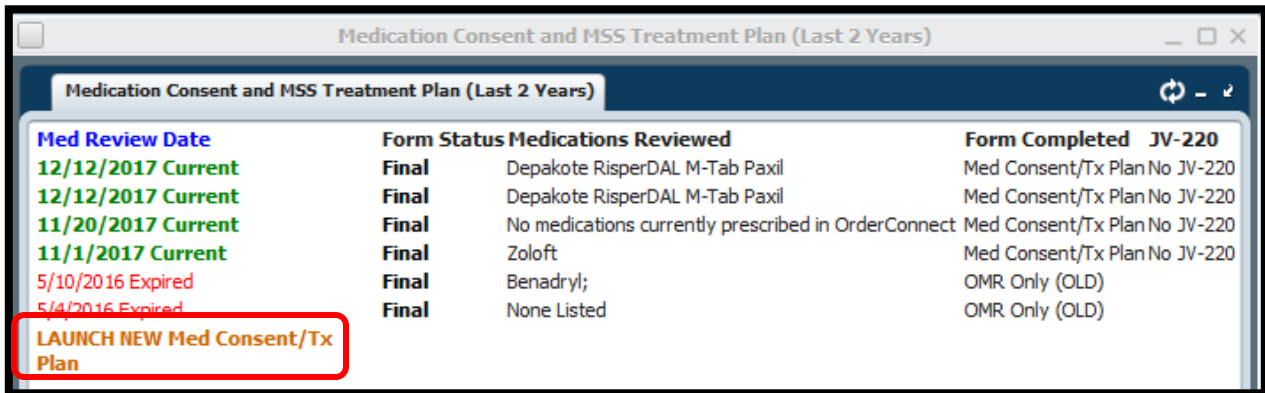
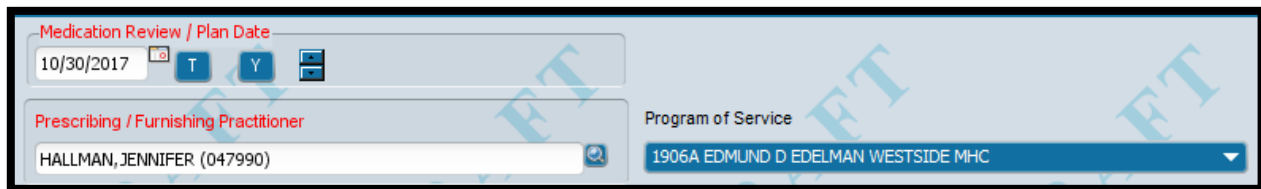


Instructions for Medication Consent & MSS Treatment Plan Form

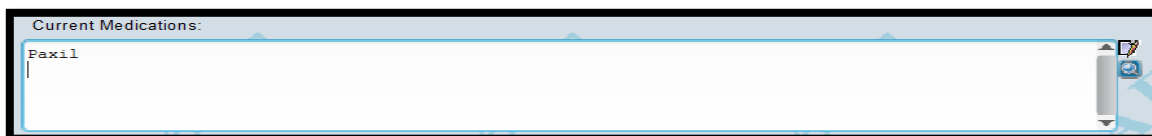
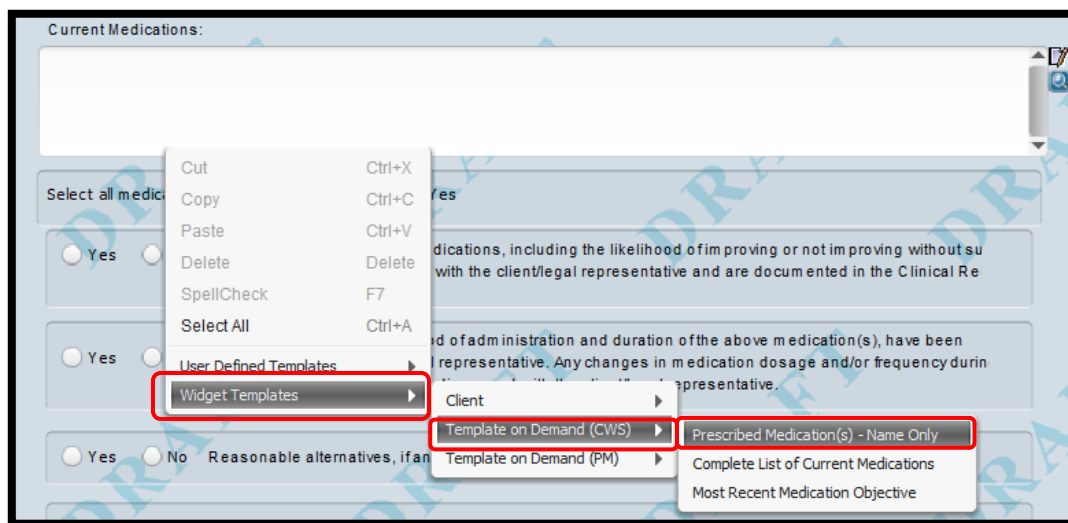
1. Open the [Medication Consent and Treatment Plan] form for the selected client using the **LAUNCH NEW Med Consent/Tx Plan** hyperlink in the “Medication Consent and MSS Treatment Plan” widget.



