



TEGRETOL - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Anticonvulsants Use as mood stabilizing agent	<u>Medications in this Category:</u> carbamazepine (Tegretol)
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Anticipated dosage range: \_\_\_\_\_

About Your Medicine: Anticonvulsant medications are generally used for the treatment of epilepsy and seizures. However, some anticonvulsants have been found useful in the treatment of some psychiatric disorders including mania, depression and schizophrenia. They act as mood stabilizers, decreasing mood swings. In some cases they help people to gain control over their impulsive and aggressive behaviors. They can also increase the effectiveness of other medications, especially antidepressant medications. The anticonvulsants are often given in combination with an antipsychotic medication, an antidepressant medication, or lithium.

Side Effects: Every drug is capable of producing side effects. Many people who take anticonvulsant medications 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.

Possible side effects include:

More common: Sedation, dizziness, unsteadiness, fatigue, headache, and skin rashes.

Less Common: Nausea, liver problems, problems with electrical conduction in the heart (rare).

Precautions: Agranulocytosis (loss of white blood cells) occurs in around 1 patient out of 100,000 treated with carbamazepine. **THIS CAN BE FATAL IF NOT RECOGNIZED AND TREATED EARLY.** Symptoms include flu-like symptoms (eg, fever, sore throat). Lab tests: Anyone taking carbamazepine that develops a fever, sore throat or other signs of flu-like illness should have a CBC (complete blood count) IMMEDIATELY.

Carbamazepine interacts with many other medications. Make sure that your prescriber of the medications that you are taking. Birth defects have been associated when this medication is taken by pregnant mothers.

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 medication, and its potential risks and benefits.

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_