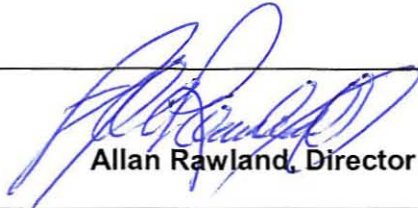


**County of San Bernardino  
Department of Behavioral Health**

## **Consent for Administration of Psychotropic Medication to Minors Policy**

**Effective Date**  
**Revision Date**

6/1994  
4/23/08



**Allan Rawland, Director**

**Policy**

It is the policy of the Department of Behavioral Health (DBH) to obtain valid informed consent for the administration of psychotropic medication(s) to minor clients in accordance with laws and regulations established by DBH and the *California Code of Regulations (CCR)* and *Welfare and Institutions Code*.

**Purpose**

To ensure that psychotropic medication is administered legally, following valid written or verbal/telephone consent, a court order, or during an emergency.

**Definitions**

**Informed consent:** consent received absent of distress or force, and clearly indicates agreement with the proposed medication.

**General  
Consent  
Requirements**

The treating Psychiatrist must obtain consent for the administration of psychotropic medication(s) from 1) the minor client – if the minor is legally emancipated and is competent of giving informed consent, 2) the minor's parent/legal guardian or conservator, or 3) a valid court order, at the time the medication is prescribed.

The Psychiatrist requesting consent must provide the client, parent/legal guardian or conservator with the following (See [Attachment 1](#)):

- Nature of condition being treated
- Name of medication(s)
- Expected benefits
- Potential side effects
- Alternative treatment
- Risks

**Important:** The treating Psychiatrist may use a current written consent faxed from another DBH clinic, including one within a Juvenile Assessment and Detention Center (JDAC) or Regional Youth Educational Facility, provided there has been continuity in treatment services and the medication and dosages are the same.

*Continued on next page*

**County of San Bernardino  
Department of Behavioral Health**

**Consent for Administration of Psychotropic Medication to  
Minors Policy, Continued**

**Valid Informed  
Consent**

The following illustrate valid informed consent:

| Type                     | Description  |
|--------------------------|--|
| Consent in writing       | Consent is received in writing and the <a href="#">Medications Consent form</a> is completed and signed by the consenting party and the Psychiatrist.  |
| Verbal/Telephone Consent | <p>Consent is received over the phone and there is a medical professional staff witness, and the <a href="#">Verbal/Telephone Consent for Administration of Psychotropic Medication form</a> is completed and signed by the Psychiatrist and the witness.</p> <p><b>Note:</b> Verbal/Telephone consent is only valid for fourteen (14) days (with the exception of DBH clinics within a JDAC or Regional Youth Educational Facility; in these locations verbal/telephone consent is valid for one (1) year).</p> |

*Continued on next page*

**County of San Bernardino  
Department of Behavioral Health**

**Consent for Administration of Psychotropic Medication to  
Minors Policy, Continued**

**Special  
Circumstances**

Upon the circumstances indicated below, the corresponding action is to be taken:

| <b>If...</b>   | <b>Then...</b>   |
|--|--|
| The parent/legal guardian or conservator is unable to immediately respond to the request for written informed consent. | The Psychiatrist may obtain a verbal/telephone informed consent (as stated above). |

*Continued on next page*

**County of San Bernardino  
Department of Behavioral Health**

## **Consent for Administration of Psychotropic Medication to Minors Policy, Continued**

---

**Special Circumstances (continued)**

| <b>If...</b>   | <b>Then...</b>  |
|--|---|
| The verbal/telephone consent is not witnessed by another medical staff member (for example, due to shortage in staff). | <p>The Psychiatrist has twenty-one (21) working days to obtain a written consent.</p> <p><b><u>Important:</u></b></p> <ol style="list-style-type: none"><li>1. Verbal/telephone attempts to obtain written consent must include documentation of each attempt in the client's medical record of the following:<ul style="list-style-type: none"><li>• Staff name</li><li>• Date</li><li>• Time</li><li>• Result of attempt (i.e. phone disconnected, no answer, left message, etc.)</li></ul></li><li>2. Mail attempts to obtain written consent must also be documented in the client's medical record and mailings must include:<ul style="list-style-type: none"><li>• letter to the parent/legal guardian or conservator <a href="#">Template 1</a> (if the minor is in a JDAC or a Regional Youth Educational Facility)</li><li>• letter indicating diagnosis and recommended medication(s) <a href="#">Template 2</a></li><li>• Psychotropic Medication Information sheet (see <a href="#">Attachment 1</a>)</li><li>• Medications Consent form</li></ul></li></ol> |

