PSYCHOTROPIC MANAGEMENT AND CONSENT FORM

Version 3 August 2021

Consumer Name: _____

DOB: ___ / ___ / ____

meditrax™ Medication Management Specialists

This form is to document diagnosis/indication, consent and review in relation to the listed psychotropic medications, and to identify those used as chemical restraint

Medication	Diagnosis/ Indication (reason for prescribing or continuing)	Chemical restraint *Y/N	Medical/ Nurse Practitioner				Informed Consent by (Ref no.): 1. Consumer 2.Restrictive Practices Substitute Decision Maker* 3.Other Substitute Decision Maker				Date ceased
			Print Name	Signature	Date	Informed Consent Obtained	Ref no. (1,2,3) See above	Print Name	Signature	Date	
						☐ Yes					
						☐ Yes					
						☐ Yes					
						☐ Yes					
						☐ Yes					

I confirm that I have reviewed the above psychotropic medications. Date: ____ / ____ / _____

Medical/Nurse practitioner name & signature: _____

I confirm that I have reviewed the above psychotropic medications. Date: ____ / ____ / _____

Medical/Nurse practitioner name & signature: _____

I confirm that I have reviewed the above psychotropic medications. Date: ____ / ____ / _____

Medical/Nurse practitioner name & signature: _____

*If the medication is a chemical restraint (restrictive practice), informed consent must be obtained from the restrictive practices substitue decision maker if the consumer lacks capacity. Refer to Aged Care Quality and Safety Commission's Regulatory Bulletin (RB2021-13) available at https://www.agedcarequality.gov.au/resources/rb2021-13-regulation-restrictive-practices-role-senior-practitioner.

To determine if a medication is a chemical restraint, consider whether the use is primarily for the purpose of influencing a consumer's behaviour.

CHEMICAL RESTRAINT (A RESTRICTIVE PRACTICE)

- Guidance in the *Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD), A Handbook for NSW Health Clinicians* (2013) states that the essentials of prescribing psychotropic medication to the person with BPSD includes "The use of multiple psychotropics is not generally recommended – Review the ongoing use and dose of each psychotropic at least every 12 weeks".
- In relation to antipsychotics used as chemical restraint, the *Clinical Practice Guidelines and Principles of Care for People with Dementia* (2016) recommends review "every 4 to 12 weeks, considering the need for antipsychotics and possible cessation of medication. Review should include regular assessment and recording of changes in cognition and target symptoms".
- *Therapeutic Guidelines* (March 2021) recommends that following commencement, "if the patient tolerates the antipsychotic and is experiencing an improvement in the target symptom, continue therapy and review response every 4 to 6 weeks." "If the patient is not receiving an obvious ongoing benefit or a problematic adverse effect occurs, stop the antipsychotic.".

INFORMED CONSENT

Treatment with psychotropic medications requires valid informed consent from the consumer or their substitute decision-maker as specified in state/territory consent legislation. The following should be explained to gain informed consent:

- Common side effects and risks of the medication
- Alternatives to the use of the medication
- The plan in regard to dosage changes (increases or decreases) and cessation of the medication
- The likely outcome of not taking the medication
- The degree of uncertainty of the diagnosis and any therapeutic outcome in relation to the treatment
- Any significant long-term physical, emotional, mental, social, sexual or other outcome which may be associated with use of the medication
- Whether the treatment is conventional or non-conventional, and its approximate cost
- How the medication will be administered and in the case of 'when required' administration, how the need for administration will be assessed and authorised.

Note: Codes of appropriate professional practice for medical and nurse practitioners provide for the practitioners to obtain informed consent before prescribing medications.

As per the *Quality of Care Principles 2014*

15FA Requirements for the use of any restrictive practice

The following requirements apply to the use of any restrictive practice in relation to a care recipient:

(a) the restrictive practice is used only:

(i) as a last resort to prevent harm to the care recipient or other persons; and

(ii) after consideration of the likely impact of the use of the restrictive practice on the care recipient;

(b) to the extent possible, best practice alternative strategies have been used before the restrictive practice is used;

(c) the alternative strategies that have been considered or used have been documented.

(d) the restrictive practice is used only to the extent that it is necessary and in proportion to the risk of harm to the care recipient or other persons;

(e) the restrictive practice is used in the least restrictive form, and for the shortest time, necessary to prevent harm to the care recipient or other persons;

(f) informed consent to the use of the restrictive practice has been given by:

(i) the care recipient; or

(ii) if the care recipient lacks the capacity to give that consent—the restrictive practices substitute decision-maker for the restrictive practice;

(g) the use of the restrictive practice complies with any relevant provisions of the care and services plan for the care recipient

(h) the use of the restrictive practice complies with the Aged Care Quality Standards set out in Schedule 2;

(i) the use of the restrictive practice is not inconsistent with the Charter of Aged Care Rights set out in Schedule 1 to the User Rights Principles 2014;

(j) the use of the restrictive practice meets the requirements (if any) of the law of the State or Territory in which the restrictive practice is used.

The use of a restrictive practice outside of the provisions in the legislation is a **reportable incident**.

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