

MR# M001506667

Account # V00007994803

Report# 0324-1187

ERIE COUNTY MEDICAL CENTER CORPORATION**NOTES-Psych Management PN**462 Grider St., Buffalo, NY 14215
(716) 898-3000

Patient's Name Moore, Deirdre

Report# 0324-1187

Date of Birth: 09/28/1965

Attending Physician: FOX, BRENNAN E PMHNP

Dictating Provider: FOX, BRENNAN E PMHNP

Primary Provider: NO PRIMARY CARE PROVIDER

MR#: M001506667/Account #: V00007994803

Age/Sex: 59/F

Admission Date/Time: 03/22/25 1035

Admitting Service: PSYCHIATRY & BEHAVIORAL HEAL

Dictating Date/Time: 03/24/25 1420

Prior to the first "clinical interview" of
20250325 11:30**Treatment Over Objection Eval****Clinical Assessment**

Date of Service: Mar 24, 2025

Clinical Summary

Patient presents with worsening psychotic symptoms including delusions, as well as rapid pressured speech.¹ She has no insight into her symptoms or diagnosis.² She is refusing medication here in the hospital, as well as stating that she does not take medications in the community.³

Patient DiagnosisBipolar 1 disorder versus schizoaffective disorder ⁴**Proposed Treatment**

Treatment course recommended

Risperdal up to 6 mg PO ⁵Zyprexa up to 30 mg IM if refusing PO Risperdal ⁶Invega Sustenna IM with loading dose of 234 mg, then 156 a week later, then up to 234 mg monthly ⁷

Reasonable alternatives, if any

Haldol up to 30 mg (IM if refuses PO) ⁸Haldol Decanoate IM up to 200 mg monthly ⁹Previous on proposed treatment: No ¹⁰

If yes, when/State results

Unknown psychiatric history as she is from Canada. ¹¹Tried on other treatments: No ¹²

Anticipated benefits

Improvement in psychosis. ¹³

Foreseeable adverse effects

EPS, sedation, headaches, GI upset, metabolic syndrome. ¹⁴

Patient at additional risk

NMS, TD. ¹⁵

Prognosis without treatment

Ongoing psychosis. ¹⁶**Patient's Capacity**

Explained to patient:

Condition
Proposed treatment
Anticipated benefits of treatment
Risk/adverse effects of treatment
Availability of other treatments
Comparison of other treatments

} 17

Nature of patient objection"I do not need medication". ¹⁸

Opinion on patient's capacity

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(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.)

Selection Opinion on Patient's Capacity

The patient appears able to make a reasoned decision relative to the proposed treatment, its risks, benefits and alternatives. (State basis for opinion on knowledge of patient including patient's response, e.g., patient expressed understanding of condition, asked pertinent question, etc.)

Selection The patient does not appear capable of making a reasoned decision about the proposed treatment in that....

x The patient does not appear to understand his/her 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, stated that voices are real and medication is poison etc.) 19

The patient has persistent severe cognitive defects, e.g., dementia, mental retardation. 20

The patient's condition otherwise precludes his/her making a reasoned decision. (Based on knowledge of patient including patient's response, e.g., patient is acutely depressed and although he/she expresses understanding of condition and treatment, states that he/she deserves to feel bad.) 21

Potential for Dangerous Behav.

Possibly dangerous to others: Yes 22

If yes, provide reasons why

Patient currently acting without insight putting others at risk. 23

Possibly dangerous to self: Yes 24

If yes, provide reasons why

Patient currently acting without insight putting self at risk. 25

FOX,BRENNA E PMHNP

Mar 24, 2025 14:20

Attn Physician: FOX,BRENNA E PMHNP

<Electronically signed by BRENNA E FOX PMHNP>, 03/24/25 1422

<Electronically signed by MICHAEL T GUPPENBERGER MD>, 03/25/25 0833

PC Physician: NO PRIMARY CARE PROVIDER

Ref Physician:

Copies To:

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