

# EVALUATION FOR TREATMENT OVER OBJECTION

## Patient Identifying Information

Name: Saunders, Kevin

DOB: 5/1/56

C#: 01-51-81

Date: 4/16/03



## Section I - Clinical Assessment

### Clinical Summary:

The patient is a 46 year old Caucasian male who was transferred to Elmira Psychiatric Center on 4/4/03 from Cayuga Medical Center. His housemate, Alice Richardson reported an onset of acute agitation following a forensic review at EPC. He stopped eating and sleeping. While naked and hallucinating, he ran outside for 5-6 hours. He also made threatening statements toward others and claimed to be Hitler. Ms Richardson said he disconnected all the electrical appliances in his home and left water running for hours. There were also attempts to injure himself by running his hands under scalding water, banging his hands and scratching himself. On the night of 4/3/03, Mr Saunders had a loud, verbal altercation with Ms Richardson causing her to be fearful for her safety.

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At Cayuga Medical Center, the patient was agitated, confused and delusional. Lorazepam was administered. He was transferred to EPC by ambulance. During the ambulance ride, he had periods of somnolence alternating with periods of screaming and violent shaking every 10-15 minutes. This occurred on 4 separate occasions.

At the time of admission to EPC, Mr Saunders stated he had no intention of taking any type of medications except marijuana. He admitted smoking marijuana on a daily basis and insisted he had been transferred to EPC because, "I need some sleep." His appearance was wild. Attitude was hostile and uncooperative. Behavior was fidgety with increased psychomotor activity. Speech was pressured and abundant. Thought precesses were disorganized with nonsensical, tangential and evasive responses and flight of ideas. He made incoherent statements about hearing voices and appeared to be responding to internal stimuli by talking to unseen others while looking at the walls. Affect was labile with sudden outbursts of inappropriate laughter for no apparent reason. Attention span was impaired. He was highly distractible. He was unable to respond appropriately to questions during attempts to formally assess his concentration and memory. He was disoriented to time and place and refused to answer questions asked to assess orientation to person in a relevant manner. Insight is lacking. Judgement is severely impaired.

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Mr Saunders has refused to follow ward rules and routines. While making bizarre, delusional statements such as, "Spiders are from Mars," he assaulted staff member for no apparent reason. IM stat medications were required to prevent other staff from being assaulted. Four point restraint was ordered after he escalated by fighting and biting. After restraints were removed, he spit out water and pills of Lorazepam and Haldol. The patient was preoccupied with delusions pertaining to genetic splicing and metabolism of medications. He stated, "I was given trazodone which is metabolized into mcpp which is a genetic splice othe the cyp-2d6 chromosome and caused a delusional system, it was actually an adverse

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misquotation

Alice: quote statement in record, not "fearful for her safety"



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drug reaction. He was also responding to internal stimuli and was blinking his eyes repeatedly while talking to the wall and yelling, "Fight, fight, the itchy and scratchy snow." He responded, "very compelling and very annoying voices as a matter of fact" when asked if he were hearing voices. Mr Saunders refuses to remain clothed while in public areas of the ward. He requires constant instruction from staff to put his clothes back on. Other patients have complained about Mr Saunders entering their rooms at night. He stalks female patients, including a young teenage female patient he chases around the ward. They have complained about him following them into the bathroom. Male patients have also complained about Mr Saunders stalking them at night. He threatens staff who redirect him away from rooms of other patients and the areas of the ward which are restricted to women (bathroom, sleeping area). He refuses to take medication of any kind, including an antibiotic for an infection of the leg.

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### Past history:

The patient recently had a forensic evaluation at the Elmira Psychiatric Center outpatient department. During the meeting, his CPL status and order of conditions was extended by 5 years because he has been non-compliant with his order of conditions by refusing to take prescribed medication and submit to drug and alcohol testing. He was hospitalized at Rochester Forensic system. The instant offense took place on February 6, 1997. While delusional, Mr. Saunders dressed as a woman in a long evening dress with stockings and high-heeled shoes and broke into his girlfriend's trailer. As per his statement to police, he intended to kidnap his former girlfriend, despite the fact that she had filed an order of protection against him, approximately one month before. While inside the trailer, Mr. Saunders used lighter fluid he found in the residence to set the place on fire. The trailer and a nearby car were totally destroyed.

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quote  
marks

SP Upon his arrest, Mr. Saunders was also in possession of knives. According to interviews following his arrest, Mr. Saunders stated that he "... began to make connections..." between his life, his "ex-girlfriend's life and the characters in the novel Silence of the Lambs. At the time of the crime, he believed that one of the principal characters, Hannibal Lecter (a cannibalistic, serial killer who was a psychiatrist) was sending him messages over the radio. One of these messages "instructed ..." him "... to break into the trailer". Mr. Saunders had significant dependence and abandonment issues and told his girlfriend that "I'm not going to ever let you leave me".

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Mr. Saunders has a past history of marital assault, rages, assaults of his girlfriend, telephone threats toward his girlfriend and a reported rape of his girlfriend, which is also the subject of the instant offense. It is reported that his girlfriend left him after he assaulted her, and the rape occurred after he repeatedly pleaded with her to come to his house for a visit over the 1996 Christmas season. Due to fears for her safety, she obtained a court order of protection. The instant offense occurred approximately one month later.

