DEPARTMENT OF HEALTH SERVICES
Division of Care and Treatment Services
F-24277 (05/2024)

STATE OF WISCONSIN
42 CFR483.420(a)(2)
DHS 134.31(3)(o)
DHS 94.03 & 94.09
§§ 51.61(1)(g) & (h)

INFORMED CONSENT FOR MEDICATION

Dosage and / or Side Effect information last revised on 06/18/2020

Completion of this form is voluntary. If informed consent is not given, the medication cannot be administered without a court order unless in an emergency.
This consent is maintained in the client's record and is accessible to authorized users.

Name – Patient / Client (Last, First MI)	ID Number	Living Unit	Date of Birth
,			

Name – Individual Preparing This Form	Name – Staff Contact	Name / Telephone Number – Institution

MEDICATION CATEGORY	MEDICATION	RECOMMENDED DAILY TOTAL DOSAGE RANGE	ANTICIPATED DOSAGE RANGE
Antipsychotic/Mood	Rexulti (brexpiprazole)	0.5 mg to 4 mg	

The anticipated dosage range is to be individualized, may be above or below the recommended range but no medication will be administered without your informed and written consent.
Recommended daily total dosage range of manufacturer, as stated in *Physician's Desk Reference* (PDR) or another standard reference.
This medication will be administered ☐ Orally ☐ Injection ☐ Other – Specify:

1. Reason for Use of Psychotropic Medication and Benefits Expected (note if this is 'Off-Label' Use)
Include DSM-5 diagnosis or the diagnostic impression ("working hypothesis.")

2. Alternative mode(s) of treatment other than OR in addition to medications include
Note: Some of these would be applicable only in an inpatient environment.

☐ Environment and/or staff changes
☐ Positive redirection and staff interaction
☐ Individual and/or group therapy
☐ Rehabilitation treatments/therapy (OT, PT, AT)
☐ Treatment programs and approaches (habilitation)
☐ Use of behavior intervention techniques

Other Alternatives:

3. Probable consequences of NOT receiving the proposed medication are

Impairment of ☐ Work Activities ☐ Family Relationships ☐ Social Functioning

Possible increase in symptoms leading to potential

☐ Use of seclusion or restraint
☐ Limits on access to possessions
☐ Limits on personal freedoms
☐ Limit participation in treatment and activities
☐ Limits on recreation and leisure activities
☐ Intervention of law enforcement authorities
☐ Risk of harm to self or others

Other Consequences:

Note: These consequences may vary depending upon whether or not the individual is in an inpatient setting. It is also possible that in unusual situations, little or no adverse consequences may occur if the medications are not administered.

See Page 2

Client Initial _____ Date _____

4. Possible side effects, warnings, and cautions associated with this medication are listed below. This is not an all-inclusive list but is representative of items of potential clinical significance to you. For more information on this medication, you may consult further with your physician or refer to a standard text, such as the PDR. As part of monitoring some of these potential side effects, your physician may order laboratory or other tests. The treatment team will closely monitor individuals who are unable to readily communicate side effects in order to enhance care and treatment.

Continued – Possible side effects, warnings, and cautions associated with this medication.

Most Common Side Effects: weight gain; inner sense of restlessness (feeling the need to move or can't sit still for periods of time), hyperglycemia (high blood sugar), increase triglycerides, extrapyramidal movements (spasms, muscle contractions/ rigidity, jerk like movements, shuffling of the feet, or abnormally slowed movements); headache.

Less Common Side Effects: tardive dyskinesia: Abnormal movements that you cannot control in your face, tongue or other body parts. Tardive dyskinesia may not go away, even if you stop taking REXULTI, and may start after you stop taking the medication.; weight gain; low white blood cell count; low blood pressure leading to dizziness when standing from a seated or lying position (orthostatic hypotension).; drowsiness; increased appetite; abdominal pain; flatulence (gas); nausea; changes in vision, indigestion; swelling of the airway of the nose; excessive sweating; abnormal dreams.

Rare Side Effects: Although rare, check with you physician as soon as possible if any of the following side effects occur: severely elevated blood sugar (severe hyperglycemia), which, in rare cases, can lead to coma or death. Symptoms of hyperglycemia include: feeling very thirsty, very hungry, sick to your stomach, weak or tired, the need to urinate more than usual, feeling confused, breath smells fruity, or increased fat levels (cholesterol and triglycerides) in your blood; Neuroleptic Malignant Syndrome (NMS). NMS is a rare and serious condition that can lead to death. Symptoms of NMS include high fever, stiff muscles, confusion, sweating, changes in pulse, heart rate, and/or an abnormally high or low blood pressure; stroke in older individuals that can lead to death; the inability to control impulses for food, shopping, gambling, or sex.

