

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	Vyvanse (Lisdexamfetamine)	30mg to 70mg	

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

Most common side effects include: loss of appetite, upper abdominal pain, vomiting, dry mouth, trouble sleeping, and irritability.

Less Common Side Effects

Dizziness, anxiety, and diarrhea. Check with your doctor as soon as possible if any of the following common side effects occur: chest pain with movement, unexplained fainting, or arrhythmias. Monitor blood pressure and heart rate during treatment.

Rare Side Effects

Rare side effects to report immediately to your doctor include chest pain; skin rash, hives, or anaphylaxis; uncontrolled movements of head, neck, arms, and legs; chest pain or heart changes. Rare side effects include myocardial infarction, peripheral vascular disease (such as Raynaud's disease), sudden cardiac death, tachycardia, ventricular hypertrophy, cerebrovascular accident, and seizure.

Caution

- **Psychiatric**

In patient with psychosis, treatment may worsen psychotic symptoms or manic symptoms (hallucinations, delusional thinking, or mania). These symptoms may occur with no prior history of these disorders; stopping the medication may be necessary. For patients with bipolar, treatment may induce a mixed/manic episode.

- **Serotonin Syndrome**

Potentially life-threatening serotonin syndrome (SS) may occur when used in combination with other serotonergic agents (eg, MAOIs (including IV methylene blue and linezolid), SSRIs, serotonin norepinephrine reuptake inhibitors, triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, St John's wort), or CYP2D6 inhibitors that may increase amphetamine exposure; consider alternative therapy or adjust dosage if concomitant use is necessary. Monitoring recommended; immediately discontinue both agents if symptoms occur

- **Altered Appetite in Children**

Appetite suppression may occur; particularly in children. Use of stimulants has been associated with weight loss and slowing growth rate; monitor growth rate and weight during treatment. Treatment interruption may be necessary in patients who are not increasing in height or gaining weight as expected.

- **Renal**

The dose of medication needs to be reduced for patients with severe kidney disease or renal impairment.

- **Cardiovascular**

Avoid using in patient with structural cardiac abnormalities or other serious cardiac conditions (such as cardiomyopathy, serious heart arrhythmia, and coronary artery disease).

Serious Adverse Event

- **Hypersensitivity and allergies**

Avoid using Vyvanse if there is a known hypersensitivity to amphetamine products due to post marketing reports of anaphylactic reactions, Stevens-Johnson syndrome, angioedema, and allergic reactions.

- **Use with MAOI (monoamine oxidase inhibitor) medications**

Taking this medication with or within 14 days of MAOIs including linezolid (antibiotic) or IV methylene blue, may result in hypertensive crisis.

Warning: Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events.

CNS stimulants may increase heart rate and blood pressure; use with caution in patients with hypertension, heart failure, recent MI, ventricular arrhythmia, structural cardiac abnormalities, and other cardiovascular conditions that might be exacerbated by increases in blood pressure or heart rate.

Black Box Warning: High Abuse/Diversion 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.

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