**Psychotropic Medication Informed Consent**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initiating Increasing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ordering Provider) has recommended that a psychotropic medication in your medication regimen. Psychotropic medications can be beneficial for treating specific conditions, however, there are potential risks associated with use. You have the right to make an informed decision regarding your care and treatment, including what medications are added or dosages increased in your medication regimen.

Psychotropic medications include any drug that affects brain activities associated with mental processes and behaviors and include but are not limited to antipsychotics, antidepressants, antianxiety, and hypnotics.

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| Potential Benefits of Psychotropic Drug Use:   * Decrease in symptoms such as depression, behaviors, anxiety, or insomnia. * Improvement in mood, participation in social activities, and sleep quality/quantity. * May increase weight. | Potential Risks Associated with Psychotropic Drug Use:   * Sedation/drowsiness * Changes in cognition * Increased risk of falls * Anticholinergic effects such as dry mouth, constipation, urinary retention. * Severe side effects such as strokes. |
| Alternative Treatment Options: | Antipsychotic Medication Black Box Warnings:  According to the U.S. Food & Drug Administration, elderly patients with dementia-related psychosis treated with an antipsychotic drug are at an increased risk of death. |

I acknowledge that nursing home staff discussed the above information with me and allowed time for questions. Based on the potential benefits and risks, I

Consent Do not consent

To the use of a psychotropic medication.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Reviewing Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_