

INFORMED CONSENT
Involuntary Administration of Significant Procedures
to Committed Patients With Good Cause

APPROVAL OR DISAPPROVAL

The Superintendent or Chief Medical Officer of Oregon State Hospital
(Name of State Institution)

has reviewed the proposal for administering the following significant procedure without the person's consent to Todd Giffen
(Name of Patient)

Significant Procedure: Clozaril (clozapine); Haldol (haloperidol); lithium; valproate; lamotrigine;
Ativan (lorazepam); Zoloft (sertraline); Buspar (busiprone); Ambien (zolpidem)
- as detailed on Form 2, page 1

- A. The person's rejection of the procedure or lack of capacity to consent to the procedure is a product of the person's mental illness or mental deficiency: Yes ___ No ✓
- B. The proposed procedure will likely restore or prevent deterioration of the person's mental or physical health, alleviate extreme suffering, or save or extend the person's life: Yes ✓ No ___
- C. The proposed procedure is the most appropriate treatment according to current clinical practice, and all other less intrusive procedures have been considered: Yes ___ No ✓
- D. The treating physician or qualified mental retardation professional has made a conscientious effort to obtain informed consent to the procedure from the person on two or more occasions: Yes ✓ No ___
- E. Independent review was conducted by George R. Suckow, M.D. and approval has been given: (Name of Consulting Physician) Yes ___ No ✓

You are hereby notified that the treatment procedure will ___ will not ✓ be administered. The treatment procedure shall be administered only as long as no substantial increase in risk is encountered, but in no case longer than one year.

Comments: _____

PLEASE PROVIDE PATIENT WITH ATTACHED MEDICATION INFORMATION SHEETS.

May 16, 2007
(Date)

(Signature of Superintendent or Chief Medical Officer)

John Bischof, M.D.; Chief Psychiatrist

ADDRESSOGRAPH

GIFFEN, TODD
70380

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THINNING: One Year
FILING: Original: Informed Consent
Copy 1: Medical Record Service
Copy 2: Patient or Legal Guardian

Stock #OSH-STK 12317 MR-3-08/2003
MR# 65-14-002612

INFORMED CONSENT

Treatment with Psychoactive Medications

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT THOROUGHLY, DISCUSSED THE MATERIAL WITH YOUR PHYSICIAN, AND HAVE ALL THE INFORMATION THAT YOU DESIRE.

All of the following have been explained to me to my satisfaction by Dr. Fritz

The nature and seriousness of my mental condition. The diagnosis is bipolar disorder

The target symptoms for treatment with medication are unstable moods,

anxiety, paranoia

The proposed medication(s) atypical antipsychotics including
clozapine up to 900mg/d, typical antipsychotics
including haloperidol up to 40mg/d, lithium 600mg bid,
Valproate 750mg bid, lamotrigine 100mg bid,
carbamazepine 800mg bid, Zoloft 200mg bid, buspirone 15mg bid, antidepressants

Medication(s) may be given by mouth or injection on a daily basis or as necessary. The physician has explained the above medication(s) to me, the amounts to be given, how often I will receive them and the possibility of taking more.

Psychoactive medications have been used for a long time and are known to be effective. The exact reason for the effectiveness of psychoactive medications has not been clearly established; however, the effects appear to be related to their alteration of certain chemical processes within the brain.

Psychoactive medications have potential side effects in many systems of the body. Most of the side effects are minor and reversible. However, in some cases, adverse reactions are serious and may not be reversible, such as tardive dyskinesia, a movement disorder which may be permanent. Tardive dyskinesia is involuntary movement of the mouth, tongue, limbs, body, or hands and feet for which no effective treatment is available at this time. I also understand that the continuous use of these medications may hide or worsen symptoms of tardive dyskinesia. The symptoms may not appear until the medication is withdrawn. I understand that I should promptly notify my doctor or another member of the staff if there are any unexpected changes in my condition.

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MR # 65-14-0024-12

Certain medications have the potential for being addictive and may produce serious withdrawal symptoms.
☒ Does apply. ☐ Does not apply.

Certain medications have the potential for the side effects of tardive dyskinesia.
☒ Does apply. ☐ Does not apply.

The improvement associated with psychoactive medications may be permanent or temporary. The medications will not cure the illness, but usually will help control some of the more disabling symptoms. Relapses of the illness may occur when the medication is discontinued. Without this medication, the present mental disorder may improve spontaneously, continue with little or no change for an indefinite period of time, or worsen.

Alternatives to this treatment are no treatment; psychotherapy; milieu, social, activity, and behavior therapies. These alternatives may be useful in addition to the proposed medication(s), but are not preferable because:

medications are needed to treat symptoms

I have the right to accept or refuse this treatment and the right to revoke my consent for any reason at any time prior to or during treatment. This consent is being granted without threat or coercion, expressed or implied. I do understand that no guarantees or assurances have been made to me concerning the results of treatment with this medication.

I understand, in giving my approval to the recommended procedure, I am giving approval for a period of one year, unless there is substantial increase in risk of the procedure or unless I withdraw my consent. If I disapprove the recommended treatment, I understand my disapproval is for one year, unless there is deterioration in my condition.

The special circumstances that apply to my case are: (Indicate "none" if there are no special circumstances).

NONE

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I certify that the information on this form was explained to the patient.

