

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13099



8 - OTHER

000001

TEMPORARY DETENTION ORDER

CASE NO. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

- General District Court
- Juvenile and Domestic Relations District Court
- Circuit Court

NAME AND ADDRESS OF RESPONDENT

TO ANY AUTHORIZED OFFICER:

Based upon facts presented in the detention hearing, and based upon advice presented by [REDACTED], a person skilled in the [REDACTED] treatment of mental illness, the undersigned judicial officer finds probable cause to believe that the respondent:

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO	BORN DAY	YR	FT.	HT	LN	WGT	EYES	HAIR
[REDACTED]										

- pursuant to §37.1-67.1, is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
 - pursuant to §16.1-340, is a juvenile who is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
 - pursuant to subdivision A 2 of §19.2-169.6 is a defendant in custody and awaiting trial and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.
 - pursuant to subdivision B §19.2-176 is a defendant who has been convicted of a crime but not yet sentenced and is mentally ill and in need of hospitalization, poses an imminent danger to self or others if not immediately hospitalized, or is so seriously mentally ill as to be substantially unable to care for self.
 - pursuant to §19.2-177.1 is a defendant who is in the custody of a local correctional facility after having been sentenced for a crime and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.
- _____, a person who has custody of the respondent has filed a petition to commence the mental commitment proceeding.
- pursuant to §19.2-182.9, is an acquittee on conditional release, and has violated the conditions of release or is no longer a proper subject for conditional release, and requires emergency evaluation to assess the need for inpatient hospitalization.
 - The respondent is currently in a juvenile detention or shelter care facility.

THEREFORE, you are commanded to take the respondent into custody and transport the respondent from the respondent's present location at

[REDACTED]
[REDACTED]

NAME AND ADDRESS OF FACILITY

You also may transport the respondent to a medical facility as may be necessary to obtain emergency medical treatment or further medical evaluation prior to placement in the facility of temporary detention. The duration of temporary detention may not exceed the period authorized in [REDACTED]. If this order commands that the respondent be detained pursuant to [REDACTED] the director of the facility of temporary detention may release the respondent prior to a hearing as authorized in [REDACTED] if it appears, based on an evaluation conducted by the psychiatrist or clinical psychologist treating the respondent, that the respondent would not present an imminent danger to self or others if released. If the respondent is detained by this order pursuant to [REDACTED] the director of the facility of temporary detention may not release the respondent without an order of a judge. If the judicial officer issues this order pursuant to [REDACTED]

[REDACTED] this order becomes void if not executed [REDACTED] hours after issuance.

07/05/98 01:44PM

DATE AND TIME OF ISSUANCE

JUDICIAL JUSTICE

Respondent discharged from institution on this day: [REDACTED]

NAME/TITLE

EXECUTED by delivering a copy of this Order to the respondent on this day

DATE AND TIME OF EXECUTION: 7-3-98 1415 / DATE AND TIME RESPONDENT DELIVERED TO FACILITY: 7-3-98/1416

[REDACTED]
[REDACTED] RESPONDENT INTO CUSTODY [REDACTED]
[REDACTED] BADGE NO., AGENCY AND JURISDICTION

for [REDACTED] SHERIFF

000002

PREADMISSION SCREENING FORM

The Preadmission Screening Form is to be completed by qualified professionals designated by the Board for individuals who have been found to meet criteria for voluntary or involuntary admission to a state psychiatric hospital. Please refer to the Guidelines for Mental Health and Substance Abuse Preadmission Screening and Discharge Planning. Also attach the Geriatric Prescreening Supplement or the Child and Youth Prescreening Supplement when indicated.

I. Personal Data

Name: [redacted] Age: 20 DOB [redacted]

Address [redacted]

Sex: M Marital Status: S

Social Security No. [redacted]

Occupation/Employer: NONE Monthly Income: N/A

SSI or SSDI \$: NO Payee: NO

Hospitalization Insurance Co. [redacted]

Veteran: Yes No X

Medicaid Benefits: Yes No X Unknown

Medicare Benefits: Yes No X Unknown

In Case of Emergency, Notify: Name [redacted]

Address SAME

Phone [redacted] Relationship to Client: MOTHER

Case Management [redacted]
Case Management [redacted]

II. Clinical Assessment: Identify behaviors or symptoms indicating mental illness and elaborate in the space provided

- paranoia grandiose X bizarre behavior X sleep disturbance suicidal ideation
X delusions X poor self care X loose associations withdrawn flight of ideas
X disoriented X hallucinations depressed pressured speech
agitated X impaired impulse control X impaired judgement anxiety homicidal ideation
appetite disturbance

