

<b>CHAPTER</b> Health/Medical	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 05
<b>SECTION</b> Drugs and Medication		<b>DESCRIPTION</b> Medication Consents	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) obtains informed consent from persons served and their guardian when prescribed medications by an agency prescriber. Not all persons served have a guardian.

**STANDARDS:**

- A. Person served and guardian receive medication education prior to being prescribed medication.
- B. All medication is prescribed and administered with person served and guardian's consent.

**PROCEDURES:**

- A. The prescriber or nurse verbally provides medication education for each person served and guardian including:
  - 1. The purpose of the medication
  - 2. The benefits and risks associated with medication use
  - 3. Contraindications
  - 4. Side effects
  - 5. Missed doses
  - 6. Potential implications of diet and exercise when using medication
  - 7. Risks associated with medication use during pregnancy

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8. The importance of taking medication as prescribed, including, when applicable, the identification of potential obstacles to adherence
9. The need for laboratory studies, tests, or other monitoring procedures
10. Signs the medication efficacy is diminishing
11. Signs of nonadherence to medication prescriptions
12. Potential drug reactions when combining prescription and nonprescription medication
13. Instructions on self-administration, when possible
14. The expected course of use of medication, including discontinuation
15. The availability of financial supports and resources to assist persons served to obtain needed medication
16. What to do in the event there is a question or concern about a medication the person served is taking or has been prescribed

B. Person served/guardian is offered a medication specific handout.

C. After the person served and guardian has discussed the medication with the prescriber, they sign a “Consent for Use of Medication” form when a medication is prescribed. If person served is evaluated remotely via telehealth, verbal consent must be obtained and documented. The consent must be signed the next time the person served and guardian are in the office.

D. A signed copy of the “Consent for Use of Medication” form is kept in the person served electronic medical record.

**DEFINITIONS:**

**Contraindication:** anything (including a symptom or medical condition) that is a reason for a person to not receive a particular treatment or procedure because it may be harmful.

**Prescriber:** a physician, nurse practitioner, or physician’s assistant licensed by the Michigan Department of Licensing and Regulation to prescribe medication.

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This policy supersedes  
#07/06048 dated 07/24/2006.  
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