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### Patient Diagnosis:

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Axis I      Psychotic Disorder NOS  
             Gender Identity Disorder  
             Marijuana Dependence  
             Rule out Hallucinogen Intoxication  
             Rule out Alcohol Abuse  
             Rule out Bipolar Disorder, Manic with Psychotic Features

Axis II      Personality Disorder, NOS with Borderline and Narcissistic Features

Axis III      Diagnosis Deferred

Axis IV      Interaction with legal system

Axis V      Current GAF Score    0 | 3    b. Past year GAF score 5 | 5

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### Section II - Proposed Treatment

1. Course of treatment recommended by treating physician.

Antipsychotic medication, Prolixin Decanoate 12.5 - 75 mg IM q 2 weeks

2. Reasonable alternatives, if any

Clozapine up to 900 mg/d  
Quetiapine 50 mg PO BID (up to 800 mg per day)  
Chlorpromazine up to 2000 mg/d po or IM  
Fluphenazine up to 40 mg/d po or IM  
Fluphenazine decanoate 12.5 to 75 mg q 2 weeks IM  
Risperidone up to 12 mg/day po  
Artane up to 10 mg/d po for side effects  
Benadryl 25-300 mg/d po or IM for side effects  
Cogentin 2-6 mg IM or po q day for side effects  
Lithium Carbonate po up to blood level of 1.2-1.3 ng/dl  
Depakote po up to blood level of 150 ng/dl  
Lorazepam up to 8 mg daily po or IM  
Trileptal up to 2400 mg/d po  
Lab work required to prescribe medications safely and monitoring for potential side effects and serum levels as clinically indicated.  
Non injectable medication is to be placed in food and liquid if patient refuses non-injectable medications.

3. Has patient been tried on proposed treatment

a. if yes, state when      yes - He was given 2 doses of Haldol prn during an emergency room evaluation at Cayuga Medical Center on 4/27/02.



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b. state result      His thinking cleared dramatically and his mental status improved to the extent that he no longer spoke of being "the reincarnation of Hitler." Zyprexa was ordered but the patient refused to comply with this medication. <F

4. Has patient been tried on other treatments?

*Roemmel: probably not Haldol causing improvement*

a. if yes, state which      yes - Zyprexa was ordered during this hospitalization however the patient only took one dose and has refused to be compliant since that time. <F

b. State when      The patient remains noncompliant with medications prescribed.

c. state result

5. Anticipated benefits of proposed treatment

The patient will no longer be delusional with disorganized thought processes and assaultive behavior. <F

6. Reasonably foreseeable adverse effects

Tremors, generalized stiffness, dystonias, dryness of mouth, restlessness, constipation, weight gain, blurring of vision, hyperglycemia, dyslipidemia, decreased libido, various movement disorders including tardive dyskinesia. Cardiac, renal thyroid and liver functioning could also be adversely effected. Side effects are typically responsive to treatment with Benadryl, Artane, or Cogentin.

a. Patient at additional risk?      No

7. Prognosis without treatment      Poor

### Section III - Patient's Capacity

|                                                                                                                 | Yes | No |    |    |
|-----------------------------------------------------------------------------------------------------------------|-----|----|----|----|
| 1. Explained to patient                                                                                         |     |    | <F |    |
| a. condition                                                                                                    | X   |    |    |    |
| b. proposed treatment                                                                                           | X   |    |    | <F |
| c. anticipated benefits of treatment                                                                            | X   |    |    | <F |
| d. risk of adverse effects of treatment                                                                         | X   |    |    | <F |
| e. availability (if any) of other treatments<br>and comparison of benefits and risks<br>with proposed treatment | X   |    |    | <F |

Did not explain condition and/or treatment to patient for the following reasons:

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2. State nature of patient's objections to treatment. Use patient's own words whenever possible.

The patient claims he is not mentally ill and does not need to take medication.

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DEFINITION

3. Opinion on patient's capacity

("Capacity" is defined to mean the patient's ability to factually and rationally understand and appreciate the nature and consequences of proposed treatment including the benefits, risks, and alternatives to the proposed treatment, and to thereby make a reasoned decision about undergoing the proposed treatment.)

- a. The patient appears able to make a reasoned decision relative to the proposed treatment, its risks, benefits and alternatives. (State basis for opinion, based on knowledge of patient including patient's response, e.g., the patient expressed understanding of condition, asked pertinent questions, etc.)
- b. The patient does not appear capable of making a reasoned decision about the proposed treatment in that
- (i) the patient does not appear to understand his condition or proposed benefits, risks, or alternatives of proposed treatment. (Based on knowledge of patient, including patient's response, e.g., patient was mute, made irrelevant comments, patient stated that voices are real and medication will poison them.)
  - (ii) the patient has persistent severe cognitive defects (e.g. dementia; mental retardation)
  - (iii) the patient's condition otherwise precludes his making a reasoned decision. (State basis for opinion based on knowledge of patient including patient's response, e.g. patient is acutely depressed and although he expresses understanding of condition and treatment, states that he deserves to feel bad.)

The patient is unable to make a reasoned decision because he is delusional, paranoid and has no insight.

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**Section IV - Potential for Dangerous Behavior** *(To be completed only if the patient is considered likely to be completed only if the patient is considered likely to be dangerous to self or others without the proposed treatment.)*

Yes

No

1. The patient is believed to be potentially dangerous to others. X  
*If yes, provide basis for opinion:*



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He has a past history of setting a previous girlfriend's residence on fire and at the time he was delusional and had knives in his car. He has also raped and assaulted others in the past. All these behaviors are likely to be repeated if he remains untreated. <F

- 2 The patient is believed to be potentially dangerous to himself.

*If yes, provide basis for opinion:*

X

Due to impaired judgement and insight the patient is likely to be dangerous to himself. Prior to admission he was reported as running around his neighborhood with no clothes on for 5-6 hours and at the time of his emergency room presentation to Cayuga Medical before transfer to Elmira Psychiatric Center he scratched his hand and had been hitting himself. <F  
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### Section V. Any other pertinent information or comments.

None

Physician's Name and Title April Roberts, D.O., Psychiatrist I

Physician's Signature



Date: 4/16/03

Roberts X 4/16