2. Enter the **Medication Review/Plan Date, Practitioner Name, and Program of Service**



3. Enter the **Current Medications** (this should include ALL medications prescribed to the client)
 - a. Right Click in the field to pull in medications entered into OrderConnect: **Widget Templates-CWS**, Template on Demand, Prescribed Medication(s) – Name Only
 - b. Note: You may edit this once you pull them in (e.g. add a medication that has not yet been entered into OrderConnect).



Instructions for Medication Consent & MSS Treatment Plan Form

4. Attest that all information has been provided to the client (please be sure to read all statements to be sure that you have informed the client of each one)
- a. You may check the **“Select all medication consent options below”** to automatically check yes to all statements.

Select all medication consent options below: Yes

- b. If any item is no, then you may then select “no” for that item.

Select all medication consent options below: Yes

Yes No The reasons for taking the medications, including the likelihood of improving or not improving without such medications, were discussed with the client/legal representative and are documented in the Clinical Record.

Yes No The dosage, frequency, method of administration and duration of the above medication(s), have been discussed with the client/legal representative. Any changes in medication dosage and/or frequency during the course of treatment will be discussed with the client/legal representative.

Yes No Reasonable alternatives, if any, were discussed with the client/legal representative.

Yes No The client/legal representative has been informed of possible side-effects including those that may be present after 3 months and, if applicable, notified that with some anti-psychotics there is a possible side-effect of tardive dyskinesia, which may cause involuntary movement of the tongue, face, neck, limbs, or torso and may persist even after stopping the medication.

Yes No Written notification (e.g., OrderConnect leaflet) regarding the medication(s) and its side-effects was offered to the client/legal representative.

Yes No The client/legal representative has been notified that he/she should promptly inform his/her treating provider about changes in his/her condition (e.g., dizziness, severe sedation, rash), if she becomes pregnant, any decision to discontinue a medication and/or if any new medication(s) are prescribed/taken for other conditions.

Yes No The client/legal representative has been informed that he/she may withdraw consent at any time.

