

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: November 16, 2016

BHRS POLICY: 16-12

SUBJECT: Psychiatric Medication Consent for Adults and Youth

AUTHORITY: *CCR, title 9, chapter 11, section 1810.204, CCR, title 9, chapter 11, section 1840.112(b)(1-4), CCR, title 9, chapter 11, section 1840.314(d)(e) CCR, title 9, chapter 4, section 851- Lanterman-Petris Act MHP Contract, Exhibit A, Attachment I*

ATTACHMENT: Attachment A: Psychiatric Medication Consent Form English; Spanish
Added 6/21/17.

PURPOSE:

To ensure that informed consents are obtained prior to the administration of psychiatric medications and to be in compliance with regulatory consent requirements.

Psychotropic medications or drugs are administered for the purpose of treating psychiatric disorders or illnesses. These medications include, but not limited to: antipsychotics, anti-depressants, anti-Parkinson agents, anxiolytics/hypnotics, mood stabilizers, lithium, psycho-stimulants, and others in their unique categories, such as alpha agonists, beta blockers, acetylcholinesterase inhibitors, etc.

POLICY:

All adult clients, minors and their supervising parent(s)/legal guardian(s) will be informed of the benefits and risks of recommended psychotropic medication(s), the alternative treatment options, and their right to accept or refuse such medication(s). Such process is to be documented with the medication consent form signed and dated by adult clients/parents/legal guardians and the prescribing staff.

The prescriber has the responsibility for filling out the medication consent form once the client or the parent/legal guardian has received information in their preferred language about medications. Each consent form will be filed in the client's medical record and the filing date will be recorded.

PROCEDURE:

Informed consent from an adult client or a parent/legal guardian of a minor or intellectually disabled adult will be obtained prior to the administration of psychiatric medication prescribed by a licensed prescriber. The client or the client's legal representative, on behalf of the client, shall be informed of the right to accept or refuse such medications and will only give consent to the medication(s) after the following issues are addressed by the prescriber.

1. The adult client or the parent/legal guardian will be provided with sufficient information by the prescriber including the following:
 - a. The nature of the symptoms or condition for which the medication has been recommended.
 - b. Reasons for taking the medication, including the likelihood of improving or not improving without the medication.
 - c. Reasonable alternatives, if any.
 - d. Type, daily dosage range (minimum and maximum dose), frequency range (including PRN orders), route (e.g. oral or injection), and expected duration of the treatment.
 - e. Probable side effects commonly known to occur or any particular side effects for the client of interest, including those that might occur if taking the medication for more than 3 months.
 - f. Possible additional side effects which may occur in minors/youth.
 - g. Possible side effects to a fetus or new born with women who are pregnant, could become pregnant, or are breast-feeding.
2. The prescriber will ensure that an informed consent for medication is signed indicating that the previous sections have been discussed with the adult client or the parent/legal guardian.
 - a. If the adult client or the parent/legal guardian concurs with the medication but is unable or unwilling to sign, the prescriber will document the reason on the form and in the chart.
 - b. If the client refuses to sign the informed consent and refuses the medication. The prescriber will not prescribe the medication and will continue to work with the client until they are ready to sign the consent.
 - c. The adult client and the parent/legal guardian may withdraw consent for psychotropic medication at any time by stating their intention to a prescribing staff or a nurse. The withdrawal of consent will be noted in the medical record immediately and the client's attending prescriber will be informed.
3. The following steps will be adhered to when completing a medication consent form.
 - a. The form will be identified with the client's name and medical record number.

- b. The reason(s) for taking the medication(s) must be addressed and documented in the consent form at the designated section.
 - c. Short and long-term (>3months) side effects of each medication will be thoroughly discussed, and any side effects that are not already included in the form will be added.
 - d. The appropriate medication category will be selected, and the following information will be entered: name of the medication, daily dosage range (minimum and maximum dose), frequency range (including PRN orders), route (e.g. oral or injection), and expected duration of treatment.
 - e. Medication(s) that do not fall under the named categories will be listed under “Other Psychiatric Medication”, with probable short and long-term side effects entered.
 - f. The alternative treatment options must be addressed and documented in the consent form at the designated section.
 - g. The prescriber and the adult client or the parent/legal guardian will fully review the advisory and Acknowledgement and Agreement sections before signing the form.
 - h. The adult client or the parent/legal guardian will sign and date the form. The parent/legal guardian will print his/her name and specify the legal relationship with the client who receives the medication(s).
 - i. The prescriber will print name/title, sign, and date.
4. A new medication consent form and the informed consent procedure is required when initiating new medication(s), or when changes reach beyond previously consented daily dosage range, frequency range, route of administration, or duration of the treatment. For ongoing medications, medication consent needs to be updated with the currently approved Medication Consent Form.
 5. If the client is conserved, then the client and conservator will be informed of the proposed medication in the same manner as clients who are not conserved.

Approved: (Signature on File)
Bob Cabaj, MD
Medical Director, BHRS

Approved: (Signature on File)
Stephen Kaplan, LCSW
Director, BHRS