

SUBJECT: Release of Responsibility for Clients Receiving Potentially Sedating Medications
APPROVED BY: VP Acute & Long Term Care & COO South _____
EFFECTIVE DATE: June 2009
REVISED DATE: January 2011
REVIEW DATE:

Purpose:

To inform nurses of responsibilities when dispensing medications that may potentially cause sedating side effects.

Policy/Standard:

L-G Health clients are to be informed of potential risk associated with receiving medication that have potentially sedating side effects.

Materials Required:

Release of Responsibility for Clients Receiving Potentially Sedating Medication Form. (see Appendix A)

Related Policies:

Administration Policy and Procedure Manual Consent A-1-50

Procedure:

1. The nurse will review the Release of Responsibility for Clients Receiving Potentially Sedating Medications Form (see Appendix A) with the patient prior to any medications with potential sedating side effects being given.
2. The form is signed by the client and/or guardian according to Administrative policy (A-1-50) for consents and witnessed by the nurse.
3. This form is to remain a part of the Clients medical chart.

Reference:

Nil



Appendix A

Release of Responsibility for Clients Receiving Potentially Sedating Medication

This is to certify that I, _____
have been advised by _____ of the
_____ Community Clinic that I must not drive any motor vehicle for
24 hours and I must be in the care of a responsible person for at least three
hours following the receiving of sedatives/and pain medication. I have
been informed of the risk involved and hereby release the attending
Health Care Provider and the Community Clinic from all responsibility
for any injury which may result from my failure to abide by this advice.

Signed: _____ Date & Time: _____

Relationship: _____ Witness: _____

Staff Signature: _____ Date & Time: _____

13th January 2011