



NAMENDA-INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> NMDA receptor antagonist/Dementia treatment	<u>Medications in this Category:</u> memantine HCL (Namenda)
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Anticipated Dosage Range: _____

About Your Medication: Memantine is used to treat moderate to severe dementia of the Alzheimer's type. Memantine reduces the actions of chemicals in the brain that may contribute to the symptoms of Alzheimer's disease.

Side Effects: Every medication is capable of producing side effects. Many people who take memantine HCL experience no, or minor side effects. The frequency and severity of side effects depend on many factors including dose, duration of therapy and individual susceptibility.

Seek emergency medical attention if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Stop using memantine HCL and call your prescriber at once if you have any of these serious side effects: cough, chest tightness, fever, trouble breathing, chest pain, fast heart rate, confusion, hallucinations, sudden numbness or weakness, especially on one side of the body, lack of coordination, fainting or seizure (convulsions), urinating less than usual or not at all, pale skin, easy bruising or bleeding, unusual weakness or increased blood pressure (severe headache, blurred vision, trouble concentrating, chest pain, numbness, seizure).

Less serious side effects may include: nausea, vomiting, diarrhea, constipation, loss of appetite; dizziness, tired feeling, weight loss, swelling in your hands or feet, fast heart rate, easy bruising or bleeding, unusual weakness, joint pain, anxiety, aggression, skin rash, redness or swelling of or around your eyes or urinating more than usual.

Precautions: Before using Memantine HCL, tell your prescriber if you are allergic to any drugs, or if you have: epilepsy or other seizure disorder, cataracts, liver disease, kidney disease; or a bladder or kidney infection.

By my signature below, I give consent for the above-mentioned medication to be administered and for a change of medication within this medication category. My signature also indicates that I am aware of, have read and discussed the reasons for the use of this medication, and its potential risks and benefits.

Client Signature: _____ Date Signed: _____

Witness Signature: _____ Date Signed: _____