OBTAINING CONSENTS FOR ANTIPSYCHOTIC MEDICATIONS

In 2012, CMS released a new initiative to reduce the use of antipsychotic medications for nursing home residents and the survey process promptly initiated measures for enforcement. Under the F-222 Chemical Restraints guidance to surveyors, “the facility must explain to the resident, legal surrogate or representative how the use of the antipsychotic medication would treat the resident’s medical symptoms, assist the resident in attaining or maintaining his/her highest practicable level of physical or psychological well-being, and the potential negative outcomes of antipsychotic medication use.”

To assist with compliance, nurses should obtain and use an Antipsychotic Medication Informed Consent form to document the resident’s or their Durable Power of Attorney for Health Care Decisions’ (DPOAHCD) authorization and education of the medication. The form should be completed upon initiation of a physician’s order for an antipsychotropic medication and before the medication is administered to the resident. Specifically, the form should address the following areas:

1. Less restrictive, non-drug measures that were attempted and found to be ineffective, including behavior programming, activities of interest, specific staff approaches and environmental evaluation, such as noise, temperature, roommates and tablemates;
2. Medical diagnosis;
3. Specific target symptoms and behaviors, the beneficial effects expected from the medication and the possible negative side effects and risks association with the medication;
4. Proposed course of the medication; and
5. Statement of consent from the resident or their DPOAHCD.

The resident or their DPOAHCD must sign and date the form, as well as the nurse educating them. If the resident is unable to make informed decisions and the resident’s DPOAHCD is out of town or out of state, discuss the content of the form with them over the phone and obtain verbal consent. Two nurses should witness this verbal consent and write a notation at the bottom of the form stating this is how information was presented. If
sent by mail, send by certified mail to obtain return notification of receipt. If the consent cannot be obtained within a timely manner, advice the resident's physician to see if the medication should be discontinued and document the response in the nurses notes.

The Quality Assurance Committee should review the chemical restraint use and audit for completeness of the Antipsychotic Medication Consent form. The committee should audit:

Did the resident or DPOAHCD make an informed choice about the use of the antipsychotic medication? and
Were the risks, benefits and alternatives explained?

There are several standardized forms on the market to assist with this, including the Briggs Corp. "Psychoactive Medication Informed Consent", CFS 3-8/2P. The Brigg's Corporation can be contacted at 1-800-247-2343.