If applicable

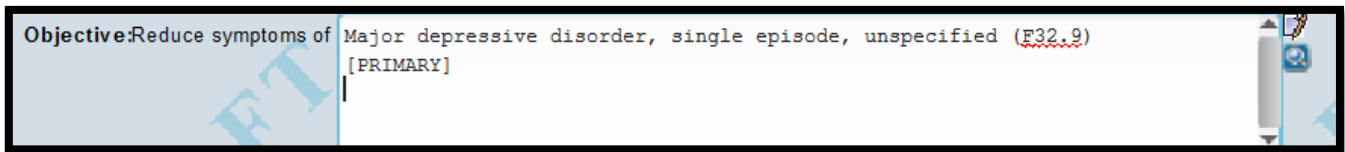
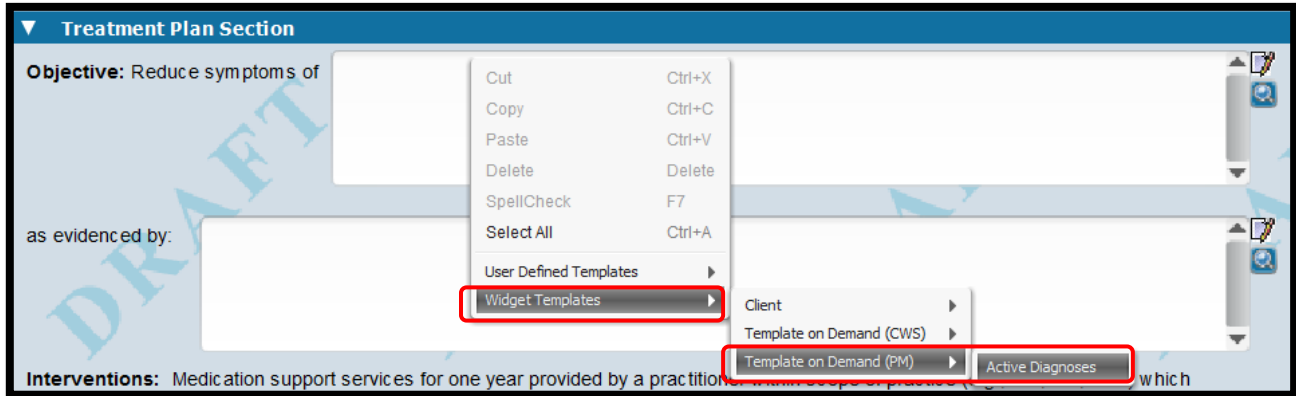
Yes No The JV 220 was completed and entered in the Clinical Record in addition to this medication consent

JV-223 Order Date

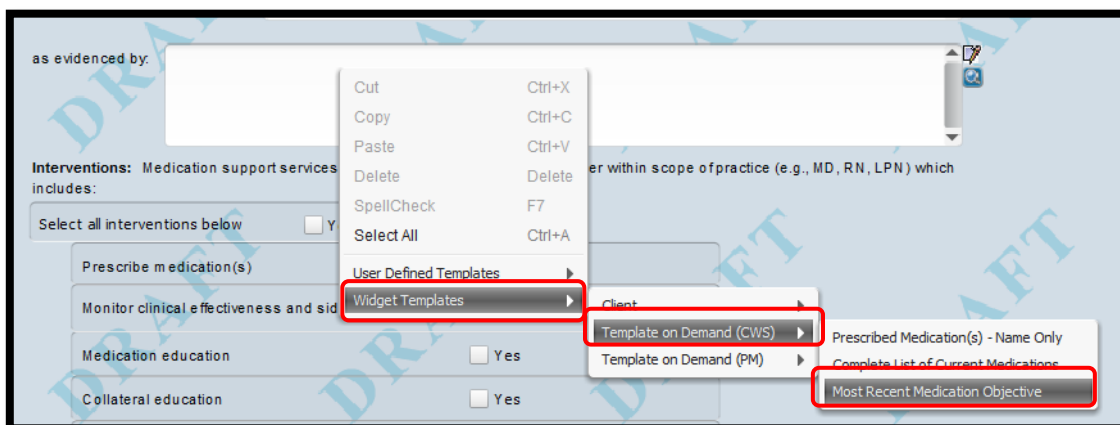
5. If the client is a minor and the **JV220** has also been completed, select yes, and then enter the Order Date. Otherwise, it may be left blank.

