

IN THE CIRCUIT COURT,
OF THE SEVENTH JUDICIAL CIRCUIT,
FOR VOLUSIA COUNTY, FLORIDA

CASE NO:
JUVENILE DIVISION

IN THE INTEREST OF:

a minor child. _____ /

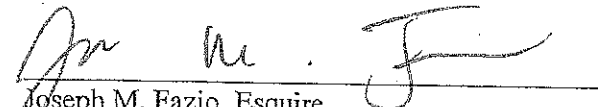
**MOTION FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC
MEDICATION**

COMES NOW the Florida Department of Children and Families, hereinafter referred to as the Department, by and through the undersigned counsel, and hereby moves this Honorable Court for an Order for Authorization to Administer Psychotropic Medication, for the above named child, and as grounds therefore, states as follows:

1. The child, _____, was adjudicated dependent on May 30, 2007 and is currently in the care, custody and control of the Department, foster care.
2. The child is currently a patient of Dr. Bruce Henry, a Board Certified Child Psychiatrist, who has submitted a signed medical report, as required by law and is attached hereto.
3. Dr. Henry believes this particular medication is medically necessary to obviate symptoms of the child's assigned mental health disorder which is Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD) and Mood Disorder NOS. See attachment.
4. Dr. Henry is seeking court approval for administration of Seroquel and Wellbutrin. See attachment.
5. The possible side effects to these medications are sedation, weight gain, muscle stiffness or spasm, disturbance of lipid or glucose metabolism, headache, sleep disturbance and rash. See attachment.
6. The levels of medication will be monitored on a monthly basis by the psychiatrist and adjusted as evidenced by the child's progress of lack of same. See attachment.

7. Dr. Henry has certified that the child will be administered the lowest amount of medication required to protect the child's health, safety and well-being. See attachment.
8. Dr. Henry estimates that the length of time for which the medication will need to be administered is twelve (12) months. See attachment.
9. The interventions that were attempted in order to prevent the need for the medication are as follows: The youth will be receiving individual, group, recreational and psycho-educational therapies provided by the staff. The youth has been off medication for many months but condition is worsening and jeopardizing his success. Child responded very well to these meds previously. See attachment.
10. The physician's recommendation for this psychotropic medication has been discussed with the child, and the child assents to this medication. See attachment.
11. Positions on this motion were obtained by the Department from the following parties: Donald Frenette, Esquire, attorney for the Guardian ad Litem Program, who states no objection to the motion if monthly blood pressure monitoring is conducted, especially in the first six months, as well as measuring and monitoring the prolactin levels in the blood: the mother g had her parental rights terminated on 2; the father ; had his parental rights terminated on
12. The Department demands that objections to this motion be written and filed with this Court within two (2) working days pursuant to Rule 8.355(a)(3), Fla. R. Juv. P. and if no timely objections are filed, the Department prays the Court will enter an order expeditiously granting this motion without a hearing, pursuant to Rule 8.355(b)(1), Fla. R. Juv. P.


WHEREFORE the Department respectfully requests this court enter an Order granting the aforementioned relief, as well as any and all other relief this court deems necessary and appropriate.



Joseph M. Fazio, Esquire
Circuit Attorney, NER Circuit 7
Children's Legal Services
Florida Department of Children and Families
210 North Palmetto Ave., Suite 412, Box 1
Daytona Beach, FL 32114
Telephone: (386) 481-9358
Facsimile: (386) 238-3156
Florida Bar No. 0099395
E-Service: C07_CLS_Eservice@dcf.state.fl.us

CERTIFICATE OF SERVICE

I CERTIFY that a copy hereof has been furnished to the Guardian ad Litem Program at c7galdb.eservice@gal.fl.gov by E-Service; to Community Partnership for Children at CPC_Eservice@cpcvf.org by E-Service; and to the custodian at a confidential address by U.S. Mail, on this 16th day of September, 2013.



