NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: INFORMED CONSENT FOR MEDICATION

NUMBER: NN-RI-10

ORIGINAL DATE: 10/13/88

REVIEW/REVISE DATE: 02/21/90, 08/28/91, 08/22/95, 11/19/98, 04/01/99, 09/04/03, 03/06/08, 2/17/11, 2/20/14

APPROVAL:_______Cody L. Phinney______, Agency Director

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I. PURPOSE

To protect the rights of consumers at NNAMHS by ensuring that informed consent is obtained prior to the administration of medication.

II. POLICY

Psychotropic medication will be administered only with the consumer's written consent, in an emergency, or in accordance with Policy NN-RI-09 Involuntary Administration of Medication.

III. REFERENCES

1. NRS 433.484: Rights concerning care, treatment and training.
2. NRS 433A.460: Legal capacity of consumer unimpaired unless adjudicated incompetent.
3. NNAMHS Form MR-127 Treatment/Medication Consent Form
4. NNAMHS Policy NN-RI-09 Involuntarily Administration of Medication.
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IV. DEFINITIONS

Legally effective informed consent implies fulfillment of three basic requirements:

1. Competency to grant consent:
   a. Competency to grant informed consent implies the consumer has the legal capacity to do so. For example, children and those adjudicated incompetent lack legal capacity and therefore require the consent of a guardian. Assessing competency is not a service that NNAMHS provides.
2. Provision of adequate data:
   a. A fair explanation of the medication and/or procedure proposed.
   b. A description of risks, possible adverse effects both common and uncommon as documented in NNAMHS Consent for Medication form MR 127, which requires both the consumer and practitioner's signature, date and time.
   c. A description of benefits reasonably expected.
   d. Disclosure of medically reasonable alternatives to the proposed medication (i.e., psychotherapy).
   e. An offer to answer questions concerning the medication and procedure.
   f. Explanation of the consumer's freedom to withdraw consent without prejudice.
   g. Assurance of confidentiality.
3. The consent must be given voluntarily. This means it is given by choice without fraud, coercion or undue influence.

V. PROCEDURE

1. Nothing herein shall be considered to prevent emergency medical care or treatment to any consumer if within a reasonable degree of medical certainty delay would endanger the consumer's health. Express and informed consent is not a requirement under such circumstances (NRS 433.484 applies). When the emergency subsides, compliance with these instructions is required.

2. Consumers may refuse medications. Before medications are administered over the consumer's objection, the requirement of Policy NN-RI-09, Involuntary Administration of Medication must be fulfilled.
3. The assigned practitioner will ordinarily attempt to obtain the consent. Any other practitioner will do so when clinically appropriate to the circumstances, for example, while covering for an absent practitioner.
4. Appropriate significant persons to grant consent are:
   a. A competent adult consumer age eighteen or over consenting for themselves.
   b. The legal guardian of a consumer who lacks mental or legal capacity.
5. Explain in simple language to the consumer or other significant party the expected benefits, potential side effects, complications, alternatives, and consequences of not using medication.
6. Have consumer or guardian voluntarily sign NNAMHS Form - MR-127, and sign as witness.
7. Place all signed consent forms in the consumer's medical record.
8. Practitioner’s progress notes will document ongoing monitoring and follow-up.
9. The practitioner reviews the consent on a yearly basis with the consumer and notes this in the progress note. Major changes should be reflected by completing a new consent and recording a supporting progress note.