

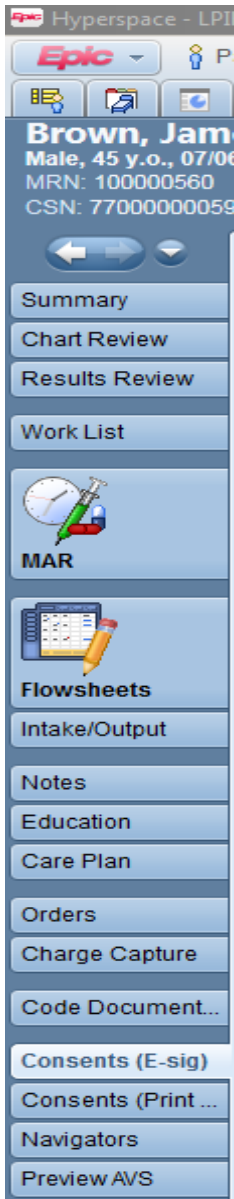
Psychotropic Medication E-Consent

This tip sheet explains how to access a psychotropic medication e-consent before administration.



Try It Out

1. In your patient's chart, go to the **Consents (E-sig)** activity



2. Click **Add** to access the Psychotropic Medication Consent-Esig

Hyperspace - LPH INPATIENT PSYCH - Prime POC - NURSE I

Epilo Patient Lookup My Reports Patient Care Lippincott Tools

Brown, James

Brown, James
 Male, 45 y.o., 07/06/1970
 MRN: 100000560
 CSN: 770000005914

Bed: 304-01
 Loc: HBH 3S MED SURG
 Admit Date/Time: 08/12/2015 0712
 Day #: 30

Attend: BLOOM, D
 Height: 6' (1.829 m)
 Weight: 81.647 kg (180 lb)

Allergies: No Known Allergies
 Infection: None
 Suspected Infection: None
 Precution: None
 Code (No Pulse): N

Collection: Lab
 Pref Lang, Need Interp: English, No
 MyChart by Prime Healthcare: Inactive
 Adv Dir Filed?: None

Consents (E-sig)

Summary
 Chart Review
 Results Review
 Work List
 MAR
 Flowsheets
 Intake/Output
 Notes
 Education
 Care Plan
 Orders
 Charge Capture
 Code Document...
 Consents (E-sig)
 Consents (Print...
 Navigators

Category Select

Search:

Title	Number
Anesthesia/Moderate Sedation Services- E-sig	201288
Blood Transfusion- Esig	201250
Bronchoscopy- Esig	201261
Colonoscopy- Esig	201264
E.R.C.P- Esig	201263
EGD with PEG- Esig	201262
Esophagogastroduodenoscopy- Esig	201259
HBAuth Consent To Photography- Esig	201281
Informed Consent By Physician (Incapacitated Patient)- Esig	201273
Informed Consent for Exercise Testing- Esig	201258
Leaving the Hospital Against Medical Advice or Treatment- Esig	201254
Observation Consent- Esig	201283
Patient Property Management Form- Esig	201293
PICC- Esig	201256
Post Exposure Blood Borne Pathogen- Esig	201253
Pregnancy Screen- Esig	201252
Psychotropic Medication Consent- Esig	201280
Refusal To Permit Medical Treatment- Esig	201265
Sigmoidoscopy- Esig	201260
Surgery Consent- E-sig	201289
Transfer Consent&Acknowledgement Refusal- Esig	201282

21 categories loaded.

Accept Cancel

- Make sure to fill out all the applicable fields on the left side, such as the provider name/medication details, etc. Once everything is completed, use the e-sig pad at your workstation for the patient to sign the consent.

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Consents (E-sig)

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 Code Document...
 Consents (E-sig)
 Consents (Print...
 Navigators
 Preview A/S

E-Signature Document

Provider Name: [Text Box]
 Received medication information sheets: Yes No
 Medication details (Name, Dose, Route, Frequency): [Text Box]
 Expected: [Text Box]
 Duration: [Text Box]
 Relationship: [Text Box]

PSYCHOTROPIC MEDICATION CONSENT

PLEASE READ THIS CAREFULLY, IF YOU HAVE PROBLEMS READING IT, ASK TO HAVE IT READ TO YOU.

Dr. ProviderName, with me and we discussed the psychiatric issues that led to my admission. The Psychiatrist/Physician informed me of medications that are known to be of help in treating my specific psychiatric problems. He/she also discussed with me the likelihood of my improving without such medication(s). I understand that in agreeing to take medication(s) I have not eliminated my involvement in other forms of treatment.

ALTERNATIVES: I understand that alternatives to the major tranquilizers may include psychological therapy, minor tranquilizers, or antidepressants. These alternatives have not been generally effective in dealing with the psychiatric problems specified above.

I understand that I may refuse these medication(s) and withdraw my consent at any time by notifying my physician or a staff member of the treatment team. The Psychiatrist/Physician informed me that there are 8 major groups of medications involved in treatment of psychiatric problem and their possible side effects as followed

a. Anti-anxiety Agents: Somnolence, confusion, ataxia, hypotension, dry mouth, salivation.

b. Antidepressants: Anticholinergics (dry mouth, urinary retention, blurred vision), orthostatic hypotension (EKG changes, arrhythmias), sedation, confusion, hallucinations, agitation.

c. Mood stabilizers: Tremor, polyuria, polydipsia, weight gain, diarrhea, vomiting, drowsiness, cognitive impairment.

d. Anti-psychotics Agents: Anticholinergic (dry mouth, urinary retention, blurred

debar Orders Mgmt

management Current Meds
 s & Patient Education I/O & Results
 Documentation Work List Tasks
 s Active Lines
 st Allergies
 Treatment Team
 nistration Policies & Procedures

shed: 08/20/15 0911 [Refresh]

[Acknowledge All]

rs to be Acknowledged

[Acknowledge Section]

med Consent

nding Count: 1 Occurrences, Prio: Routine

94051 When 08/19/15 1332
 Provider Hassan Mohamed Alkhoul, MD
 [Acknowledge - New]

n-tazobactam (ZOSYN) 4 g in sodium chloride (NS) 0.9
 IVPB
 7/15, End: 08/24/15, 4 g, Intravenous, Every 8 hours, Prio:
 Status: Dispensed

94050 When 08/17/15 1605
 Provider Edgar Anthony Abbes, DPM
 [Acknowledge - New]

n chloride 40 mEq (20 mEq in 100 mL x 2) IVPB
 Start: 08/17/15, 40 mEq, Intravenous, Daily as needed, Prio:
 Routine, Status: Dispensed

ID 1094049 When 08/17/15 1059
 Ordering Provider Edgar Anthony Abbes, DPM
 [Acknowledge - New]

Edit Data Accept & Print Accept Cancel

- Once patient has signed, click **Accept & Print** or **Accept**

Accept & Print Accept Cancel

