

Last Name:		
First Name (Preferred Name):		
Date of Birth:	Gender:	Age:
Primary Care Physician/Attending Physician:		
<i>PATIENT LABEL</i>		

### Appropriate Use of Antipsychotics in Long-Term Care

Antipsychotic Medication:  
Informed Consent Documentation

#### Part 1 – Emergency Administration

Please ensure the following information is provided and documented in the care plan for the resident or substitute prior to administering antipsychotic medication used as a restraint in an emergency<sup>1</sup>:

Name of healthcare provider completing this form (printed) and signature	
Date	
List non-pharmacological strategies employed as alternatives to antipsychotic medication and not effective	
Emergency antipsychotics used already?	
Rational for considering antipsychotic medication	
Person’s response to antipsychotic medication	
Date of antipsychotic medication given (Year, Month, Day)	

#### Part 2 – Non-Emergency Administration

Please ensure the following informed consent<sup>2</sup> information is documented prior to prescribing antipsychotic medication:

What is the purpose for the antipsychotic medication being given?	
Information and advice in respect to the use of the antipsychotic medication being given	
Potential side effects of antipsychotic medication	
Benefits of antipsychotic medication	
Care plan notes to manage BPSD or other neuropsychological illnesses	
Consent has been obtained for continued use of medication	

<sup>1</sup> Emergency is defined as necessary to protect the person or others from imminent serious physical harm

<sup>2</sup> Policy Chapter 6: Long-Term Care Services, Section L: Use of Medications to Manage or Modify Behaviours, Subsection : Consent  
When medications are used as part of a health care treatment, consent is required according to the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#) by the client, or if the client is incapable, by their substitute.

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**Agreement/Consent to the use of antipsychotic medication:**

I am in agreement to the use of antipsychotic medication. The risks, benefits, plan of care and evaluation plan have been discussed.

Person/Substitute Decision Maker (SDM) Name	Signature	Date
Most Responsible Practitioner (MD/NP) Name	Signature	Order Date

**Re-assessment of Antipsychotic Medication:**

Re-assess the use of antipsychotic medication within 24 hours, weekly for 4 weeks, quarterly in conjunction with RAI assessment, annually at care conference, and with any significant change.

Review Date	Continue	Discontinue	Discussed with SDM or Person	Documented in health care record	Signature

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**Long-Term Care Restraint Process Checklist<sup>3</sup>**

*Note: Document all steps in the resident's health record*

	Identification of behavior that poses a safety risk to the person or others
	Identification of possible contributing factors to the behaviour
	Comprehensive interdisciplinary assessment (e.g. Pharmacist for chemical restraints)
	Discussion with SDM and family
	Use monitoring tools to identify the underlying meaning of the behaviour, including patterns and triggers
	Trial of all reasonable alternatives to antipsychotic use
	Evaluation of effectiveness of alternatives in reducing frequency or risk inherent in the behaviour
	Use of restraints: <ul style="list-style-type: none"> <li>• In an emergency; OR</li> <li>• Agreement in writing by both person in care/SDM AND Most Responsible Prescriber</li> </ul>
	Completion of Care Plan: <ul style="list-style-type: none"> <li>• Use of antipsychotic medication (specify when and how long)</li> <li>• Monitoring parameters (e.g. increased agitation)</li> <li>• Frequency of monitoring</li> <li>• Reassessment date</li> </ul>
	Completion of: <ul style="list-style-type: none"> <li>• Initial 24 hour monitoring record (Use a Dementia Observation Tool)</li> <li>• Care plan</li> <li>• Person's health record documentation</li> </ul>
	Re-assess use of antipsychotic medication within 24 hours, weekly for 4 weeks, quarterly with RAI, annually with care conference, and with any significant change. Additional dates designated by the team
	Written Agreement <ul style="list-style-type: none"> <li>• For antipsychotic medication used in an emergency – must reassess within 24 hours of first use AND obtain agreement in writing by both person in care or SDM and Most Responsible Prescriber</li> <li>• Keep completed Written Agreement in person's health record</li> <li>• Written agreement must be renewed at person's annual care conference</li> <li>• Agreement in writing is required if there is continued use of the antipsychotic, either intermittently or continuously beyond the first use</li> </ul>

<sup>3</sup> Adapted from Northern Health Written Agreement for Use of Restraint LTC Checklist