Consta - (risperidone)

Warning

Increased Mortality in Elderly Patients with Dementia Related Psychosis: Elderly patients with dementia related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of 17 placebo controlled trials (modal duration of 10 weeks, largely in patients taking atypical antipyschotic drugs, revealed a risk of death in the drug treated patients of between 1.6 to 1.7 times that seen in placebo treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug treated patients was about 4.5% compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear.

This drug is not approved for the treatment of patients with dementia-related psychosis.

See PDR 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 ☐ 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 _____