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 / Bipolar Agent	Zyprexa; Zyprexa Zydis; Zyprexa for Injection, Zyprexa Relprevv (olanzapine)	Oral: 2.5-50 mg with most doses in the 2.5-20 mg range IM: 10mg up to 3x/24 hours (2-4 hours apart) Long Acting Injectable: 150-300mg IM every 2 weeks, 300-405mg IM every 4 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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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

Change in walking and balance; clumsiness; constipation; difficulty in speaking; dizziness; dizziness or fainting when getting up suddenly from a lying or sitting position (orthostatic hypotension); drowsiness; dryness of mouth; headache; runny nose; sleepiness or unusual drowsiness; unsteadiness; vision problems; weakness; weight gain/increased appetite; elevated cholesterol, elevated glucose, elevated prolactin levels; personality disorder; injection site reaction.

Check with your doctor as soon as possible if any of the following side effects occur: Agitation; behavior problems; difficulty in speaking or swallowing; restlessness or need to keep moving; stiffness of arms or legs; trembling or shaking of hands and fingers; peripheral edema.

Less Common Side Effects

Check with your doctor as soon as possible if any of the following less common side effects occur: Blurred vision; chest pain; fever; flu-like symptoms; headache; inability to move eyes; itching of the vagina or genital area; lip smacking or puckering; mood or mental changes, such as anger, anxiety, giddiness, loss of memory, or nervousness; muscle spasms of face, neck, and back; muscle twitching or jerking; nervousness; pain during sexual intercourse; pounding in the ears; puffing of cheeks; rapid or worm-like movements of tongue; rhythmic movement of muscles; slow or fast heartbeat; swelling of feet or ankles; thick, white vaginal discharge with no odor or with a mild odor; twitching movements; twitching, twisting, uncontrolled repetitive movements of tongue, lips, face, arms, or legs; uncontrolled chewing movements; uncontrolled jerking or twisting movements of hands, arms and legs; uncontrolled movements of lips, tongue, or cheeks; unusual or incomplete body or facial movements.

Rare Side Effects

Rare side effects include: Abdominal pain; awareness of heartbeat; blemishes on the skin; burning, crawling, itching, numbness, prickling, “pins and needles,” or tingling feelings; changes in vision; cramps; decrease in sexual desire; double vision; fast heartbeat; heavy bleeding;; increased cough; increased sensitivity of skin to sunlight; joint pain; lack of feeling or emotion; low blood pressure; nausea; pain in arms or legs; pimples; sore throat; stuttering; sweating; thirst; tightness of muscles; trouble in controlling urine; trouble in sleeping; uncaring; vomiting; watering of mouth; weight loss.

Check with your doctor as soon as possible if any of the following rare side effects occur: Changes in menstrual period; confusion; extra heartbeat; mental or physical sluggishness; skin rash; swelling of face; trouble in breathing;leukopenia, venous thromboembolism/pulmonary embolism; QT prolongation of the heart; seizure; suicidal intent.

This drug has the potential to impair judgment, thinking, or motor skills. Be cautious about operating hazardous machinery, including automobiles until reasonably certain olanzapine therapy does not affect you. Olanzapine reduces body’s ability to reduce core body temperature. Avoid alcohol, overheating and dehydration and receiving any other medication with anticholinergic activity. Notify physician if you become pregnant or intend to become pregnant. Be advised not to breast feed an infant.

Warning

Neuroleptic malignant syndrome: Symptoms include hyperthermia, muscle rigidity, mental status changes, and autonomic instability. Increased risk with current or recent use of antipsychotic medications. Onset ranges from 2 to 4 days to 1 year after treatment initiation. Potentially fatal neuroleptic malignant syndrome (NMS) has been reported.

Black Box Warnings:

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 antipsychotic 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.

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics including olanzapine.

Zyprexa Relprevv: Post Injection Delirium Sedation Syndrome. Patients are at risk for severe sedation (including coma) or delirium after each injection and must be observed for at least 3 hours in a registered facility with ready access to emergency response services. Because of this risk, olanzapine pamoate is available only through a restricted distribution program called olanzapine pamoate Patient Care Program and requires prescriber, healthcare facility, patient, and pharmacy enrollment. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Olanzapine pamoate is not approved for the treatment of patients with dementia-related psychosis

See PDR for an all-inclusive list of side effects.

Medication: Zyprexa; Zyprexa Zydis; Zyprexa for Injection, Zyprexa Relprevv – (olanzapine)

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 _____