Instructions for Medication Consent & MSS Treatment Plan Form

6. Enter the client's diagnosis or diagnoses that you will be addressing with medications in the **"Reduce symptoms of"** field
 - a. Right Click in the field to pull in the client's current diagnosis: **Widget Templates**, Template on Demand (PM), Active Diagnoses
 - i. Note: You may edit this once you pull them in (e.g. delete a diagnosis that you will not be providing medications toward). If the diagnosis is not correct, there is a hyperlink to the Diagnosis form on the left hand side of the form.



7. Enter the Objective (i.e. the way you are going to know if the medications are working) in the **"as evidenced by"** field
 - a. Refer to the end of this document for sample statements to enter in this section
 - b. Right Click in the field to pull in the previously entered Objective: **Widget Templates-CWS**, Template on Demand, Most Recent Medication Objective (Note: This will only work if this form had previously been filed for the client; information from the DMH Client Treatment Plan will not pull into this form)



Instructions for Medication Consent & MSS Treatment Plan Form

as evidenced by: reduce PHQ9 score from 22 (severe depression) to 10 (moderate depression)

8. Enter the medication support **Interventions** that will be provided at the clinic related to the medications. This must include all interventions that will be provided by all staff (e.g. administration of medications by an RN).
 - a. Select Yes to “select all interventions below” if all interventions apply.
 - b. If any item is no, then you may uncheck the box for that intervention.

Interventions: Medication support services for one year provided by a practitioner within scope of practice (e.g., MD, RN, LPT) which includes:

Select all interventions below Yes

Prescribe medication(s)	<input checked="" type="checkbox"/> Yes
Monitor clinical effectiveness and side effects	<input checked="" type="checkbox"/> Yes
Medication education	<input checked="" type="checkbox"/> Yes
Collateral education	<input checked="" type="checkbox"/> Yes
Administer medications (e.g., injections)	<input checked="" type="checkbox"/> Yes

9. Enter the **PROPOSED** frequency of contact.
 - a. Note: this is only the proposed frequency. It is okay if the client ends up coming more or less frequently.

Proposed Frequency of Contact

Weekly Every other week Monthly Every 3 months

10. If the consent/treatment plan was discussed with the client in a language OTHER THAN English, enter the language.
11. Select which type of **Signature** you will be obtaining. The signature applies to BOTH the Medication Consent and the Treatment Plan.

Medication Consent and Treatment Plan Signatures

Please specify language if other than English

Signatures

Client Signature Only
 Parent/Legal Rep. Signature ONLY
 Client and Parent/Legal Rep. Signatures
 Parties Refused/Unable to Sign

Comments

Client signature

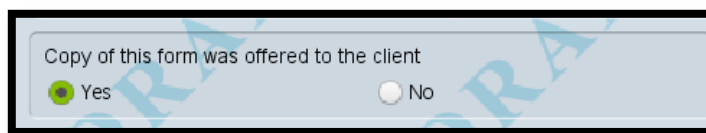
Get Signature

Parent/Legal Guardian/Conservator Signature

Get Signature

Instructions for Medication Consent & MSS Treatment Plan Form

12. Select whether or not a copy of this was offered to the client (Note: we should always be offering a copy to the client).



Copy of this form was offered to the client

Yes No

13. After finalizing the form, the Med Consent/Tx Plan Report will pop up, and you could print it out for the client or you can close out of the report.

SAMPLE “as evidenced by” language for Objectives:

Objective – Psychotic Disorders w/hallucinations

- Reducing the frequency of auditory hallucinations from **x**% to **y**% per day

Objective – Depressive Disorders

- Reducing the severity of depressed/irritable mood from **x** currently to a **y** or less (based on self-report 1-10 scale)
- Reducing the depressive symptoms from a PHQ-9 score of **x** currently to **y** or less
- Maintaining stable mood by scoring a(n) **x** or below on the PHQ-9 for at least 5 consecutive sessions

Objective – Anxiety Disorders

- Reducing severity of anxious mood from **x** currently to a **y** or less (based on self-report 1-10 scale)
- Reducing anxious symptoms from a GAD-7 score of **x** currently to **y** or less