CLIENT SEEN ON [redacted] AT [redacted] MOTHER TOOK CLIENT TO PEDIATRICIAN YESTERDAY DUE TO CLIENT'S INCREASINGLY BIZARRE BEHAVIOR OVER PAST 2-1/2 DAYS. PEDIATRICIAN RECOMMENDED CLIENT BE ASSESSED FOR HOSPITALIZATION AT [redacted] CLIENT ADMITTED VOLUNTARILY TO [redacted] LAST NIGHT. SHORTLY THEREAFTER, MALE STAFF RESPONDED TO CALL FOR ASSISTANCE FROM THE ADULT UNIT STAFF HAD TRIED TO SETTLE CLIENT INTO HIS ROOM, BUT CLIENT STOOD RIGID, STARING BLANKLY INTO SPACE, DID NOT APPEAR TO BE ABLE TO COMPREHEND COMMUNICATIONS FROM STAFF. AT ONE POINT LAST NIGHT, CLIENT THREATENED TO SHOVE A TOY SOLDIER UP 62YO NURSE [redacted] VAGINA, THEN BLOCKED HER WAY IN THE HALL, STATED, "I WANT YOU. DO YOU KNOW THAT?" THIS MORNING, CLIENT INFORMED STAFF, "I'M PSYCHOTIC I KNOW I'M PSYCHOTIC. I'M DEPRESSED BUT I'M NOT DEPRESSED. I HAD A NERVOUS BREAKDOWN." CLIENT THEN STATED HE WANTED TO LEAVE, BUT TOLD STAFF THAT HE WOULD STAY BECAUSE HE KNEW THAT HE NEEDED HELP. WHEN MOTHER ARRIVED FOR VISIT, CLIENT BECAME

EXTREMELY AGITATED, SHOVED HIS WAY INTO THE NURSE'S STATION AND STOOD THERE STARING INTENSELY AND REFUSED TO MOVE, THEN TRIED TO ELOPE WHEN MOTHER LEFT. ECO OBTAINED. **Precipitating events and/or stressors:** CLIENT HAS NO KNOWN PSYCHIATRIC HISTORY. MOTHER TOOK CLIENT TO PEDIATRICIAN AS THIS WAS NEW BEHAVIOR FOR CLIENT. CLIENT UNABLE TO IDENTIFY STRESSORS WHEN ASKED BY THIS TXIST, RESPONDS TO QUESTIONS REGARDING STRESSORS WITH, "I HAD A GIRLFRIEND." WHEN ASKED IF HE HAD BROKEN UP WITH G.F., CLIENT RESPONDED, "NO." WHEN ASKED ABOUT OCCUPATION, CLIENT STATED THAT HE LOST JOBS AT [REDACTED] AND AT ANOTHER PLACE OF EMPLOYMENT LAST WEEK - ONE OF WHICH HE QUIT, THE OTHER FROM WHICH HE WAS FIRED. CLIENT UNABLE TO DESCRIBE JOBS OR SUPPLY FURTHER INFORMATION. WHEN ASKED FOR CLIENT'S UNDERSTANDING OF WHY HE WAS AT [REDACTED] HE STATED, "I'M NOT MYSELF FOR TWO OR THREE WEEKS," HELD HIS HEAD BETWEEN HIS HANDS AND SHOOK IT, THEN STARED BLANKLY INTO SPACE. MS [REDACTED] STATES THAT DURING HER ASSESSMENT OF CLIENT LAST NIGHT, CLIENT INFORMED HER THAT HE LIVES WITH HIS MOTHER AND HIS FATHER BUT THAT HIS FATHER WAS DEAD, AND STATED THAT HE THOUGHT THE REASON HE WAS AT [REDACTED] WAS BECAUSE HIS G.F. WAS HAVING A BABY. HE REPORTED HEARING CONVERSATIONS INSIDE OF HIS HEAD BUT COULD NOT ELABORATE FURTHER. SHE STATES THAT CLIENT WOULD GIVE BRIEF, DEFINITE ANSWERS TO HER QUESTIONS THEN IMMEDIATELY CONTRADICT HIMSELF OR WOULD ANSWER WITH 'I DON'T KNOW.' SHE STATES CLIENT WOULD BECOME SOMEWHAT HOSTILE WHEN SHE ATTEMPTED TO CLARIFY HIS RESPONSES. CLIENT VOLUNTEERED, 'I BELIEVE I'M WORKING FOR [REDACTED] AND I'M HOPING SOMEONE WILL HEAR ME.' SHE ASKED WHO AND CLIENT RESPONDED, 'THE GOVERNMENT.' MR. [REDACTED] STATES CLIENT VERY GUARDED AND SUSPICIOUS, "WAS TALKING INTO THE THIN AIR WHILE SITTING IN THE LOBBY LAST NIGHT AND SAID HE WAS SEEING MEN FOLLOWING HIM AROUND." MS. [REDACTED] OBSERVED CLIENT "TALKING TO NO ONE - HE SAID THANK YOU, ETC. SEVERAL TIMES AND NO ONE WAS THERE." SHE ALSO STATES THAT CLIENT LEANED OVER HER DESK, HELD HIS FACE INCHES AWAY FROM HERS SEVERAL TIMES AND ASKED, "AM I HAPPY?" THEN STARED WITH A FLAT EXPRESSION ON HIS FACE. SHE STATES THAT HE TOLD HER HE WORKED FOR THE GOVERNMENT AND WHEN ASKED WHERE STATED, 'I DON'T KNOW WHERE I WORK. THE GOVERNMENT IS AFTER ME,' THEN CONTINUED TO TALK ABOUT GOVERNMENT INCOHERENTLY. SHE STATES THAT SHE KEPT HER DEAD DOWN WORKING AT HER DESK BUT THAT CLIENT WOULD REPEATEDLY ENGAGE HER, WOULD END SENTENCES WITH, 'I DON'T KNOW EITHER.' MS [REDACTED] STATES CLIENT IS SEEING PEOPLE THAT ARE NOT THERE, TALKS ABOUT BEING WATCHED BY THEM AND FEELS PANICKED BY THIS.

