

## CD 275 – Informed Consent for Psychotropic Medication

### PURPOSE:

The CD-275 is to support staff in gathering relevant information before making an informed decision while also serving as the required authorization and documentation of all required steps to such decision. This required form must be completed any time a decision is being considered for a new psychotropic medication recommended by the child's medical provider or annually for already prescribed medication.

The completion of this form begins with initial contact with the medical provider and continues as information is collected from parents and youth.

You must document any approval or denial of psychotropic medications on this form. You shall retain the completed form in the case record and upload it to Onbase.

### INSTRUCTIONS FOR COMPLETION:

**All parts must be filled out completely. Please put NA or none for any that do not apply.**

**Part A:** To be completed by the case manager with historical information regarding the child and prescriber information. This includes date of the office visit, name and contact for prescriber, current illness, diagnosis, known allergies, psychiatric history and treatment, administration of emergency medication, list of all other medications, any previous side effects/adverse reactions to any medication, recommendation from prescriber for non-pharmacological treatment.

**Part B:** List all psychotropic medications currently prescribed including dosage, frequency, duration, side effects youth has experienced, reason for medication being prescribed, mark if it is a new medication, or if the medication dosage has not changed.

From conversations with the prescriber fill out the following sections:

- Benefits of usage and non-usage discussed
- Dosage outside of [Excessive Dosage Guidelines](#)
- Potential side effects and/or adverse effects discussed
- Alternate treatment options discussed
- Metabolic Screenings (labs) required, if any
- Recommended frequency of medication monitoring appointments (i.e. monthly, 60 days, 90 days)
- Potential interactions with other medications were discussed

### Parental Notification

Document contact with parents regarding medication recommendations to determine if they are in agreement with the recommended treatment. List name, date and method of contact with each parent.

Also mark each element regarding the recommendation was discussed as required and indicate if they are in agreement or not. If not required to notify a parent, you must list the reason why.

Reasons to not notify include:

- Parent is unknown or you are unable to locate;
- Parent has abandoned the child for a period of 90 days (no visit, support, participation in court/FST/child's treatment) or more;
- Court has entered an order restricting parental access to information regarding child;
- CD determines sharing information may endanger the health, safety, or welfare of the child or another person, or is otherwise contrary to the best interest of the child;
- CD determines that sharing the information may interfere with a child abuse, child neglect, or criminal investigation involving the child or another child as a victim; or
- Providing the information is contrary to law.

### **Youth Assent**

For youth 12 and older, they have a right to be involved in health care decisions. Indicate if the recommendations were discussed with the youth and they had the opportunity to ask questions. A copy of the CD-281 must be provided to the youth and their GAL. Provide date(s) of when the CD-281, Learn Your Rights flyer, was provided to youth and GAL and list any comments the youth may have regarding the recommended medication. Youth will sign this section to indicate their "assent" and that they are in agreement with the medication and it was discussed with them.

### **Center for Excellence Referral**

This section is to document if a secondary or mandatory referral was submitted, if required.

### **Authorization for Administration of Psychotropic Medication**

The authorized consentor (case manager, alternative consentor, or youth over 18) will complete this section to document if they give consent to the medication or if it is denied. If consent is denied, a reason needs to be listed. Also document if medications have been reviewed with supervisor within the last 3 months for youth who were already prescribed a psychotropic medication at the time of consent.