---

*Continued on next page*



**County of San Bernardino  
Department of Behavioral Health**

**Consent for Administration of Psychotropic Medication to  
Minors Policy, Continued**

---

**Special Circumstances (continued)**

| <b>If...</b>   | <b>Then...</b>  |
|--|---|
| A verbal/telephone consent is not witnessed and attempts have been made to obtain written informed consent – and twenty-one (21) working days have passed. | <p>The Psychiatrist must complete the <a href="#">Prescribing Physician's Statement- Attachment (JV-220(A)) Spanish (JV-220(A)S)</a> and send it, with copies of the documented attempts, to the minor's Department of Children Services (DCS) worker or Probation Officer to process the court order and obtain approval.</p> <p><b>Note:</b> At least three (3) attempts to obtain written informed consent must be made prior to requesting a court order.</p> |

---

**Court Order  
Specifications**

After a court order request to administer psychotropic medication has been submitted to the court, the court has seven (7) court days to approve or deny the request. Any new/additional medication requirements require a new court order or informed consent.

If it is discovered that a court order for the minor exists for the same medication and dosage(s) in another county within California, a copy of the current court order may be temporarily used in lieu of a court order for San Bernardino County (provided there has been reasonable continuity in treatment services and there have been no changes in the name of medications or dosages). The Psychiatrist should continue to pursue a court order within San Bernardino County.

**Note:** Please reference the *Welfare and Institutions Code*, Division 2, Part 1, Chapter 2, Article 10, §369.5, for circumstances regarding dependents of the court.

---

*Continued on next page*

**County of San Bernardino  
Department of Behavioral Health**

**Consent for Administration of Psychotropic Medication to  
Minors Policy, Continued**

---

**Emergency  
Situations**

An emergency occurs when there are unexpected changes in the patient's condition that require immediate attention for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is not viable to obtain consent.

DBH's Physicians may administer psychotropic medications in an emergency situation, to the extent required in order to treat the emergency condition; psychotropic medication(s) may also be administered in a youth authority setting during an emergency situation without consent for the duration of seventy two (72) hours.

---

**References**

- California Code of Regulations, Title 9, Division 1, Chapter 4, Article 5.5, §851 & §853 and Title 15, Division 4, Chapter 3 – subchapter 3, Article 1, §4733 & Article 1.5, §4747
  - California Welfare and Institutions Code, Division 2, Part 1, Chapter 2, Article 10, §369.5 and §1712
-

## **Psychotropic Medication Information**

- ☐ **ANTIPSYCHOTICS: (Haldol, Navane, Prolixin, Trilafon, Stelazine, Mellaril)**  
**Primary indications** for these medications includes hallucinations, delusions (false beliefs), or disorganized thinking.  
**Anticipated benefits** relief of hallucinations, delusions, or disorganized thinking.  
**Risks:** dryness of mouth and eyes, constipation or sexual problems, low blood pressure, sedation or restlessness, stiffness and tremor, weight gain, increased risk of seizure and breast enlargement or discharge. Persistent abnormal movements (tardive dyskinesia), which may occur, include movements of the face, mouth, hands and feet, these symptoms are irreversible.
  
- ☐ **ATYPICAL ANTIPSYCHOTICS: (Risperdal, Zyprexa, Seroquel and Geodon, Abilify)**  
**Primary indications** for this medication include hallucinations, delusions (false belief), or disorganized thinking.  
**Risks:** dryness of mouth and eyes, constipation or sexual problems, positional blood pressure changes, sedation or restlessness, stiffness, tremor, weight gain, increased risk of seizure and breast enlargements or discharge. The persistent abnormal movement of tardive dyskinesia has not been reported.
  
- ☐ **CLOZAPINE: (Clozaril)**  
**Primary indications** for this medication include psychosis (delusions and voices), poor response to neuroleptics, tardive dyskinesia and severe extra pyramidal side effects (tremors, stiffness, etc).  
**Risks:** severe agranulocytosis (white blood drop), seizures, sedation, fever, low blood pressure, pulse, constipation and excessive drooling. Weekly laboratory tests are needed in the first six months of treatment and every two weeks thereafter.
  
