


<b>Name of Policy:</b> Informed Consent for Psychoactive Medications  <b>Policy Number:</b> 3364-120-51  <b>Approving Officer:</b> Chief Nursing Officer (CNO) and Medical Director  <b>Responsible Agent:</b> Administrative Director  <b>Scope:</b> The University of Toledo Medical Center		  <b>Effective date:</b>  <b>Original effective date:</b> 6/1/14	
Key words: consent, medications, psychiatry, inpatient, psychoactive			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

Inpatient Behavioral Health will follow the medication practices of UTMC.

(B) Purpose of policy

To provide patients/patient representative with information in oral or written format relative to all psychoactive medication to be given and to obtain consent from patients and/or patient representative for the administration of said medication.

(C) Procedure

- (1) The physician will discuss use of medications, reason for treatment, target symptoms, justification, risk of not using medication, potential side effects, and possible alternatives to medication with patient and/or guardian. The patient/patient representative will be provided with information explaining their right to refuse.
- (2) The patient and/ patient representative will be offered the opportunity to ask questions before the med is given.
- (3) The patient and/ patient representative will sign the Informed Consent.

<p>Approved by:</p>  <table><tr><td>_____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</td><td>_____ Date</td></tr><tr><td>_____ Dionis Kononov, DO Medical Director</td><td>_____ Date</td></tr></table> <p><i>Written by: Carol A. Schaaf, RN, MPA</i> <i>Review: 12/2015, 6/2017, 4/2019, 7/22</i> <i>Review/Revision Completed by:</i> <i>Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS</i></p>	_____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer	_____ Date	_____ Dionis Kononov, DO Medical Director	_____ Date	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>•</li></ul> <p>Initial effective date: 6/1/14</p> <p>Review/Revision Date: 12/2015 6/2017 7/12/2019 7/2022</p> <p>Next review date: <del>7/2025</del></p>
_____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer	_____ Date				
_____ Dionis Kononov, DO Medical Director	_____ Date				