Drugs or controlled substances which are abused by the client and pattern of abuse: MS [REDACTED] STATES CLIENT REPORTED HX OF MJ USE, STACKING - USING EPHEDRINE + CAFFEINE AT THE GYM. SHE STATES DR. [REDACTED] INFORMED HER THAT CLIENT REPORTEDLY HAD NOT USED THIS COMBINATION IN TWO TO THREE WEEKS, REPORTED FEELING WORSE SINCE HE STOPPED.

III. **Documentation of Need for Voluntary Hospitalizations:** Check appropriate criteria for voluntary or involuntary hospitalization and describe specific behaviors which document this conclusion in the space provided.

- A By reason of mental illness or substance abuse, the client is dangerous to self or others.
- B By reason of mental illness or substance abuse, the client is unable to care for self (i.e., unable or refuses to accept interventions which would meet minimum needs for food, clothing, shelter)
- C By reason of mental illness, the client is suffering or is likely to suffer substantial deterioration in ability to function if not treated immediately
- D The [REDACTED] is unable to provide treatment, continuous supervision, monitoring, or protection in a community-based treatment modality

THE CLIENT APPEARS TO BE HAVING AUDITORY AND VISUAL HALLUCINATIONS AS WELL AS SUFFERING FROM DELUSIONS, APPEARS TO BE UNABLE TO CARE FOR SELF AS A RESULT OF HIS PSYCHOTIC SYMPTOMS

RECOMMENDATIONS

- A The client is in need of hospitalization and is either unwilling to accept voluntary inpatient treatment or is incapable of making an informed decision regarding such treatment
- B The client is in need of hospitalization and is willing to accept voluntary inpatient treatment and is capable of making an informed decision regarding such treatment
- C The client does not meet criteria for hospitalization and/or commitment and will be encouraged to participated in community-based services. Services to be offered would include,

THE CLIENT IS CURRENTLY AMBIVALENT ABOUT HOSPITALIZATION ALTHOUGH IT APPEARS THAT HOSPITALIZATION IS INDICATED. CLIENT UNABLE TO GIVE INFORMED CONSENT DUE TO IMPAIRED JUDGMENT, POOR IMPULSE CONTROL.

IV. **Legal Data**

REDUCED SPEECH WITH MUCH HESITATION BEFORE ANSWERING QUESTIONS. GUARDED BEHAVIOR. "STRESSED OUT" MOOD, THEN "I DON'T KNOW." FLAT AFFECT. +LOA. CLIENT DENIES SI/HI. +DELUSIONS. ORIENTED X THREE AT ONE POINT IN ASSESSMENT THEN LATER DISORIENTED AS TO TIME. CLIENT DENIES HALLUCINATIONS BUT BETWEEN QUESTIONS STARES OFF IN THE DISTANCE AND TALKS TO AND ANSWERS HIMSELF. WHEN ATTEMPTS MADE BY THIS [REDACTED] TO GAIN CLIENT'S ATTENTION CLIENT CLASPS HIS HEAD BETWEEN HIS HANDS AND SHAKES IT SHARPLY THEN TURNS HIS ATTENTION TO THIS THERAPIST. MEMORY IMPAIRED. POOR INSIGHT. POOR JUDGMENT. POOR IMPULSE CONTROL. AVE. EST. INTELLECT.

