



Section	Psychiatric Health Facility (PHF)	Effective:	1/4/2017
Sub-section	Medications	Version:	1.2
Policy	Informed Consent for Psychotropic Medications	Last Revised:	8/17/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Informed Consent for Psychiatric Medications (signed by A. Gleghorn 1/10/17)	Audit Date:	8/17/2020

1. PURPOSE/SCOPE

- 1.1. To establish standards and procedures for informed consent for administration of psychotropic medications at the Santa Barbara County Psychiatric Health Facility (PHF).

2. POLICY

- 2.1. Informed consent shall be acquired prior to the administration of psychotropic medication for all patients, both voluntary and involuntary, admitted to the Psychiatric Health Facility (PHF).
- 2.2. Informed consent shall be acquired for any psychotropic medication ordered by a PHF psychiatrist, physician's assistant or nurse practitioner (hereafter "the prescriber"), including medications prescribed prior to admission. ~~who are prescribed psychotropic medications must be advised of the implications of taking such medications by the PHF psychiatrist.~~
- 2.3. Informed consent requires that a full explanation of the proposed course of treatment be given to the patient in his/her preferred/primary language. The prescriber shall inform the patient of the following prior to administration of psychotropic medication:
1. The patient's condition or diagnosis(es);
 2. The reasons for taking the medication, including the likelihood of the patient improving or not improving without such medication;
 3. Symptoms that the medication is expected to reduce, and how effective the medication is expected to be;
 4. ~~Likelihood the patient will improve without medication;~~

5. Whether or not reasonable alternative treatments are available;
 6. Medication name, dosage, type, range of frequency and amount (including use of PRN or "as needed" orders), and route of administration (oral or injection), and expected duration of use;
 7. Common medication side effects, as well as rare potentially life-threatening side effects, as well as fetal risk in pregnant women;
 8. Possible additional side effects which may occur when taking such medication beyond three (3) months;
 9. Information about the association of certain medications with tardive dyskinesia (persistent involuntary movement of the face or mouth and possibly similar movement of the hands and feet), which is potentially irreversible and may appear even after medications have been discontinued.
 10. Any special instructions about taking the medications.
 11. The patient has the right to accept or refuse the medication, and that if he/she consents to the medication, has the right to withdraw consent at any time.
- 2.4. If the patient agrees with the administration of the medication, both the patient and the prescriber will sign the *Informed Consent for Mental Health Medications* form (see Attachment A). The completed form shall be placed in the patient's medical record and a copy given to the patient.
1. If the patient does not wish to sign the form but verbally consents to the administration of psychotropic medication, the prescriber shall document this on the form and in the patient's medical record. The prescriber should reattempt to obtain a signature during the patient's stay.
- 2.5. ~~Both the patient and psychiatrist must sign the PHF's psychotropic medication consent form (Consent Form).~~
- 2.6. ~~The Consent Form is to be completed by the psychiatrist. This form must be signed within 24 hours of the patient being admitted and receiving medications.~~
- 2.7. If the patient is admitted to the PHF when a prescriber is not on-site, the on-call psychiatrist will be contacted. ~~If the consent is completed after hours, the on-call psychiatrist must be contacted.~~ If any psychotropic medications are ordered, the on-call psychiatrist shall discuss the informed consent elements as set forth in Section 2.3 of this policy directly with the patient over the phone.
1. The *Informed Consent for Mental Health Medications* form (see Attachment A) must be signed by the on-call psychiatrist within 24 hours of psychotropic medications being ordered.
- 2.8. ~~All patients who are admitted under an involuntary hold and are given medications shall be informed of the following information by his/her psychiatrist:~~

- 2.9. If the patient refuses consent to any psychotropic medication, PHF nursing staff shall document this in the patient's medical record and the prescriber shall be notified.
1. Involuntary patients may be administered psychotropic medications without their informed consent if an emergency condition exists or a court order of incapacity has been issued (refer to Section 3 of this policy for further details).

3. REFUSAL TO CONSENT TO PSYCHOTROPIC MEDICATIONS

- 3.1. **Voluntary patients:** The refusal of a voluntary patient to consent to the administration of psychotropic medication does not, in itself, constitute sufficient grounds for initiating an involuntary commitment [9 CCR §855]. If a voluntary patient refuses to consent to psychotropic medications, the prescriber may consider:
1. Negotiating with the patient regarding the use of psychotropic medications;
 2. Using an alternative method of treatment, including but not limited to, not prescribing psychotropic medications and encouraging participation in other therapies; or
 3. Discharging the patient if no other form of treatment is suitable or available.
- 3.2. If none of the above is a viable alternative, and if the patient meets requirements for involuntary detention, then the patient may be involuntarily detained [WIC 5150].
- 3.3. **Involuntary patients:** Psychotropic medication ordered by a prescriber may be administered to an involuntary patient without informed consent and despite the patient's objection if:
1. The prescriber has determined that treatment alternatives to involuntary medication are unlikely to meet the needs of the patient; and
 2. Following a medication capacity hearing or Riese hearing, the patient is found to lack capacity to refuse psychotropic medications [WIC §5332(b)].

