

**OREGON STATE HOSPITAL  
ADDENDUM TO FORM 2  
REPORT OF CONSULTATION OF INDEPENDENT EXAMINING  
PHYSICIAN WHETHER GOOD CAUSE EXISTS TO ADMINISTER A  
SIGNIFICANT PROCEDURE TO A PERSON COMMITTED TO THE DIVISION**

**ORS 161.370 PATIENTS**

Please make the following additional determination for patients under ORS 161.370 jurisdiction:

☐ Yes ☒ No Medication is requested for the sole purpose of restoring trial competency.  
(If yes, then do not proceed with Involuntary Medication Process.)

☒ Yes ☐ No Patient is being medicated because of the patient's dangerousness or to treat  
the patient's grave disability as those terms are defined in the rules cited on the next page.

Describe any additional information not already included in the entirety of Form 2 regarding  
the patient's dangerousness or grave disability: \_\_\_\_\_

See form 2

Signature: \_\_\_\_\_ Date: 5-12-11

Printed Name: Ben Jen Time: 900

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File Original: Informed Consent  
Copy: Quality Improvement  
Copy: Patient or Legal Guardian  
Thin: One Year

Addressograph

Giffen, Todd  
70380

Definitions:

“dangerousness” means either:

- (a) a substantial risk that physical harm will be inflicted by an individual upon his own person, as evidenced by threats, including verbal threats, or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may include information about historical patterns of behavior that resulted in serious harm being inflicted by a person upon himself as those patterns relate to the current risk of harm;
- (b) a substantial risk that physical harm will be inflicted by an individual upon another individual, as evidenced by recent acts, behavior or threats, including verbal threats, which have caused such harm or which would place a reasonable person in reasonable fear of sustaining such harm. Evidence of substantial risk may include information about historical patterns of behavior that resulted in physical harm being inflicted by a person upon another person as those patterns relate to the current risk of harm; or
- (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

A patient with a “grave disability” means a patient who

- a. Is in danger of serious physical harm to his health or safety absent the proposed significant procedures; or
- b. Manifests severe deterioration in routine functioning evidenced by loss of cognitive or volitional control over his actions which is likely to result in serious harm absent the proposed significant procedures.



PHYSICIAN STATEMENT REGARDING  
CAPACITY TO GIVE INFORMED CONSENT  
TO MEDICATION/SIGNIFICANT PROCEDURE

1. This individual is presently showing symptoms of a mental disorder known as Psychosis NOS with a history of mood instability

These symptoms are Delusional somatic and persecutory beliefs, delusions that Oregon State Hospital is using "Psychotronics" or an electrical or computer system that causes his body to have neurological problems affecting his muscles and their movements - he has stated his muscles are "dry", "don't move right" and notes particular problems with involuntary, deep muscles such as his esophagus, chest and head; Paranoid Delusions that OSH is perpetuating this problem during this visit and refuses to address his physical needs r/t this problem; He also has accused staff and the hospital of doing these things against him "in secret" both in the past and now. During his arrest he allegedly showed no insight into the role of the police officers questioning him and required multiple blows to the head and the threat of being tasered to avoid fully gouging out an arresting officers eyeball when they attempted to detain him. He only became cooperative when he was threatened with tasered after a prolonged physical altercation with police. During this inpatient stay he has show increased agitation towards staff with threatening verbal assaults and gestures; Mr. Giffen also has a long history of unpredictable, unprovoked but planned attacks on staff that have been known to cause permanent while in hospital from 2005-2009; poor insight into his assaultive, intimidating and menacing behaviors. Mr. Giffen also has a history of self-injurious behavior and suicide attempts during that inpatient stay.

Seriousness of the disorder: Severe. Mr. Giffen is on a constant 3:1 staff supervision and has developed increasing agitation and verbal distrust of staff during his first week of this inpatient stay.

2. In my professional opinion, the patient would benefit from the administration of the following psychiatric

medications (including dosage range)/significant procedure:

Olanzapine PO/IM up to 60 mg in 24 hours,

Lorazepam PO/IM up to 10 mg in 24 hours,

Effexor PO up to 375 mg in 24 hours,

Adderal PO up to 60mg in 24 hours.

Depakote PO to target therapeutic levels,

Lithium PO to target therapeutic levels,

3. Purpose of proposed treatment: Stabilize psychotic symptoms; decrease agitation, decrease threatening and menacing behavior, decrease risk of physical assaults and risk of self harm, reduce level of supervision; decrease or eliminate delusions. Improve and eliminate physical and mental distress from his symptoms; improve insight into potential for assaultive behaviors; improve physical health.

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Form # OSH-STK 76001 MR-2 12/2007