[REDACTED] BED APPROVED BY DR. [REDACTED] TDO ISSUED BY MAGISTRATE [REDACTED]

CLIENT TDO'D AS IT WAS THE OPINION OF THIS TXIST THAT. 1) CLIENT APPEARS PSYCHOTIC AND UNABLE TO CARE FOR SELF AS A RESULT; 2)THIS APPEARS TO BE CLIENT'S FIRST PSYCHOTIC BREAK WITH NO KNOWN PSYCH HX - LEVEL OF POSSIBLE DANGEROUSNESS/RISK TO SELF AND/OR OTHERS IF CLIENT RELEASED WOULD BE EXTREMELY DIFFICULT IF NOT IMPOSSIBLE TO ASSESS AT THIS POINT, PARTICULARLY WITH CLIENT APPEARING TO BE RAPIDLY DECOMPENSATING, 3)CLIENT AMBIVALENT ABOUT HOSPITALIZATION ALTHOUGH HOSPITALIZATION APPEARS TO BE INDICATED - "I THINK I NEED TO STAY, BUT I WANT TO SLEEP IN MY OWN BED TONIGHT;" 4) CLIENT REPORTED BY SEVERAL [REDACTED] STAFF MEMBERS TO HAVE BECOME EXTREMELY AGITATED DURING VISITS WITH MOTHER, RAISING SAFETY QUESTIONS IF PSYCHOTIC, RAPIDLY DECOMPENSATING CLIENT WERE TO BE SENT HOME AT PRESENT TIME.

000005

Services to be considered in planning for discharge:

- medication management
- psychosocial/day treatment
- case management
- psychotherapy (individual, family, group)
- substance abuse services
- mental retardation services
- housing/residential services
- financial support/entitlements

- adult or child protective services
- medical/dental/nutritional services
- legal assistance/advocacy
- transportation
- vocational/educational training
- employment services
- recreational/social opportunities
- nursing home care

Other:

Identify persons who provided information for this assessment and their relationship to the client

CLIENT, DR. [REDACTED] - PSYCHIATRIST [REDACTED] RN, [REDACTED] AND [REDACTED]
 [REDACTED] ASSESSMENT AND REFERRAL, [REDACTED] RECEPTIONIST, [REDACTED] PSYCH
 TECH, [REDACTED] RN, [REDACTED] - SOCIAL WORK COORDINATOR, [REDACTED] RN

Client's primary therapist or case manager: NONE

Signature of Prescriber

[REDACTED]

Print Name Here

Signature of Physician (if a physician is available and
the client is under 21 and Medicaid eligible)

Print Name Here

Prescreening Agency or Board
7/3/98

Date

Facility or Agency/Board

Date

Authorization

I hereby authorize [REDACTED] and (State Facility(s)) [REDACTED] to exchange information to be used in treatment and discharge planning to meet my needs as identified during the course of my hospitalization and follow-up referral. This information will include, but not be limited to, my participation in aftercare programs, my work experience, my family relationships, my treatment history, and an assessment of my overall general health. The release of such information may be verbal, written, or copies of portions of my records.

Signature of Client or his/her Guardian

Date

Signature of Witness

Date

Check the following if applicable:

- The client or authorized representative refuses to give consent for the exchange of information described above.
- The client is unable to give informed consent for the exchange of information described above.
- The judge will be requested to order the exchange of information described above.
- The client or authorized representative has been informed that information can be exchanged under court order or Section [REDACTED]

MSE: CLIENT IS A 20YOSWM WHO APPEARS STATED AGE. CLIENT DRESSED IN CASUAL CLOTHING. STRONG BODY ODOR. POOR HYGIENE. AVERAGE WEIGHT. LARGE STATURE. EYE CONTACT FROM INTENSE TO POOR. SLEEP DOWN X TWO OR THREE WEEKS, BUT CLIENT THEN IMMEDIATELY CONTRADICTS THIS. ENERGY "GOOD" THEN "I DON'T KNOW." APPETITE "I DON'T KNOW " APPROPRIATE MOTOR ACTIVITY.

City
County of _____

To wit

PETITION

General District Court

City

To the Judge or Special Justice of the Juvenile and Domestic Relations District Court of the County

of _____

In the matter of _____

Soc. Security No. _____ Birth Date _____ Sex _____ Permanent Address _____

St. & Number or Route No. _____

City of Post Office _____ State _____

Legal Resident* of _____ County _____ City _____

a person alleged to be MENTALLY ILL (Indicate whichever applies: Mentally Ill, Alcoholic, Drug Addict)

who is now in the care of _____ Name _____ Address _____ Relationship _____

The undersigned petitioner alleges that the above person is mentally ill and in need of hospitalization. In support of the allegation, the petitioner, AS _____ submits the following facts.