Joseph M. Fazio, Esquire
Circuit Attorney, NER Circuit 7
Children's Legal Services
Florida Department of Children and Families

Emergency Order
Sevogue & Wellbuckin



Prescribing Psychotropic Medication
Children in Out-of-Home Care
MEDICAL REPORT

Child's Name: _____
 Evaluating Physician's Name: DR. BRUCE HENRY
 Address: 51 CHILDREN'S WAY
ENTERPRISE, FL 32725
 Date/Time of Office Visit: 9/12/13
 Phone #: 386-753-2057 Fax #: 386-868-5275
 Please indicate if you are a:
 Child Psychiatrist General Psychiatrist
 Pediatrician Other: _____
 Board Certified? Yes No

OPTION FOR PHYSICIAN
 YOU MAY SUBSTITUTE A MEDICAL REPORT PREPARED BY YOUR OFFICE AS LONG AS THE MEDICAL REPORT SUBSTITUTED ADDRESSES ALL ELEMENTS IN THIS REPORT. PLEASE NOTE THAT IF A COURT ORDER IS NEEDED TO ADMINISTER THIS MEDICATION, SOME JUDGES MAY ASK FOR ADDITIONAL INFORMATION.

Dear Physician:

The attached Medical Report has been developed to guide the treatment of children in the custody of the Florida Department of Children and Families who are prescribed a psychotropic medication. These children are not residing with their parent or legal guardian.

- Prior to prescribing a psychotropic medication, s. 39.407, F.S. requires the prescribing physician to attempt to obtain express and informed consent from the child's parent or legal guardian. This is required even when the medication is prescribed for medical reasons unrelated to behavioral healthcare.
- In the absence of the parent's express and informed consent or in emergency situations, the completed and signed Medical Report will be submitted to the court and admitted into evidence at a hearing. The information in the report will be used in lieu of a court appearance by the physician. Therefore, it is critical that all information contained in the report be complete and thorough.
- Express and informed consent may only be given by the child's parent or legal guardian. In no case may the dependency case manager, child protective investigator, or the child's foster parents provide express and informed consent for a child to be prescribed a psychotropic medication.

Florida Statute 39.407 requires physicians who prescribe psychotropic medications to children in foster care complete a medical report that includes the following information:

1. A statement indicating that the physician has reviewed all medical information which has been provided concerning the child.
2. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
3. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.
4. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends.

Thank you for your work with children in the foster care system.

An electronic version of this form can be downloaded from
<http://www.dcf.state.fl.us/DCFForms/Search/DCFFormSearch.aspx>



Medical Report for
Children in Out-of-Home Care
(to be completed by the physician)

SECTION 1: CHILD'S INFORMATION

Name: _____ Date of Birth: _____
Height: 75.5 Weight: 204 Gender: M
BMI: 25.2

SECTION 2: INFORMATION RECEIVED BY PHYSICIAN. Briefly list any persons consulted, tests performed, and documents reviewed in conjunction with this child's evaluation. (NOTE: The dependency case manager is responsible for providing all pertinent medical information known to the Department concerning the child.)

Documents Provided: (check all that apply)

- Comprehensive Behavioral Health Assessment.
- Previous psychological evaluation.
- Current Health Physical Examination or recent well child exam.
- Referral Information including all medications currently prescribed, health status, health services and therapy currently receiving.
- Current school records, including assessments (e.g., Functional Behavioral Assessments, etc.)
- Other (list): REPORTS OF THERAPIST AND HOUSE PARENTS

Persons Consulted: (Name, title/relationship to child, date of consultation)

HOUSE PARENT -

THERAPIST -

Does child's medical history include conditions that may indicate the presence of brain injury (for example, blows to head, fetal alcohol syndrome, loss of consciousness, head scars, fever above 104°)?

- Yes No Further assessment needed (see Section 4)

Other health conditions considered (list):

Comments:

Child's Name: _____

Date of Birth: _____

SECTION 3: DIAGNOSED CONDITIONS, SYMPTOMS, BEHAVIORS (continued from page 3).

Use this page only if it is necessary to continue from page 3 with additional diagnoses/medications. List all diagnosed conditions, symptoms, and behaviors that support the need for the requested medications, including current medications that will be continued, for a complete profile. Please provide the Axis diagnosis(es) if known.

Diagnosis # 1: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder NOS
 Other (specify): _____

Medication recommended: Seroquel (target dose 150mg stepwise after starting)
Starting dose: 50mg Dosage Range: 50 - 800mg 1q

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):
12 mos or >

Side effects for caregiver to monitor: sedation, weight gain, muscle stiffness or spasm, disturbance of lipid or glucose metabolism

Target symptoms/behaviors medication will address and expected results: irritability, mood lability

This Medication is NEW but used previously

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication: did very well on this medication previously

Diagnosis # 2: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: Wellbutrin
Starting dose: 150mg Dosage Range: 75 - 300mg/day

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):
12 mos or >

Side effects for caregiver to monitor: headache, sleep disturbance, rash

Target symptoms/behaviors medication will address and expected results: irritability, low frustration tolerance

This Medication is NEW but has taken previously

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication: I am holding this medication presently until we can assess response to Seroquel. Anticipate adding in next 1-2 mos.