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GIFFEN, TODD M

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03/13/85 DOB WNH

ADMIT DATE 04/28/11



4. Reasons why alternatives to this treatment are not the most appropriate (these include psychotherapy, milieu, social, activity, behavior therapies, non-medical therapies, and no treatment): Other interventions (behavior plans, personal contact, group therapy) have not helped in reducing or addressing Mr. Giffen's psychosis, risk for physical aggression and level of supervision. Mr. Giffen perseverates on the benefit of physical remedies for his delusional physical condition such as steam baths, hot tubs and "whole body vibrations" but refuses to acknowledge the presence of delusional thinking contributing to these problems.
5. Intended outcome of proposed treatment: Please see #3.
6. Significant risks of the above medications at the proposed doses are (check all that apply):
- ☒ Tardive dyskinesia                      ☒ Hyperlipidemia/diabetes                      ☒ Blood dyscrasias
- ☒ Addiction                      ☒ Blood pressure issues
- ☐ Other risks: Such medications are known to have less significant or rare side effects, and are described in the attached medication literature. \_\_\_\_\_
7. Predicted medical/psychiatric consequences of not accepting the proposed medication/procedure: Persistent psychosis, poor insight into delusional thinking and asocial behaviors, persistent risk of self harm and assaultive behaviors. Continued suffering and brain damage.
8. Describe patient's understanding of possible benefits to proposed treatment: Mr. Giffen stated "meds aren't going to do shit" angrily. He said antipsychotics do not offer any benefit ("do not improve anything" or "all they do is cause disease"). He states that anti-depressants and stimulants offer some respite from his physical problems (antidepressants - decrease burning or numbness; stimulants offer "a little bit more control" of his muscles).
9. Describe patient's understanding of possible risks to alternative treatment/no treatment: Mr. Giffen was unable to state any understanding of the risks of alternative treatment or no treatment. He had no insight into the possibility that being off medication contributed to him re-offending and needing to return to the State Hospital.
10. Describe patient's ability to accurately describe the nature of his/her illness/condition and treatment choices:
- Mr. Giffen felt his only problems are physical - he stated that every muscle he has is "dry," that his body will "swell up" and "not function" despite the fact that he has had a normal physical exam and can move without difficulty. .

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11. Describe how the patient answered the question "How do you weigh the risks and benefits of recommended treatment versus alternative treatment/no treatment": Mr. Giffen was convinced that medications have done him more harm than good and that physical, homeopathic remedies are most helpful for his condition.
12. What reason does patient give for not wanting the proposed treatment: Mr. Giffen said, "meds aren't going to do shit" and gave reasons listed above (please see #8) for not wanting particular medications.
13. Describe possible mental impairments that may impact the ability to give informed consent (such as impaired attention span, impaired memory, intellectual deficits, psychosis, delirium, dementia, affective state, anxiety, or other condition): Persistent psychosis, problems with affective state or anxiety causing increased agitation and contributing to persecutory delusions.
14. Other observations that may be relevant: N/A.
15. If the patient refuses medication based on religious reasons, please describe: Not applicable.
16. Did the patient require an interpreter? ☐ Yes ☒ No
- Was an interpreter provided? ☐ Yes ☒ No

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ADMIT DATE 04/28/11

I certify that I made two conscientious attempts to obtain informed consent on April 28, 2011 / 11:55am and  
Date Time  
May 2, 2011 / 2:15pm, and in my opinion, the patient did not have the ability to give informed consent.  
Date Time



Physician Signature

May 3, 2011  
DateDaniel W. Dick, MD  
Physician Printed Name

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ADDENDUM TO FORM 1B  
(PHYSICIAN STATEMENT)

OREGON STATE HOSPITAL

ORS 161.370 PATIENTS

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(If yes, then do not proceed with Involuntary Medication Process.)

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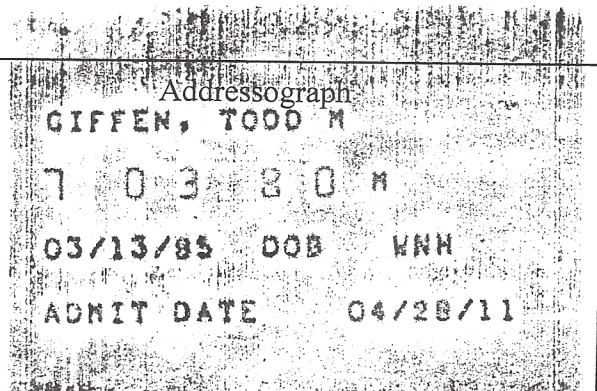
Describe any additional information not already included in the entirety of Form 1B regarding the patient's dangerousness or grave disability: Dangerousness: Mr. Giffen has a long history of self harm and harm to staff from his inpatient stays at Oregon State Hospital and Portland Oregon State Hospital from 2005-2010. In particular he has a history of unprovoked, unpredictable but planned attacks on staff that have led to at least one staff member (a nurse) experiencing chronic pain to this day. Last month he was arrested for allegedly assaulting his grandfather, while living in his grandfather's home. His grandmother had moved out a few days before because she feared for her own safety in his presence. During his arrest, he allegedly would not relent his assault on one of the arresting officer's eyes despite receiving multiple blows to the head (>10 per police report). He nearly succeeded in enucleating the officer's eyeball. He finally gave up when he realized he was going to be tazed. Mr. Giffen is currently psychotic, delusional, openly states he does not trust that the staff are actively treating his physical problems. He has no insight into his paranoid delusional thinking. He has become increasingly verbally assaultive and physically agitated because he feels unsafe due to these delusions.

Signature: D. W. R. MD Date: 5/3/11

Printed Name: Daniel W. Dick, MD Time: 11:30 am

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ADMIT DATE 04/28/11

Department of Human Services

Oregon State Hospital  
MEDICATION EDUCATOR NOTE

On 5/12/11 at 3:15 a.m./p.m., I made a good faith attempt to provide  
(Date) (Time)  
the patient, Todd Giffen, with the information required  
(Patient Name)

in OAR 309-114-0010(3)(a), and to explain and discuss the proposed significant  
procedure(s) with the patient. I am qualified to be a medication educator as defined by OAR  
309-114-0005.

Additional information: Met face-to-face with patient to discuss medication  
information on olanzapine, lorazepam, Effexor, Adderall, Depakote  
and lithium. Patient accepted medication information sheets of the  
above mentioned medications.

Albert Chan  
Signature of Medication Educator

ALBERT CHAN  
Printed Name of Medication Educator

Pharm.D  
Degree (RN, BSN, MA, etc.)

5-12-11  
Date

FOR STAFF USE ONLY

Total Time Spent 30 (minutes)



ADDRESSOGRAPH

Todd Giffen LH1

70380

File Informed Consent - Original  
Medical Staff Office - Copy

Min Six Months

Form# OSH-STK-75017 4-4/2008