



METOCLOPRAMIDE-INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Antiemetic/gastroprokinetic agent	<u>Medications in this category:</u> metoclopramide (Reglan)
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Anticipated Dosage Range:_____

About Your Medication: Metoclopramide is used to relieve heartburn and speed the healing of ulcers and sores in the esophagus (tube that connects the mouth to the stomach) in people who have gastroesophageal reflux disease (GERD; condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus) that did not get better with other treatments. Metoclopramide is also used to relieve symptoms caused by slow stomach emptying in people who have diabetes. These symptoms include nausea, vomiting, heartburn, loss of appetite, and feeling of fullness that lasts long after meals. Metoclopramide is in a class of medications called prokinetic agents. It works by speeding the movement of food through the stomach and intestines.

Side Effects: Every medication is capable of producing side effects. Many people who take metoclopramide 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.

Some side effects can be serious. If you experience any of the following symptoms, call your doctor immediately: tightening of the muscles, especially in the jaw or neck, speech problems, depression or worsening of depression, suicidal thoughts, thinking about harming or killing yourself, fever, muscle stiffness, confusion, fast, slow, or irregular heartbeat, sweating, restlessness, nervousness or jitteriness, agitation, difficulty falling asleep or staying asleep, pacing, foot tapping, slow or stiff movements, blank facial expression, uncontrollable shaking of a part of the body, difficulty keeping your balance, rash, hives, swelling of the eyes, face, lips, tongue, mouth, throat, arms, hands, feet, ankles, or lower legs, sudden weight gain, difficulty breathing or swallowing, high-pitched sounds while breathing, vision problems

Tell your doctor if any of these symptoms are severe or do not go away: drowsiness, excessive tiredness, weakness, headache, dizziness, diarrhea, nausea, vomiting, breast enlargement or discharge, missed menstrual period, decreased sexual ability, frequent urination, inability to control urination.

Precautions: This medication may make you drowsy. Avoid driving, using machines, or doing anything else that may be dangerous if you are not alert. Be sure to mention if you are taking any of the following: acetaminophen (Tylenol, others); antihistamines; aspirin; atropine (in Lonox, in Lomotil); cyclosporine (Gengraf, Neoral, Sandimmune); barbiturates such as pentobarbital (Nembutal), phenobarbital (Luminal), and secobarbital (Seconal); digoxin (Lanoxicaps,

Lanoxin); haloperidol (Haldol);insulin; ipratropium (Atrovent); lithium (Eskalith, Lithobid); levodopa (in Sinemet, in Stalevo); medications for anxiety, blood pressure, irritable bowel disease, motion sickness, nausea, Parkinson's disease, ulcers, or urinary problems; monoamine oxidase (MAO) inhibitors, including isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranlycypromine (Parnate); narcotic medications for pain; sedatives; sleeping pills; tetracycline (Bristacycline, Sumycin); or tranquilizers..

Tell your prescriber if you have or have ever had blockage, bleeding, or a tear in your stomach or intestines; pheochromocytoma (tumor on a small gland near the kidneys); or seizures. tell your doctor if you have or have ever had Parkinson's disease (PD; a disorder of the nervous system that causes difficulties with movement, muscle control, and balance); high blood pressure; depression; breast cancer; asthma;glucose-6-phosphate dehydrogenase (G-6PD) deficiency (an inherited blood disorder); NADH cytochrome B5 reductase deficiency (an inherited blood disorder); or heart, liver, or kidney disease.

By my signature below, I give consent for the above named 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 mediation, and its potential risks and benefits.

Client Signature:_____ Date Signed:_____

Witness Signature:_____ Date Signed:_____