



Verbal consent form / guide for clinician

Temazepam initiation for night sedation in adults

Alternatively a written consent form may be used. This is also available on the NSW TAG [website](#).

Introduction

1. Introduce yourself to the patient/person responsible. Confirm relevant patient-identifying information.

Verbal consent information provision

2. *I'm here to provide information about the medicine, temazepam, which is being considered to manage your sleep disturbance during your hospital stay. I need to tell you about it and get your consent before prescribing it. Because the use of sleep medicines during hospitalisation carries significant potential for harm with little gain in sleep quality and quantity, it is important you understand the possible benefits and harms of temazepam.*

3. *Here is the Consumer Medicines Information (CMI) leaflet for temazepam, as well as the Sleeping in Hospital [Booklet](#) which provides information about useful tips for sleeping in hospital, which is often difficult for many patients.*

Remember to consider whether further explanation will be needed for some populations e.g. pregnancy/breastfeeding.

Whenever possible, provide the relevant written information to the patient/person responsible well before requesting consent.

Temazepam

- Temazepam belongs to a group of medicines called benzodiazepines. These medicines work by acting on brain chemicals that can send you to sleep and may slightly increase sleep time.
- These same brain chemicals can also produce unwanted side effects such as [see list below/ CMI]. Benzodiazepines can interact with other medicines such as pain relievers and increase the risk of side effects. Sometimes these medicines make people stay in hospital longer. Use for longer than a few weeks can lead to dependence and withdrawal effects such as anxiety or sleeplessness can occur if stopped suddenly. The CMI leaflet gives more details of side effects.
- Temazepam is considered safer than other benzodiazepines because it is shorter acting but still has unwanted side effects.
- Temazepam is a tablet and is taken by mouth with a glass of water at night.
- It should only be given after careful consideration of whether it might improve sleep with minimal chance of serious side effects.

4. *It is important for you to know and understand that:*

- you /the person you are responsible for will also use sleep hygiene measures to promote sleep during the hospital stay;
- there are no guarantees that temazepam will improve the quantity or quality of sleep during the hospital stay;
- temazepam may cause serious side effects in you/the person you are responsible for including muscle weakness leading to falls and fractures, confusion and agitation, short term memory loss, daytime sleepiness, poorer breathing, incontinence and lengthen the hospital stay;
- use of temazepam for more than a few weeks can lead to dependence and cause unwanted effects if not stopped carefully;
- temazepam will be used at the lowest possible dose for the shortest possible time only when required;
- temazepam may be stopped or the dose reduced during the hospital stay if it is causing harm or is ineffective; and,
- temazepam will not be prescribed for you/ the person you are responsible for when leaving this hospital.

5. *Your consent to treatment with temazepam is voluntary. If you do not want to have treatment with temazepam, you do not have to. You can always change your mind about temazepam treatment and withdraw consent at any time; just let a member of the healthcare team know.*

6. *Do you have any questions in regard to the information provided, or any other questions about sleeping or temazepam?*
If yes, answer any questions the patient may have. If no, continue to collect consent.

Patient confirmation of consent

7. *Now that I have provided you with this information, can you [state name of patient/person responsible] please confirm that you:*

- understand the proposed use of temazepam including the possible effect on your sleep and possible side effects?
- have had an opportunity to ask questions and that you are satisfied with the answers you have received?
- freely agree to treatment with temazepam?
 - If no, thank the participant for their time and end the consent process.
 - If yes, ensure you record the date the verbal consent was collected (see documentation guide below).

8. *Thank you for your time.*

Documentation

Either print this form and sign the Doctor's Declaration below and place/scan in medical record OR copy and paste the Doctor's Declaration and insert into patient's electronic medical records with electronic sign-off. Include translator details (as below) if used.

Doctor's declaration: I have provided to the patient/the person responsible an explanation of the use of temazepam, the potential benefit and harms, the relevant CMI leaflet and information about sleeping in hospital. I believe the information has been understood.

Doctor's name & designation: _____ **Signature:** _____ **Date:** ___/___/___

If Accredited Health Care Interpreter used, **provide language, Translator's Name, ID#:** _____

Signature: _____ **Date:** ___/___/___