

COPPER COUNTRY MENTAL HEALTH SERVICES BOARD
POLICY AND PROCEDURE

DATE: June 26, 2024

Informed Consent to Psychotropic Chemotherapy.P7

RESCINDS: June 29, 2022

CATEGORY: Medical Services

SUBJECT: Informed Consent to Psychotropic Chemotherapy

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that treatment with psychotropic medication requires education about the medication and informed consent from the person served/parent/guardian.

PURPOSE: To establish procedures for educating persons served, their parents and guardians, about psychotropic medications and to secure proper medication consent(s).

DEFINITION:

The following medication categories shall be considered psychotropic medications:

1. Anti-depressants
2. Anti-psychotic agents
3. Mood stabilizing agents
4. Anti-anxiety agents
5. Sedatives/Hypnotic agents
6. Anti-cholinergic agents used in the treatment of movement disorders
7. Medications to treat ADHD
8. Medications to treat Substance Use Disorders

PROCEDURE:

- I. Psychotropic medications shall be prescribed only by a licensed physician, Nurse Practitioner, or Physician Assistant. All such individuals shall be familiar with psychotropic medication through specific training and/or experience. The use of all medications shall follow Food and Drug Administration (FDA) guidelines as noted in the “package insert” also known as “Full Prescription Information”.
- II. Psychotropic medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
- III. Informed consent to chemotherapy may be obtained by:
 - A. Physician
 - B. Nurse Practitioner
 - C. Physician Assistant
 - D. Registered Nurse
- IV. Elements in obtaining informed consent to chemotherapy:
 - A. The person who is giving consent must be competent to give consent (refer to “Consent” policy).

- B. The person giving consent must be informed of the following:
 - 1. Medication and dosage range;
 - 2. Purpose and benefits of treatment with the medication;
 - 3. Side effects and risks associated with the medication;
 - 4. Precautions;
 - 5. Special storage instructions; and
 - 6. Alternative methods of treatment, if any.
 - C. The person giving consent must be provided a written summary of the most common adverse effects associated with the medication.
 - D. The person giving consent must be given the opportunity to ask questions related to the treatment with psychotropic medications for the person served.
 - E. Consent must be voluntary.
 - F. The person giving consent must be informed that he/she is free to withdraw consent and to discontinue participation at any time without jeopardizing current services.
 - G. A consent must be generated by ELMER that lists all CMH medications, medication class, and daily dosages.
 - H. Signed consent must be scanned under Medication Consents (Signed) section in ELMER.
 - I. The person giving consent may be informed in person or by telephone.
- V. Informed consent to chemotherapy must be obtained:
- A. Prior to initial administration of a psychotropic medication (an exception may be made in an emergency situation--refer to "Management of Behavioral Emergency" policy).
 - B. At least annually for continuation of current treatment.
 - C. When dosage levels exceed the range specified on the consent.
- VI. The health care professional must document that medication education was offered.
- VII. Chemotherapy may be administered without consent to persons under a court order to undergo treatment as specified in the order.
- VIII. Signatures:
- A. If the person giving consent agrees to the recommended treatment with medication, he/she shall sign and date the form.
 - B. Witness: In this case, the "Witness" is the nurse/nurse practitioner/physician/physician assistant who attests that they have properly informed the person served/parent/guardian according to this policy. It does not necessarily mean that the signature of the "authorized party" has been personally witnessed.
 - C. If the authorized party is informed by telephone, then the witness should sign and date the form in the appropriate section and send it to the authorized party for signature.
 - D. If the person served is competent to give consent and verbally consents to treatment, but refuses to sign the form, this must be documented by the witness.

CROSS REFERENCE:

CCMHS Policy - Consent