- ☐ **SSRI'S AND OTHER ANTIDEPRESSANTS: (Prozac, Zoloft, Paxil, Celexa, Remeron, Effexor, Serzone, Wellbutrin and others)**  
**Primary indication** for these medications is depression, but also benefiting anxiety and panic.  
**Anticipated benefit** is relief of depression and anxiety.  
**Risks:** restlessness, brief nausea, nervous, insomnia, sexual problems, increased risk of seizure, excessively euphoric mood (hypomania).
  
- ☐ **TRICYCLIC ANTI-DEPRESSANTS : (Pamelor, Imipramine, Norpramine, Elavil, etc.)**  
**Primary indications** for these medications are depression.  
**Anticipated benefit** is relief of depression.  
**Risks:** dryness of mouth eyes, blurred vision, constipation, low blood pressure, sedation, weight gain, heart rhythm irregularities, increased risk of seizure, excessively happy mood.
  
- ☐ **TRAZODONE: (Desyrel)**  
**Primary indications** for this medication include depression, insomnia or excessive aggressiveness.  
**Anticipated benefit** is relief of depression, anxiety, anger and insomnia.  
**Risks:** sedation, low blood pressure, painful and persistent erections and other sexual problems.

**County of San Bernardino  
Department of Behavioral Health**

Attachment 1

☐ **MAOI'S: (mono-amine oxidase inhibitors: Nardil, Parnate, Deprenyl)**

**Primary indications** for these medications are depression.

**Anticipated benefit** is relief of depression.

**Risks** include sedation, low blood pressure, weight gain, sexual problems, dangerous interaction with certain foods and medicines. Low tyramine diet and risk of interactions with other medications have been explained to the patient.

☐ **LITHIUM: (lithium carbonate, Eskalith, and other forms)**

**Primary indications** for this medication include mood swings and depression.

**Anticipated benefits** are stability of moods and relief of depression.

**Risks** include tremor, upset stomach, weight gain and mild memory, thyroid or kidney problems. Periodic laboratory tests have been explained to the patient.

☐ **CARBAMAZEPINE VALPROATE: (Tegretol, Depakote, and Depakene, Topamax, Trileptal)**

**Primary indications** for these medications include mood swings, seizures and aggressive episodes.

**Risks** include sedation, nausea, mild uncoordination, rash, and change in blood count or chemistry. Periodic laboratory tests have been explained to the patient.

☐ **SEDATIVES, HYPNOTICS, ANTI-ANXIETY AGENTS: (Valium, Ativan, Hydroxyzine )**

**Primary indications** for these medications include nervousness, agitation, or insomnia.

**Anticipated benefits** are relief of nervousness, agitation or insomnia.

**Risks** include sedation, dependence and withdrawal reactions.

☐ **BUSPIRONE: (BuSpar)**

**Primary indications** for this medication include anxiety, depression or excessive aggressiveness.

**Anticipated benefits** are relief of anxiety or aggressiveness.

**Risks** include headache, mild dizziness and temporarily increased anxiety.

☐ **STIMULANTS: (Ritalin, Adderall, Cylert, Concerta, Dexedrine, Dextrostat)**

**Primary indications** for these medications are for Attention Deficit and/or Hyperactivity.

**Anticipated benefit** increased impulse control, increased attention span, decreased activity.

**Risks** abdominal discomfort, insomnia, sedation, decreased appetite.

☐ **STRATTERA:**

**Primary Indicated for** ADHD Treatment.

**Anticipated benefit** control symptoms of ADHD

**Risks** may cause brief nausea, abdominal discomfort, headache, Preferred to be taken with food.

☐ **Anti-EPS: (COGENTIN-BENADRYL)**

**Primary Indication for** Anti EPS-Extra Pyramidal stop side effects of other medications.

**Anticipated benefit** you don't get motor stiffness.

**Risk** dry mouth, blurry vision.

☐ **CLONIDINE, TENEX**

Anti-hypertensive used for Impulse Control and Hyperactivity/ADHD.

**Risk** may cause Sedation.

☐ **HYDROXYZINE: (Vistaril)**

**Primary Indications** for Sleep and Anxiety.

**Risks** may cause allergies, headaches, dizziness, etc.