Cautions:

- **Orthostatic hypotension (dizziness when standing up)**
  You may feel lightheaded or faint when you rise too quickly from a sitting or lying position. Be cautious when standing up while first starting this medication
- **Seizures (convulsions)**
  This medication increases the risk of experiencing a seizure in those at risk of seizures or in those with other conditions that lower the seizure threshold.
- **Fall risk**
  This medication may increase the risk for falls due to dizziness and sleepiness. This is especially true for older individuals and those who are taking other medications that can impair balance.
- **Driving and operating heavy machinery**
  This medication may cause dizziness and drowsiness. Do not drive, operate heavy machinery, or participate in any other activity that may be dangerous until you know how this medication affects you.
- **Temperature Control**
  This medication may cause you to experience problems controlling your body temperature so that you feel too warm. Be aware of things that could affect your body temperature, such as strenuous exercise, heat exposure, dehydration, or taking other anticholinergic medications.
- **Difficulty swallowing**
  This medication may cause difficulty swallowing, which can cause food or liquid to get into your lungs. This is especially a concern in individuals over the age of 75 and those who are at risk for aspiration pneumonia.
- **Withdrawal**
  Do not suddenly stop taking this medication as it could lead to symptoms of withdrawal. Talk with your doctor before stopping this medication, and they can help you find a plan that works for you.

Warning:

[Black Box Warning]:
Increased risk of death in elderly people with dementia-related psychosis. Medicines like can raise the risk of death in elderly who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). REXULTI is not approved for the treatment of patients with dementia-related psychosis.

[Black Box Warning]
Risk of suicidal thoughts or actions. Antidepressants increased the risk of suicidal thoughts and behavior in patients aged 24 years and younger in short-term studies. Monitor closely for clinical worsening and for emergence of suicidal thoughts and behaviors. The safety and efficacy of REXULTI (brexpiprazole) have not been established in pediatric patients, thus this medication should not be used in those less than 18 years of age**.**

- **How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**

Client Initial _____ Date _____

- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
- Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.„„
- Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

Call a healthcare provider right away if you or your family member has any thoughts about suicide, especially if they are new, worse, or worry you.

See standard reference text for an all-inclusive list of side effects.

By my signature below, I GIVE consent for the named medication on Page 1 and anticipated dosage range. My signature also indicates that I understand the following:

1. I can refuse to give consent or can withdraw my consent at any time with written notification to the institution director or designee. This will not affect my right to change my decision at a later date. If I withdraw consent after a medication is started, I realize that the medication may not be discontinued immediately. Rather, it will be tapered as rapidly as medically safe and then discontinued so as to prevent an adverse medical consequence, such as seizures, due to rapid medication withdrawal.
2. Questions regarding this medication can be discussed with the Interdisciplinary Team, including the physician. The staff contact person can assist in making any necessary arrangements.
3. Questions regarding any behavior support plan or behavior intervention plan, which correspond with the use of the medication, can be directed to the client's social worker, case manager, or psychologist.
4. I have the right to request a review at any time of my record, pursuant to § 51.30(4)(d) or § 51.30(5)(b).
5. I have a legal right to file a complaint if I feel that client rights have been inappropriately restricted. The client's social worker, case manager, or agency/facility client rights specialist may be contacted for assistance.
6. My consent permits the dose to be changed within the **anticipated dosage range** without signing another consent.
7. I understand the reasons for the use of the medication, its potential risks and benefits, other alternative treatment(s), and the probable consequences that may occur if the proposed medication is not given. I have been given adequate time to study the information and find the information to be specific, accurate, and complete.
8. This medication consent is for a period effective immediately and not to exceed fifteen (15) months from the date of my signature. The need for and continued use of this medication will be reviewed at least quarterly by the Interdisciplinary Team. The goal, on behalf of the client, will be to arrive at and maintain the client at the minimum effective dose.

SIGNATURES		**DATE SIGNED**
Client – If Presumed Competent to Consent/Parent of Minor/Guardian (POA-HC)	Relationship to Client ☐ Self ☐ Parent ☐ Guardian (POA-HC)	
Staff Present at Oral Discussion	Title	

Client / Parent of Minor / Guardian (POA-HC) Comments

As parent/guardian (POA-HC) was not available for signature, he/she was verbally informed of the information in this consent.

Verbal Consent

Obtained by – PRINT – Staff Name	Date Obtained	Written Consent Received ☐ Yes ☐ No
Obtained from – PRINT – Parent / Guardian (POA-HC) Name	Date Expires	Date Received

Client Initial _____ Date _____