Prescreening evaluation has been made and the report recommending hospitalization is attached.

Wherefore, your petitioner prays that the said _____ be examined and accorded such assistance provided by law.

Date 7/4 19 98 SIGNED _____

Relation. to person _____ Address _____

Phone number _____ If public officer, give title _____

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 4th day of July, 19 98.

Print Name _____ Phone Number _____

Commission expires on _____, 19____ Title _____

_____ means any person who is a bona fide resident of the _____

000007

PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.
PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.

CERTIFICATION

City _____
County of _____

I, the undersigned physician, do certify that I have this day personally examined the person named in the foregoing petition and as the result of such examination have sufficient cause to believe that he (is/is not) mentally ill; that he (does/does not) present an imminent danger to (himself/others), or (is/is not) substantially unable to care for himself, as a result of mental illness; and that he (does/does not) require involuntary hospitalization. Further, I am not related by blood or marriage to the individual on whom the petition is filed and have no interest in his estate.

Given under my hand this 4 day of July
19 98 _____
Address _____

NOTE:

This certification of examination shall not be accepted or used as evidence at any _____ as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the person or his attorney. The positive certification of at least one physician is necessary to commit the person named in the petition.

I certify that upon the appearance before me of the person named in the petition, on this 4th day of July 19 98, I informed him of his right to make application for voluntary admission and treatment as provided for in _____ his right to a full and impartial hearing in the event that he should refuse to make application for voluntary admission, his right to representation by counsel, the basis for his detention, the standard upon which he may be detained, his right to appeal such hearing to the circuit court, and his right to a jury on appeal. I then ascertained if he was represented by counsel.

- (Check One) A voluntary admission requested (complete _____)
- A hearing requested
- A hearing required due to incapacity to consent to voluntary admission and treatment

- (Check One) Represented by counsel of own choosing
- Counsel appointed

Title _____

C. I certify that I, an attorney-at-law, served as counsel for the person named in the foregoing petition, that I interviewed such person and all witnesses, if any, in his behalf, prior to any hearing, and that after my employment or appointment as counsel, I did represent the person named in the foregoing petition at all proceedings conducted by the judge or special justice pursuant _____

Subscribed and sworn to before me this 4th day of July 19 98

Title _____

D. (Execute only if hearing requested.)

I hereby certify that the person named in the foregoing or the attorney-at-law representing such person requested a hearing on the question of his admission. Such hearing was held on this 4th day of July 19 98 and the following witnesses were summoned:

Name	Address	Relationship
<u>None</u>		

Title _____

To: _____

Re: _____

DOB: _____

CONFIDENTIALITY STATEMENT

To whom it may concern:

If the patient requests excerpts or copies of any information attached, please be advised that such information, if given to the patient, might adversely affect the patient's health. All such requests should be referred to this hospital.

The attached confidential medical/psychiatric information is being submitted to you in accordance with written authorization. Please note the following:

This information has been disclosed to you from records whose confidentiality is protected by Federal and / or State law. Under Federal confidentiality rules, you are prohibited from making any further disclosure (verbal, written or copied) without the specific written consent of the person to whom it pertains or as otherwise permitted by [REDACTED]. A general ("Blanket") authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Reports may not have been proof-read or signed at the time of disclosure.

WE ASK THAT YOU LEAVE THIS NOTICE ATTACHED TO THE ENCLOSED INFORMATION TO AVOID ACCIDENTAL RELEASE.

THANK YOU

MedWatch #13099 Investigation
Exhibit # 4
4-5 March 1999 GM

[REDACTED] 000009

Memorandum to ARMS # 13099

Date: 31 Mar 99

From: Medical Officer, Clinical Research and Review Staff, Office of Special Nutritionals, HFS-452

Subject: Medical Records Place in Permanent Storage.

The following types and amounts of records (more than 20 pages total) were place in permanent storage on this date because they were not considered essential for interpretation of this adverse event.

Approx Pages	Type of Records
4	Nursing notes <i>added 6/9/99</i>
	Dietitian notes
	Respiratory therapy/occupational therapy/physical therapy notes
	Clergy notes
6	Medication records
20	Physician's orders
	Vital signs, fluids, input/output records
	Ventilator records
	Hospital administrative records (e.g., insurance information, living will, etc)

R. J. Colwell

000010