

Informed Written Consent Before Administration of Psychotropic Drugs

Informed written consent (IWC) protects nursing & rest home residents from the dangerous misuse of psychotropic drugs (antipsychotic, antidepressant, antianxiety, & hypnotics). Since other drugs also can be misused to inappropriately sedate/subdue residents, IWC also covers the misuse of any drug used in the treatment of a psychiatric diagnosis/symptom, per prescriber order.

IWC is a most fundamental step to ensure the resident (if incapacitated, resident's representative) has a voice in care, is given critical information, & verifies consent in writing.

Problem

- **Psychotropics have positive outcomes when used as intended, but have devastating effects when misused** as a chemical restraint to manage "inappropriate" behaviors --- but what are really misunderstood "communications" of medical, emotional, or other issues.
- **Psychotropics have many serious side effects**, particularly for the elderly: stroke, heart attack, diabetes, pneumonia, dizziness leading to falls, & even death.
- **Too often short cuts taken**, information isn't provided, & dose reduction plan isn't implemented.

Solution

❖ Demand informed written consent process before drug is administered!

Massachusetts IWC Law - Highlights

- **IWC obtained by prescriber, in advance, & kept in resident medical record. IWC includes, at a minimum:**
 1. Purpose for administering drug
 2. Prescribed dosage
 3. Any known effect or side effect
- **IWC can be obtained:** in person, by fax, email scanned form. Verbal consent by phone not allowed.
- **Review current consent and execute new consent form when:** new or renewed prescription is outside previously consented dosage range, or once a year, whichever occurs first.
- **If drug continued following year at same dosage:** reuse form if prescriber explains risks & benefits again, & signatures are updated.
- **Emergency administration of drugs without advance consent is defined.**
- **IWC may be withdrawn at any time, either verbally or in writing, & documented in resident's record.**

Ask Questions Before Giving Consent!

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| <p>1 What specific, documented behaviors/symptoms necessitate drug (delusions, resident agitated, etc.)?</p> <p>2 Have medical/environmental causes been ruled out (pain, dehydration, infection, sleep disruption, etc.)?</p> <p>3 Has doctor recently examined resident to determine need for drug?</p> <p>4 Have other treatments been tried? Any options?</p> | <p>5 Has FDA issued "black box" warning?</p> <p>6 Will resident start on lowest possible dose?</p> <p>7 Is drug duplicating other current medications?</p> <p>8 Will proposed drug interact with other current drugs?</p> <p>9 How will response to drug/side effects be monitored?</p> <p>10 When & how often will need for drug be reassessed?</p> <p>11 Is there gradual dose reduction plan to stop drug?</p> |
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Source: MA Gen. Laws Ch.111, Section 72BB & MA Dept. Public Health 2/1/17 Circular Letter 17-2-699