County of Sacramento **Department of Health Services** **Division of Behavioral Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**QM**
	Policy Number	**QM-10-32**
	Effective Date	**04-22-2016**
	Revision Date	**01-15-2021**

Title: **Medication Consent for Adults and Minors**	Functional Area: **Chart Review – Non-Hosptial Services**

Approved By: (Signature on file) Signed version available upon request

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BACKGROUND/CONTEXT:

Sacramento County Division of Behavioral Health Services (DBHS) ensures that the rights of all members are upheld in regards to consenting requirements for psychotropic medications.

Medication consent requirements are described and should be carried out in conformance with Welfare and Institutions Code sections 369.5, 739.5, 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, California Code of Regulations Title 9, Sections 850-857 2001; and California Rules of Court 1432.5.

DEFINITIONS:

Informed Consent: Permission granted by a behavioral health consumer with full knowledge of the risks and benefits of taking a medication, understanding of possible side effects, alternate treatments, and risk of no use. Consent is voluntary and can be withdrawn at any time.

Psychotropic Medication: medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia and psychostimulants, and medications used for side effects caused by psychotropic medications.

Anxiolytic Agents: Medications used to treat symptoms of acute anxiety.

Antidepressants: Drugs that treat depression and improve the symptoms

Mood Stabilizers: Medications used to even out the mood swings experienced by a person with bipolar disorder.

Antipsychotic Medications: A class of medications used to treat psychosis and other mental and emotional conditions.

Hypnotics: Medications that are prescribed for insomnia.

Psychostimulant: A medication used to improve concentration and impulse control in attention deficit hyperactivity disorder.

Nurse Practitioner (NP): A registered nurse who possesses additional preparation and skill in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary

health care, and who has been prepared in a program conforming to the Board of Registered Nursing (BRN) standards as specified in CCR 1484 (Standards of Education).

Physician Assistant (PA): A person who has completed a physician assistant program, approved by the Physician Assistant Committee, and is licensed by the Division of Licensing of the Medical Board of California. The Physician Assistant acts on behalf of and as an agent for the supervising physician and surgeon.

PURPOSE:

To improve the practice of obtaining and documenting informed consent from persons/parents/legal guardians for all prescribed psychotropic medications to facilitate positive clinical outcomes through increased understanding, compliance and empowerment of the behavioral health recipients. To ensure that informed medication consents are obtained prior to the administration of psychotropic medication with the exception of STAT/emergency medication and in compliance with State consent requirements

DETAILS:

I. Informed consent from the adult consumer/parent/legal guardian shall be acquired prior to the administration of medication prescribed by the psychiatrist, NP or PA. Such consumers shall be treated with psychotropic medications only after having been informed of his or her right to accept or refuse such medications and having consented to the administration of such medication. The "Medication Consent" (attached) shall be signed by the adult consumer or a parent or legal guardian for a minor consumer.

   a. Medication consent will provide sufficient information to allow the consumer/parent/legal guardian make an informed choice and shall include the following:
      i. The consumer's right to accept or refuse medication.
      ii. Reasons for taking the medication including target symptoms and/or condition being treated.
      iii. Likelihood of improving with or not improving without proposed medication.
      iv. The right to withdraw previously given consent at any time by informing any member of the treating staff.
      v. Explanation of reasonable alternative treatments available, if any.
      vi. Type, frequency and dosage (including the use of PRN medications), method (oral or injection) and expected duration of taking the medications, if known.
      vii. Common and serious side effects of these medications known to occur as well as possible side effects if taken longer than 3 months.
   b. The prescribing psychiatrist/NP/PA shall ensure that a Medication Consent Form is signed by the adult/parent/legal guardian indicating that the aforementioned information (Section Ia, i-vii) has been discussed with the adult/parent/legal guardian.
      i. If the adult/parent/legal guardian refuses to sign the Medication Consent or refuses to take the medication, the psychiatrist shall document the refusal in the consumer's medical record and in the progress note to indicate that the adult/parent/legal guardian does not agree to sign the form and /or the adult/minor refuses to take the medication. Additional attempts to secure the signatures should be documented in subsequent progress notes.
      ii. The adult/parent/legal guardian may withdraw their consent to psychotropic medication at any time by notifying the psychiatrist, NP or PA or clinical staff.

