



ANTI-HISTAMINE - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Anti-anxiety (sedating antihistamines)	<u>Medications in this Category:</u> diphenhydramine (Benadryl); hydroxyzine HCL (Atarax); hydroxyzine pamoate (Vistaril)
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Anticipated dosage range: _____

About your medicine: Antihistamines are commonly used to treat colds and allergies. Many antihistamines can also help to promote sleep, decrease anxiety, and decrease some of the side effects of antipsychotic medications.

Side Effects: Every drug is capable of producing side effects. Many people using antihistamines 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, dry mouth, constipation.

Less Common: Difficulty urinating, confusion, temporary memory impairment. Seizures have been reported but are rare.

By my signature below, I give consent for the above-named medication to be administered. My signature also indicated that I have read and discussed the reasons for the use of this medication, and its potential risks and benefits, that I do not have an alcohol or drug abuse problem and that I know that these medications and alcohol or illicit drugs should not be used at the same time.

Client Signature: _____ Date Signed: _____

Witness Signature: _____ Date Signed: _____