MTL 0209-12282011 Section 0209 Subject: Psychiatric Care Treatment

Date	Medication Administration Informed Consent Page of									
Child:	Allergies, illnesses, and/or other med									
Diagnosis:			<u> </u>							
The following medication(s) were discussed diagnosis and safety of the treatment deper medication. I believe this plan is in the best the person legally responsible for the ps	nds on the accur interests of this ychiatric care	racy of the child and of the chil	information. I was information.	iagnosis and information from you and other sources. The a vas informed of the purpose, risks, benefits, alternatives and is plan. If there are changes, please update the prescriberThe is form provides consent for and permission to administration and the sign this consent form until all your questions are answered.	terms of each e signature of er psychotropic					
understand that certain medications can	't be stopped o	quickly, I	understand I c	an withdraw consent at any time.	1					
Print Name- Person legally responsible for the psy	chiatric care of the	e child (PLR	·)							
Signature-PLR:				Date:						
Signature-Witness:				Date:						
Target Symptoms:					L					
Medication name and mgs	Action	# tabs or caps	When	Purpose, expected results, time frames & instructions		Warnings and	d Side Effects			
#1	□ NEW		□ morning	Purpose & Expected Results/Outcomes:	□ serious rash	□ shakes □ cramps	□ ▲ ▼ sexual effects			
	□ increase		□ noon		□ voices	☐ dry mouth	□ ▼ effect birth control pills			
	□ decrease					□ tired	□ birth defects□ ▲ ▼ hungry			
	□ continue		□ afternoon	E	□ can't sleep	□ constipation	□ ▲ ▼ weight			
	□ change		□ evening	Expect improvement by:	□ heart problem	□ sick to stomach	☐ frequent bathroom urges☐ diabetes			
	□ STOP		□ bedtime	Length of Tx:	□ seizures	□ memory	□ suicide thoughts/feelings			
mgs:	PRN as neede	d □ / in ad	dition to above	☐ / if needed times a day, ☐ at least hrs apart	□ agitation	□ driving	□ interactions			
Medication exceeds limits of NRS 432B.197:	These alterna	tives were	discussed:		□ addiction	□ sleep walking	□ other:			
□ Not FDA appv □ Under 4 y/o	To the construction of the					ENIED □ Factsheet Provided				
□ 3 diff classes □ 2 /class	□ counseling (type)					Child	(optional)			
Target Symptoms:							(optional)			
Medication name and mgs	Action	# tabs or caps	When	Purpose, expected results,		Warnings and	d Side Effects			
#2	□ NEW	caps	□ morning	time frames & instructions Purpose & Expected Results/Outcomes:	□ serious	□ shakes	□ ▲ ▼ sexual effects			
	□ increase		□ noon	A Aposto a Expositor resoluti o alcomoti	rash □ voices	☐ cramps ☐ dry mouth ☐ tired	□ ▼ effect birth control pills □ birth defects			
	□ decrease □ continue		□ afternoon		□ can't sleep	□ constipation	□ ▲ ▼ hungry			
				Expect improvement by:	□ heart	□ sick to	□ ▲ ▼ weight □ frequent bathroom urges			
	□ change		□ evening		problem	stomach	□ diabetes			
	□ STOP	J - 1: J	□ bedtime	Length of Tx:	□ seizures	□ memory	□ suicide thoughts/feelings			
mgs: Medication exceeds limits of NRS 432B.197:	PRN as needed/ in addition to above/ if needed times a day, at least hrs apart agitation driving interactions									
inedication exceeds limits of NR3 432B.197:	These alternatives were discussed:					□ sleep walking	□ other:			
□ Not FDA appv □ Under 4 y/o	□ other medications □ DEN					IIED	☐ Factsheet Provided			
□ 3 diff classes □ 2 /class	□ counseling (type) Initials: PLR Child (optional)									
	L				initials: PLR	Gillio	(optional)			
Target Symptoms:	# tabs or Purpose, expected results,					Warnings and Side Effects				
Medication name and mgs	Action	caps	When	time frames & instructions			a Side Effects			
#3	□ NEW		□ morning	Purpose & Expected Results/Outcomes:	□ serious rash	□ shakes □ cramps	□ ▲ ▼ sexual effects			
	□ increase□ decrease		□ noon		□ voices	☐ dry mouth☐ tired	 □ ▼ effect birth control pills □ birth defects 			
	□ continue		□ afternoon		□ can't sleep	□ constipation	□ ▲ ▼ hungry			
				Expect improvement by:	□ heart	□ sick to	□ ▲ ▼ weight □ frequent bathroom urges			
	□ change □ STOP		□ evening □ bedtime	Length of Tx:	problem □ seizures	stomach memory	☐ diabetes☐ suicide thoughts/feelings			
mgs:		d □ / in ad		☐ / if needed times a day, ☐ at least hrs apart	□ agitation	□ driving	☐ interactions			
Medication exceeds limits of NRS 432B.197:	These alterna					□ sleep walking	other:			
	adulction									
□ Not FDA appv □ Under 4 y/o	B BEN					IIED	☐ Factsheet Provided			
	- councelin	~ (tuna)		counseling (type) Initials: PLR Child (optional)						
□ 3 diff classes □ 2 /class	□ counseling	g (type)			Initials: PLR	Child	(optional)			
□ 3 diff classes □ 2 /class Medication Effects, Current Status			ctions:		Initials: PLR	Child	(optional)			
			ctions:		Initials: PLR	Child	i (optional)			
			ctions:		Initials: PLR	Child	i (optional)			
			ections:		Initials: PLR	Child	i (optional)			
			ctions:		Initials: PLR	Child	i (optional)			
			ictions:		Initials: PLR	Child	i (optional)			