The withdrawal of consent shall be noted immediately in the medical chart and medical staff are to be notified of the withdrawal.

iii. The following classifications of medications require informed consent:
    1. Anxiolytic Agents
    2. Hypnotic Agents
    3. Antidepressants
    4. Antipsychotics
    5. Mood Stabilizers
    6. Psychostimulants
    7. All other medications used for psychiatric purposes

c. The following steps will be adhered to in completing the Medication Consent Form:
    i. The form will be properly labeled with the adult/minor's name and medical record number.
    ii. The category of each medication prescribed will be added and the generic name of each medication will be added under "Medication(s)".
    iii. Any medication that does not fall into one of the named categories will be listed on the line or as "other".
    iv. The target symptoms that the psychotropic medication will treat will be listed for each medication.
    v. The dosage range, frequency range, method (oral/injection), and estimated duration must be completed for each medication.
    vi. If the patient/parent/legal guardian refuses a specific medication then it should be indicated on the form and documented in the progress note.
    vii. The patient/parent/legal guardian's signature must be obtained on the form.

II. If the consumer is conserved, then the consumer and conservator shall be informed of the proposed medication in the same manner as for consumers who are not conservatees (Section I. A and B above) except, after providing all required information to the consumer the following must be completed:
    a. The prescribing MD/PA/NP shall place the unsigned Medication Consent Form in the consumer's medical record to be signed by the conservator or deputy of the conservator as verification that the aforementioned information (Section Ia, i-vii) was discussed with the consumer.

III. **This Section Applies to Minors Who are Wards of the Court Only**
If the minor is a dependent or ward of the Sacramento County Superior Court – Juvenile Division, then designated staff shall secure the Jucidical Council Form JV 220 for the prescribed medication.
    a. General Instructions
        i. Use of the form is mandatory for a child who is a dependent of the juvenile court and living in an out-of-home placement.
        ii. Use of the form is mandatory for a child who is a ward of the juvenile court and living in a foster care placement, as defined in the Welfare and Institution Code section 727.4.
    b. Procedure to Obtain Authorization:
        i. The following shall occur if medication is being considered for the first time:
            1. When the psychiatric assessment is completed and indicates the need for psychiatric medications to manage symptoms, the psychiatrist shall complete and sign the Judicial Council Form JV-220.

2. Designated staff from the Sacramento County Contracted Provider or the Sacramento County Operated Clinic shall submit the complete original copy of JV-220 to Child Protective Services designated staff.
3. Prescribing physician is notified of an authorization of the JV-220. The physician shall review the authorized court order and write the approved prescription.
4. Modifications within the authorized range of dosage for an approved medication do not require a new JV-220.

IV. The informed consent process must be repeated, including Sections I and II above, in the following circumstances:
   a. The consumer previously refused to accept medication however subsequently agrees to accept the medication.
   b. The medication has been discontinued and subsequently restarted after an interval of one year or more.
   c. New information about the medication, such as side effects, risks, indications or other significant information is recognized.
   d. The current JV-220 consent, valid for no more than 180 days, is expiring or has expired.
   e. A minor reached age 18 years and must give consent as an adult.

V. Scanning
   a. Medication consents must be entered into Avatar/other EHR under as part of the medical record.
   b. Label document as “Medication Consent”

VI. Documentation

The informed consent form used to capture the informed consent discussion is required under this policy; however, practitioners are cautioned that the form alone may be insufficient to defend against allegations that the practitioner failed to obtain informed consent. Best practice dictates that Physicians, Nurse Practitioners, and Physician Assistants will document the informed consent discussion in their progress notes. Therefore documentation of informed consent within the progress note should include:

   a. Specifics of the discussion of informed consent elements included on the form.
   b. Discussion of any aspects that pose a particular risk or offer a particular benefit to the specific patient being treated.
   c. Reasons for refusal of medication.
   d. Reasons for inability to obtain a signature or refusal by patient/responsible adult to sign the form, along with the plan/efforts to obtain the signature(s).
   e. Verbal consents and plan/effort to obtain the signature(s).

