



Price-Sheppard Petition and Affidavit

Psychiatry

(complete fields or place patient label here)

Patient Name (First, Middle, Last) David A. Russell	
Birth Date (mm-dd-yyyy) 03-13-1980	Room Number (if applicable)
Mayo Clinic Number 6-351-959	

**TO BE
SCANNED**

Form content retained in medical record.
Route to HIMS Scanning.

Petition for Authorization of Electroconvulsive Therapy (ECT)

State of Minnesota, County of Winona County

In Re: David A. Russell

Respondent (First, Middle, Last)

I, Katie Ann Mattila, APRN, C.N.P., M.S.N., whose office address is

(First, Middle, Last)

Mayo Clinic, 200 First Street SW, Rochester, MN 55904

Hospital Name (City, State, ZIP Code)

to the best of my knowledge, information, and belief respectfully represent:

- I am a physician, physician assistant, or advanced practice registered nurse licensed to practice in Minnesota and I am a prescriber in the Department of Psychiatry and Psychology of Mayo Clinic located at Rochester, Minnesota, County of Olmsted.
- The above-named Respondent was born on 03-13-1980.
Date (mm-dd-yyyy)
- Respondent's county of responsibility is Winona County.
- The Respondent is presently receiving care and treatment at the Mayo Clinic Psychiatry and Psychology Treatment Center and has been confined since 04-16-2024, for the following reasons:
Date (mm-dd-yyyy)
Revoked provisional discharge from most recent commitment in February of 2024 related to medication non-compliance and psychosis.
- The current clinical impression is that the Respondent has the following diagnoses:
Schizophrenia
- Based upon my review of the Respondent's condition, I have determined that electroconvulsive therapy is medically necessary.
- I am requesting that the court grant me and other qualified Mayo Clinic prescribers the authority to give the Respondent up to 30 treatments over the period of the next 6 months. This is within the acceptable range of treatments that have been shown to be effective for Respondent's medical or psychological condition.
- I have determined that the benefits of administration of the proposed treatment to the Respondent outweigh the risks, as outlined in the attached affidavit, and therefore, this procedure is reasonable.
- The objective of the electroconvulsive therapy is to treat the symptoms of Respondent's mental illness that interfere with the Respondent's ability to function.
- The Respondent's written consent to the use of electroconvulsive therapy has not been obtained or is not an informed consent because he/she is incompetent to make a rational decision regarding the proposed treatment.
- Judicial authorization is a prerequisite to the administration of electroconvulsive therapy in the absence of the Respondent's consent under the requirements of Price vs. Sheppard, 239 N. W. 2d 905 (Minn. 1976).



**Price-Sheppard Petition
and Affidavit** (continued)

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Affidavit (continued)

The extent and length of effectiveness of ECT on the emotional and behavioral changes associated with psychiatric disorder varies with the condition and number of treatments administered. The number of ECT treatments in a single course varies from as few as three to as many as eighteen or more depending upon the patient's illness and response to the treatments. Unfortunately, ECT does not always provide permanent resolution of the disorders as many are chronic relapsing conditions. This may require further ECT series and even maintenance therapy in which patients will receive four to eight treatments a month initially, lengthening to one treatment a month.

