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| 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) |

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| 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 |
| Antianxiety agent  (benzodiazepine) | Xanax ®  (alprazolam) | | | | | 0.25 mg - 4 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: | | | | | | | | | |
| 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”). | | | | | | | | | |
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| **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**: | | | | | | | | | |
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| 3. Probable consequences of NOT receiving the proposed medication are | | | | | | | | | |
| Impairment of  Work Activities | | Family Relationships | | | | | Social Functioning | | |
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| 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. | | | | | | | | | |

| F-24277 | Medication: Xanax ® – (alprazolam) |
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| 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 decrease in appetite, increased appetite, lightheadedness, weight increase, weight decrease, constipation, reduced salivation, xerostomia, cognitive disorder, confusion, dysarthria, memory impairment, incoordination, sedation, somnolence, irritability, reduced libido, fatigue, rash, incoordination, depression, difficulty passing urine, disorder of menstruation | |
| **Less Common Side Effects** chest pain, hypotension, excessive salivation, nausea, arthralgia, ataxia, headache, insomnia, paresthesia, blurred vision | |
| **Rare Side Effects** tremors, aggressive behavior | |
| **Caution**  Access: Patients receiving concomitant therapy with benzodiazepines or CNS depressants should not be denied access to medication-assisted treatment drugs (eg, methadone and buprenorphine); if concomitant use is necessary, careful management and monitoring recommended.  Concomitant use: Concomitant use with potent CYP3A inhibitors not recommended.  Debilitated: Patients may be at increased risk of ataxia or oversedation; dose adjustment recommended.  Hepatic: Advanced hepatic disease may increase systemic exposure. Alcoholic liver disease or obesity may increase systemic exposure.  Neurologic: CNS depression may result in sedation, especially with concomitant use of alcohol or other CNS depressants; use caution when driving or operating heavy machinery. Risk of seizure recurrence upon rapid discontinuation; slow taper recommended for patients with history of seizures.  Psychiatric: Benzodiazepines may worsen depression, and suicides has been reported; increased monitoring recommended in patients with depression. Hypomania and mania have been reported in patients with depression. Increased risk of physical and psychological dependence at doses greater than 4 mg/day or with prolonged use.  Reproductive: Use during the later stages of pregnancy can result in neonatal sedation (eg, respiratory depression, lethargy, hypotonia) and neonatal withdrawal syndrome (eg, hyperreflexia, irritability, restlessness, tremors, inconsolable crying, and feeding difficulties); monitoring required and medical management may be necessary  Respiratory: Deaths have been reported in patients with severe pulmonary disease shortly following initiation; monitoring recommended in this population. Discontinue treatment if signs and symptoms of respiratory depression, hypoventilation, or apnea occur.  Special populations (Beers Criteria): Avoid use in elderly due to greater benzodiazepine sensitivity, especially in patients with a history of falls or fractures (unless safer alternatives are not available), cognitive impairment or dementia, or with delirium or at high risk for delirium. May increase risk of syncope, falls fractures, ataxia, cognitive or psychomotor impairment, motor vehicle accidents, delirium, or other adverse CNS effects (may be appropriate for seizure disorders, rapid eye movement sleep disorders, benzodiazepine or ethanol withdrawal, severe generalized anxiety disorder, periprocedural anesthesia, and end-of-life care).  Special populations (Beers Criteria - Concomitant Use): Avoid concomitant use of 3 or more CNS-active agents in any combination due to increased risk of falls and fractures. Avoid concomitant use of any opioid due to increased risk of overdose.  Withdrawal of therapy: Withdrawal symptoms, including life-threatening seizures, may occur with missed doses, abrupt dose reduction, or discontinuation; gradual dose reduction recommended.  Withdrawal: Protracted withdrawal syndrome with symptoms lasting weeks to more than 12 months has developed after benzodiazepine use. | |
| **Warning**  Black Box Warning: Oral (Tablet; Tablet, Extended Release)  Risks from Concomitant Use with Opioids; Abuse, Misuse, and Addiction and Dependence and Withdrawal Reactions.  Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.  The use of benzodiazepines, including alprazolam, exposes users to risks of abuse, misuse, and addiction, which can lead to overdose or death. Abuse and misuse of benzodiazepines commonly involve concomitant use of other medications, alcohol, and/or illicit substances, which is associated with an increased frequency of serious adverse outcomes. Before prescribing alprazolam and throughout treatment, assess each patient's risk for abussure, misuse, and addiction.  The continued use of benzodiazepines, including alprazolam, may lead to clinically significant physical dependence. The risks of dependence and withdrawal increase with longer treatment duration and higher daily dose. Abrupt discontinuation or rapid dosage reduction of alprazolam after continued use may precipitate acute withdrawal reactions, which can be life-threatening. To reduce the risk of withdrawal reactions, use a gradual taper to discontinue alprazolam or reduce the dosage | |
| **Syndrome Note** Stevens-Johnson syndrome: Stevens-Johnson syndrome has been reported with alprazolam therapy during postmarketing surveillance. | |
| 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. | |

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| **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 | |