REFERENCE(S)/ATTACHMENTS:

- **Welfare and Institutions Code Sections 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, 5350 and 369.5**
- **California Code of Regulations Title 9, Section 850-857 2001**
- **California Rules of Court, Rule 1432.5 and 5.640**
- **Medication Consent Form**

RELATED POLICIES:

- **PP-BHS-QM-03-04 Nurse Practitioner**
- **PP-BHS-QM-03-09 Physician Assistant**
- **PP-BHS-QM-07-03 Dispensing Sample Medication**

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use Prevention and Treatment		

CONTACT INFORMATION:

Quality Management
QMInformation@saccounty.net

Informed Consent for Treatment with Psychotropic Medications

I have discussed the following information with my/my child's behavioral health medical practitioner for each medication listed below:

- The diagnosis and target symptoms for the medication recommended;
- The possible benefits/intended outcome of treatment, and as applicable, all available procedures involved in the proposed treatment;
- The possible risks and side effects; including risk of medications to pregnant women and women who are breast feeding;
- The possible alternatives and complementary treatments;
- The possible results of not taking the recommended medications;
- The possibility that my/ my child's medication dose and/or frequency may need to be adjusted over time, in consultation with my/my child's behavioral health medical practitioner;
- My/ my child's right to actively participate in treatment by discussing medication concerns or questions with my/my child's behavioral health medical practitioner;
- My/my child's right to withdraw voluntary consent for medication at any time (unless the use of medications in treatment is required in a Court Order or in a Special Treatment Plan); and
- For persons under 18 years of age, the FDA status of medication and the level of evidence supporting the recommended medication.

Medication(s)	**Target Symptoms**	**Type** Antidepressant, Anxiolytic, Mood Stabilizer, Antipsychotic, Other	**Dosage Range** (including PRN)	**Frequency Range**	**Method** (Oral/Injection)	**Expected Duration**	**Refusal of Medication**
1.							
2.							
3.							
4.							
5.							
6.							
7.							

I have received the information about the psychotropic medication(s) listed above by means of: (Check those that apply)

☐ Oral Explanation ☐ Printed Material ☐ Other

☐ **I HAVE READ THIS FORM** ☐ **THIS FORM WAS READ TO ME** ☐ **THIS FORM WAS INTERPRETED IN** _____ **FOR ME.**

I UNDERSTAND THE INFORMATION ON THE FORM, AND I AGREE TO TAKE THE MEDICATION(S) AS PRESCRIBED.

Signature: _____ **Date:** _____ **Signature:** _____ _____ **Date:** _____

(Client) (Parent/Legal Guardian/Conservator)

☐ Patient verbally consents to the recommended medications, but refuses or is unable to sign because: _____

I HAVE EXPLAINED THE BENEFITS, SIDE EFFECTS AND RISKS OF THE MEDICATION(S) LISTED ABOVE AND HAVE OBTAINED THE PATIENT'S/RESPONSIBLE ADULT'S INFORMED CONSENT.

Signature: _____ **Date:** _____

(Physician, Nurse Practitioner or Physician Assistant and Discipline)

Name: ID#:

Agency:

PP

Instructions

1. The patient is to receive information about the medication(s) before the form is completed.
2. This form can accommodate up to five (5) medications, assuming the patient consents to all.
3. The medication(s), dosage range, frequency range, method, and expected duration are entered into the table.
4. For changes in dosage range, frequency, method or expected duration, modifications can be made on this form by having the patient initial and date the appropriate column. For adding new medication, a new form should be used.
5. If the patient consents to medications, check the applicable box.
    a. If the patient agrees, then the patient and prescriber sign and date at the bottom.
    b. If the patient cannot or will not sign, the prescriber fills in the reason, and signs at the bottom with at witness. The prescriber will document the reason in the progress note and document continued attempts to obtain a signature in subsequent progress notes.
    c. If the patient is willing to document refusal of medications, then the Refusal of Medication box corresponding to the medication can be initialed by the patient.
6. If the patient signs with a mark, a witness is needed.
7. Upon completion this form will be scanned into the electronic health record.