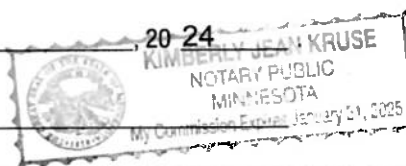
4. Pre-treatment medical evaluation and laboratory screens, when appropriate, are done before the administration of ECT. The patient may experience one or more of the common side effects of ECT, including drowsiness and confusion following the procedure, short-term memory loss, transient headache, and/or muscle aches. Uncommon but potentially serious complications include, but are not limited to, the risk associated with receiving general anesthesia, spontaneous seizure, prolonged memory loss, dental injuries or bone fractures. Serious cardiovascular accidents or death are very uncommon risks. The risk of death due to ECT is estimated to be 1 in 10,000 to 40,000 patients treated with this procedure.
5. The clinical procedure followed in the administration of ECT, as described in an American Psychiatric Association Publishing textbook Principles and Practice of Electroconvulsive Therapy (2019) recommends:
 - a. The patient refrains from eating prior to the treatment.
 - b. All dental appliances are removed.
 - c. When indicated, an anticholinergic agent, such as Robinul, is injected to prevent the slowing of the heart during the procedure, and also to dry up secretions in the nasal/pharyngeal passageways.
 - d. An anesthetic agent is administered intravenously; this is usually a quick acting anesthetic agent, such as Etomidate or Methohexital. When the patient is under the influence of anesthesia, a face mask with oxygen is used to ventilate the patient.
 - e. A muscle relaxant, such as succinylcholine, is injected as a muscle paralyzing agent to protect the patient from sustaining powerful muscle contractions during the convulsion as such contractions might cause fractures.
 - f. A mouth piece is inserted and electrodes are placed on the forehead. A pulse of electric current is passed through the patient; this generally produces a convulsion which lasts several seconds. The convulsion is monitored both peripherally and centrally.
 - g. At the conclusion of the seizure, the protective mouth piece is removed, oxygen is administered to the patient through the face mask, and suction is used as necessary to remove any secretions accumulating in the hypopharynx. The patient will then spontaneously resume breathing within a few minutes, at which time the patient is turned on his/her side and allowed to fully recover from the anesthetic effect.
 - h. Patients are observed after the procedure to make sure they are fully awake and steady on their feet before being returned to the unit.
6. At this point, the effectiveness of ECT is well documented in the medical literature. It is not considered to be experimental at this time and is an accepted form of treatment (that is, the standard of care) for the conditions noted previously by the medical community in Minnesota as well as the medical community at large.

Date (mm-dd-yyyy)

04-24-2024

Subscribed and sworn to before me this 24th day of April

Notary Public

Further Affiant Sayeth Not.



Petitioner (First, Middle, Last)

Katie Ann Mattila, APRN, C.N.P., M.S.N.


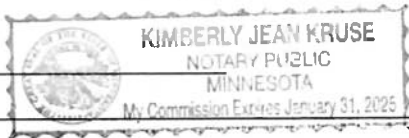
**Price-Sheppard Petition
and Affidavit** (continued)

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Patient Name (First, Middle, Last) David A. Russell
Birth Date (mm-dd-yyyy) 03-13-1980
Mayo Clinic Number 6-351-959

Petition for Authorization of Electroconvulsive Therapy (ECT) (continued)

Petitioner requests that a hearing be scheduled and that authorization to administer the proposed treatment be granted according to law and that a guardian ad litem and/or alternative decision maker be appointed.

Date (mm-dd-yyyy) 04-24-2024
Subscribed and sworn to before me this <u>24</u> day of <u>April</u> , 20 <u>24</u> .
Notary Public  
Petitioner (First, Middle, Last) <u>Katie Ann Mattila, APRN, C.N.P., M.S.N.</u>

Affidavit

State of Minnesota, County of <u>Winona</u>
Case Type: Other Civil-Mental Health District Court
Judicial District _____ File No. _____
In the Matter of <u>David A. Russell</u> Patient (First, Middle, Last)
Affidavit of <u>Katie Ann Mattila, APRN, C.N.P., M.S.N.</u> Medical Expert (First, Middle, Last)
State of Minnesota, County of <u>Winona</u>
<u>Katie Ann Mattila, APRN., C.N.P., M.S.N.</u> , being first duly sworn, state on oath, as follows:
<ol style="list-style-type: none"> 1. My educational background, training, and experience include the following: See exhibit A hereby incorporated by reference. 2. I am qualified to give background information about the effectiveness and usage of electroconvulsive therapy (ECT). 3. ECT is a preferred treatment for several conditions especially when severity of illness dictates immediate intervention (which medications cannot provide) or when a patient has not responded to less invasive treatments such as medications. Many consider it the treatment of choice in severe depression with psychotic features and acute psychosis from any cause. It is also used for treatment of other psychiatric disorders including, but not limited to, mania, catatonia, and severe medical conditions including Parkinson's disease. Obviously, ECT's effectiveness is shown by its ability to reduce or eliminate the emotional and behavioral changes associated with these psychiatric disorders. Most patients with affective disorders or psychotic disorders receiving ECT will experience a stabilization of mood (that is, elevation in those depressed and depression in those manic), normalization of motor activity, sleep patterns, and appetite. Likewise, suicidal thoughts and psychotic symptoms would resolve.