I certify that I made at least two conscientious attempts to obtain informed consent (on 5/8/07 Date) and 5/9/07 Date) and that the patient did did not X have the ability to give informed consent (agreement to or refusal of the significant procedure, as the case may be). If deemed unable to give informed consent, describe statements and behavior of patient.

Does not think he has a mental illness. Began
laughing at me as I described risks &
benefits of medication.

If the patient refused medication because of concern about side effects or on religious grounds and the patient was evaluated as unable to give informed consent, explain below.

5/9/07
Date

[Signature]
Physician's Signature

I have carefully read and understand the foregoing and hereby consent do not consent to treatment with this medication.

Date

Patient

Time

Consenting Authority

Relationship

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**OREGON STATE HOSPITAL
INFORMED CONSENT:**

Report of Consultation of Independent Examining Physician or
Review of Disposition Board of Determination Whether Good
Cause Exists to Administer a Significant Procedure to a Person
Committed to the Division

Independent Examining Physician: George R. Suckow MD

Todd Giffen

1. Patient or resident: _____
2. Proposed significant procedure – include nature of procedure; if medication, include name of drug.

Clethril up to 900 mg / day – Valproate 400 mg / day –
lithium 600 mg B.I.D. / Uceprocte 750 mg B.I.D. –
lamotrigine 200 mg / day – Aripiprazole 8 mg / day
zoloft 200 mg / day – benazepril 15 mg / day
ambien 15 mg / day

3. I reviewed the chart and the form on Consent for Treatment: Yes ☒ No ☐

4. Patient examination conducted and results. This should include relevant history, mental status, diagnosis, and target symptoms for which the significant procedure is proposed.

22 yr old white male adm to OSH by CCC under

PSRB on 11-22-05 – NO-E to ~~proceed~~ use FA

increasing harassment. Pt states he has a lot

of "symptoms" of illness but won't admit to illness.

Denies that Dr talked to him re medications

says he laughed at him because he has retarded

ideas". Denies he has "highs" and says Dr Skach

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MR # 65-14-25-12

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Informed Consent: Consultation/Disposition Board

4. (Continuation - Patient examination conducted and results):

tried to give him a variety of diagnosis prior to
 Dr Fritz. Says he has never responded to
 medication (ambien buspar etc) might
 have to admit (was in it when young) is on
 lamotrigine - poor ^{response} on lithium / haloperidol (E side effect).
 Says did better on antidepressants (after X R).
 which helped. Denies ~~is~~ bipolar but says does
 have depression / anxiety / . Clear, coherent.
 Says felt better on W & D. Since xfw have ⁽⁴¹⁾
 doesn't feel as stable. Wants go back on effexor.
 Admits to some symptoms of ADHD as child. Was
 "daydreaming" more recently. Says mother and all his
 siblings have "mental symptoms" like ADHD & have had
 psych treat.

dx 1) 311.0 depression 2) ADHD 3) B₀ 30683 Borderline

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Informed Consent: Consultation/Disposition Board

5. Matters discussed with patient or resident:

Medications

Treatments

Real history

6. Reasons stated by patient or resident for giving, refusing, withholding, or withdrawing consent:

Doesn't want medicines that don't help.

Willing to take medicine that helps. Describes risks and benefits. Says he has difficulty communicating with people re his needs, their expectations

7. Alternatives to the proposed significant procedure explored with patient or resident, and patient's or resident's position regarding the alternatives:

No treatment will aggravate his symptoms.

Proposed treatment will help alleviate the target symptoms in least intrusive manner

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Informed Consent: Consultation/Disposition Board

8. Additional information considered and sources of that information:

Ward Chart

Ward Staff

9. Reason why the proposed significant procedure will ☒/will not ☐ restore or prevent deterioration of the physical or mental health of the patient or resident, alleviate extreme suffering, or save or extend the life of the patient or resident. Include target symptoms regarding treatment as these respond to the significant procedure.

The proposed medication will help alleviate
the target symptoms of

unstable moods

anxiety

paranoia

} he agrees to
symptoms
as a condition

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10. Reason why alternatives to the significant procedure are are not ☒ the most appropriate treatment for the patient's or resident's condition. These include psychotherapy; milieu, social, activity, behavior therapies; and no treatment.

He has a mental disorder that will not respond to verbal or behavioral therapy alone.

11. Conscientious efforts were made on 5-8-07 and 5-9-07 /were not made _____ by the primary physician to obtain informed consent of the patient or resident to the proposed significant procedure based on my review of the informed Consent for Treatment form (agreement to or refusal of the significant procedure, as the case may be).
12. Statements or behavior of patient or resident which demonstrate that the patient or resident is currently able to comprehend or evaluate the information given to the patient or resident to obtain informed consent and the dates of such statements or behavior.

Pt is able to discuss needs / wishes / benefits.

Doesn't deny illness (symptoms) but does question his

diagnosis. Should be treated with meds to which

he consents. His trust issues.

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Informed Consent: Consultation/Disposition Board

13. If the patient refused medication because of concern about side effects or on religious grounds and the patient was evaluated as unable to give informed consent, explain below:

No such refusal

14. I approve ☒ disapprove ☐ administration of the proposed significant procedure for the following reasons:

Treatment is appropriate if he consents

I have received and read the Administrative Rule regarding informed consent (OAR 309-114-000 through OAR 309-114-025), am familiar with its provisions, and have participated in a training program regarding its meaning and application.

Date 5-13-07

Physician



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