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

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	Wellbutrin® (multiple release forms), Zyban®, Forvivo XL® (bupropion)	150 mg – 450 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
☐ 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.

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 abdominal pain, constipation, nausea, xerostomia, dizziness, headache, insomnia, blurred vision, agitation, pharyngitis, tachycardia, weight loss

Less Common Side Effects cardiac dysrhythmia, hypertension, hypotension, intermittent palpitations, tachyarrhythmia, pruritus, rash, sweating, urticaria, weight gain, decrease in appetite, diarrhea, disorder of taste, flatulence, increased appetite, loss of appetite, myalgia, pain in limb, arthralgia, akathisia, asthenia, confusion, disturbed sensory perception, migraine, tremor, amblyopia, tinnitus, anxiety, dream disorder, feeling nervous, hostile behavior, increased frequency of urination, dysmenorrhea, reduced libido, cough, fever

Rare Side Effects Stevens-Johnson syndrome, seizures

Caution

Precautions:

Cardiovascular: New onset or worsening hypertension, with severe cases requiring acute treatment, has been reported with or without concomitant nicotine replacement therapy, especially with concomitant use of other drugs that increase dopaminergic or noradrenergic activity; monitoring recommended.

Hepatic: Use of Forfivo(TM) XL is not recommended in patients with hepatic impairment.

Immunologic: Allergic reactions including: anaphylaxis, anaphylactoid reactions, angioedema, erythema multiforme, and Stevens-Johnson syndrome have been reported. Delayed hypersensitivity reactions with similarities to serum sickness (ie, arthralgia, myalgia, fever with rash) have been reported.

Neurologic: Seizures may occur, especially with doses higher than 450 mg/day, rapid dose escalation, metabolic disorders, history of head trauma, arteriovenous malformation, severe stroke, prior seizures, CNS tumor, severe hepatic impairment, concomitant use of agents that lower the seizure threshold (eg, excessive alcohol, sedatives, antipsychotics, antidepressants, theophylline, and systemic steroids), and opiate, cocaine, or stimulant abuse; permanently discontinue if condition occurs.

Ophthalmic: Pupillary dilation may occur and cause angle closure attack, especially in patients with anatomically narrow angles who do not have patent iridectomy.

Psychiatric: When used for smoking cessation therapy, neuropsychiatric symptoms, including depression, agitation, aggression, mania, psychosis, hallucinations, paranoia, and homicidal and suicidal ideation, have been reported; monitoring required and immediate discontinuation may be necessary. Clinical worsening of psychiatric disease, depression, emergence of suicidal ideation and behavior, and unusual changes in behavior has been reported; monitoring recommended, especially during initiation and dosage changes; evaluate benefit and risk of continued treatment; discontinue use if agitation, depressed mood, or changes in behavior or thinking occurs. Manic episodes (mania, mixed, or hypomania) may occur, especially in patients with current or risk factors for bipolar disorder (unapproved use), such as family history of bipolar disorder, suicide, or depression. Psychosis or other neuropsychiatric reactions (eg, delusions, hallucinations, disturbed concentration, paranoia, confusion) may occur, especially in patients with bipolar disorder (unapproved use); discontinue if condition develops.

Renal: Use of Forfivo(TM) XL is not recommended in patients with renal impairment.

Special populations: Elderly patients at increased risk for adverse reactions.

Client Initial _____ Date _____

Warning
Black Box Warning
Oral (Tablet; Tablet, Extended Release)
Suicidality and Antidepressant Drugs (Wellbutrin(R), Wellbutrin(R) SR, Wellbutrin XL(R), Forfivo XL(R))
Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects over age 24; there was a reduction in risk with antidepressant use in subjects 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. Families and caregivers are advise to observe closely and communicate with the prescriber. BuPROPion hydrochloride extended-release tablet is not approved for use in pediatric patients.
Suicidality and Antidepressant Drugs (Zyban(R))
Although Zyban(R) is not indicated for treatment of depression, it contains the same active ingredient as the antidepressant medications Wellbutrin(R), Wellbutrin(R) SR, and Wellbutrin XL(R). Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects over age 24; there was a reduction in risk with antidepressant use in subjects 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. Families and caregivers are advise to observe closely and communicate with the prescriber.

Syndrome Note
Brugada syndrome: Brugada pattern or syndrome has been reported during postmarketing surveillance.
Stevens-Johnson syndrome: Rare reports have occurred with postmarketing use.
Extrapyramidal syndrome has occurred with buPROPion sustained release therapy

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 ☐ 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 _____