4. EMERGENCY MEDICATION

- 4.1. An emergency exists when there is a sudden marked change in the patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first obtain consent. It is not necessary for harm to take place or become unavoidable prior to treatment [9 CCR §853; WIC §5008(m)].
- 4.2. If an emergency exists, a one-time dose of psychotropic medication ordered by a prescriber may be administered to a voluntary or involuntary patient without informed consent and despite the patient's objection.
- 4.3. Any psychotropic medications administered while emergency conditions exist must be required to treat the emergency condition, and must be provided in a manner least restrictive to the personal liberty of the patient [9 CCR §853].

4.4. Once the emergency condition is stabilized, the patient's informed consent is again required [WIC §5332(b)].

5. **INFORMED CONSENT FOR CONSERVED PATIENTS**

5.1. For patients under a general or temporary conservatorship, the conservator's informed consent for psychotropic medications shall be obtained in place of the patient's under the process indicated in Section 2 of this policy. If a patient is conserved (temporarily or generally), the conservator shall be informed of the proposed psychotropic medication in the same manner as for patients who are not conservatees as indicated in Section 2 of this policy.

5.2. A signed *Informed Consent for Mental Health Medication* form (see Attachment A) psychotropic medication consent form must be obtained from the conservator prior to the administration of any psychotropic medication to the patient.

1. Informed consent is not required from a conservator if the patient is experiencing an emergency as defined in Section 4.1 of this policy. A signed psychotropic medication consent is not required for STAT/psychiatric emergency medications.

5.3. The guardian/conservatee of a temporarily conserved or conserved patient will be contacted for informed consent.

ASSISTANCE

Marianne Barrinuevo, RN, MSN, PHF Director of Nursing

Alesha Silva, RN, Interim PHF Nursing Supervisor

REFERENCE

Welfare and Institutions Code

Sections 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, and 5350

California Code of Regulations

Title 9, Sections 850-855

Title 22, Chapter 9, Section 77141(a)(17)

Department of Health Care Services – Santa Barbara County Mental Health Plan, Agreement # 12-89394 (2013-2018)

Exhibit A, Attachment 1, Section 11.B.4

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
12/27/16	1.1	<ul style="list-style-type: none"> • Added psychiatrist responsibility to complete consent form and have a discussion with the patient, including afterhours. • Added notification of psychiatrist for refusal of medications.
8/17/17	1.2	<ul style="list-style-type: none"> • In Section 3, addressed refusal of consent to psychoatropic medications for voluntary and involuntary patients. • In Section 4, addressed emergency medications for voluntary and involuntary patients. • In Section 5.2, updated informed consent requirements for patients on conservatorship, including stipulation that signed consent must be obtained from the conservator prior to administration of any psychotropic medication.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).



INFORMED CONSENT FOR MENTAL HEALTH MEDICATIONS

Your prescriber has prescribed the following medication(s), and should have either told you about the medication(s) or given you written information, or both. You are entitled to the following information before deciding whether or not to take the medication(s):

1. Your condition or diagnosis(es).
2. The reasons for taking the medication, including the likelihood of you improving or not improving without such medication.
3. Symptoms that the medication is expected to reduce, and how effective the medication is expected to be.
4. Whether or not reasonable alternative treatments are available.
5. Medication name, dosage, type, range of frequency and amount (including use of PRN or "as needed" orders), and route of administration (oral or injection), and expected duration of use.
6. Common medication side effects, as well as rare potentially life-threatening side effects, as well as fetal risk in pregnant women.
7. Possible additional side effects which may occur when taking such medication beyond three (3) months.
8. Information about the association of certain medications with tardive dyskinesia (persistent involuntary movement of the face or mouth and possibly similar movement of the hands and feet), which is potentially irreversible and may appear even after medications have been discontinued.
9. Any special instructions about taking the medications.

Purpose: This form documents that you and your prescriber have discussed your medication(s) to your satisfaction.

Date	Medication	Daily Dose Range	For Modification (Initials REQUIRED)
			Patient/legal guardian: Prescriber:

PATIENT NAME: _____

PATIENT NUMBER: _____



INFORMED CONSENT FOR MENTAL HEALTH MEDICATIONS

- **By signing this form, you indicate the medications have been explained to you to your satisfaction.**
- **Even after signing, you can still refuse any dose or withdraw your agreement completely at any time.**
- **You may request a copy of this consent form at any time.**

Please check one of the following:

I have received information about my medications from the prescriber, and I consent to this treatment. I understand I can ask questions about my medications at any time (INFORMED CONSENT). I agree not to change the medication(s) dosage without first consulting with the prescriber.

I have had the opportunity to discuss information about the medications with the prescriber, and I **refuse** to consent to the medications recommended. I understand that my doctor will continue to offer me the chance to take medication, and information about it, but that I may still continue to refuse the medication (INFORMED REFUSAL).

The patient verbally consents to the recommended medications, but refuses to sign because: _____

The patient *does not* verbally consent to the recommended medications, and refuses to sign because: _____

Conservator/ guardian/parent consulted with prescriber and consents to this medication treatment plan.

Continued attempts to obtain signature:

Initials _____ Date _____ Initials _____ Date _____

Prescriber Name (Print): _____

Patient/legal guardian Signature _____ **Date** _____

Prescriber Signature _____ **Date** _____

Witness* Signature _____ **Date** _____

** If patient is unwilling or unable to sign, or if consent obtained via phone.*

Prescriber addressed medication consent with patient/**legal guardian** **via phone**.

PATIENT NAME: _____

PATIENT NUMBER: _____