Child's Name: _____

Date of Birth: _____

SECTION 4: RECOMMENDED SERVICES, OTHER TREATMENTS. Please include any psycho-social services, medical or psychiatric follow-ups, or treatments the child should receive in conjunction with this medication profile including a recommended schedule.

Medication Monitoring Plan and Follow-up: Next Appointment: 10/13

Treatment monitoring frequency recommended:

- Weekly monthly 2 months 3 months 4 months 6 months annually

Follow-up visit frequency recommended:

- Weekly monthly 2 months 3 months 4 months 6 months annually

Lab Monitoring:

- CBC with differential without differential frequency: INITIAL, 6 MONTHS, ANNUALLY
- Comprehensive metabolic panel..... frequency: INITIAL, 6 MONTHS, ANNUALLY
- Basic metabolic panel frequency: _____
- Urinalysis frequency: _____
- Urine Toxicology Screen frequency: _____
- Pregnancy test Urine Blood
- TSH..... frequency: _____
- Lipid profile (HDL, LDL, Chol, Trig)..... frequency: INITIAL, 6 MONTHS, ANNUALLY
- Lithium level Depakote/Depakene level Tegretol level
- Other laboratory tests not noted above:

Other Tests/Therapies/Services:

- Electrocardiogram (ECG/EKG) Neurological exam/assessment
- Other (specify):

Therapy recommended:
YOUTH WILL BE RECEIVING INDIVIDUAL, GROUP, RECREATIONAL AND PSYCHOEDUCATIONAL THERAPIES PROVIDED BY FUMCH STAFF

Psycho-social services recommended:
CASE MANAGEMENT

Child's Name: _____

Date of Birth: _____

SECTION 5: CERTIFICATION OF SIGNIFICANT HARM. *This section must be completed when it is likely that any delay in taking the prescribed medication would cause significant harm to the child.*

I, the physician, have reviewed all medical information concerning this child provided to me by DCF/CBC and/or the child's caregivers, and certify that a delay in providing the prescribed psychotropic is likely to cause significant harm to the child as noted below:

I find that it is likely that any delay in taking this medication would cause significant harm to this child. I recognize that this finding statutorily pre-authorizes the Department to provide the proposed medication profile to the child immediately and prior to obtaining a court order. Delay in taking the psychotropic medication(s) will more likely than not harm the child. *Youth has been off medication for many months but condition is worsening & jeopardizing his success.*

Please provide detailed explanation of the nature and extent of harm the child will likely experience:

Responded very well to these meds - previously

This child is currently in a hospital, crisis stabilization unit, or psychiatric residential treatment center. I recognize that this finding statutorily pre-authorizes the Department to provide the proposed medication profile to the child immediately and prior to obtaining a court order. A court order must then be sought within 3 business days.

SECTION 6: MEDICATION INFORMATION. *Section 39.407(3)(c)4., Florida Statutes (2009), requires that the Medical Report include information covering the recognized side effects, risks, contraindications, drug-interaction precautions, and possible effects of stopping medication for each medication. This information must be attached to this medical report. Medical reports without such information attached cannot be filed with the court.*

Please attach the appropriate information for all psychotropic medications listed in section 3 of this report.

I have provided a copy of the attached medical information to the child and to the child's caregiver.

I have also discussed this information with the child and with the child's caregiver.

Child's
Name: _____

Date of Birth: _____

SECTION 7: SUPPLEMENTAL INFORMATION. Please describe below information on other treatment options. In addition please attach any supplemental information that might explain or support this medical report.

1. Are there other treatment options available in lieu of administering the psychotropic medications recommended above? Yes No

If yes, what are those alternatives?

YOUTH WILL BE RECEIVING INDIVIDUAL, GROUP, RECREATIONAL AND PSYCHOEDUCATIONAL THERAPIES PROVIDED BY FUMCH STAFF

2. Have these alternatives been tried? Yes No

If yes, what was the response to the alternative treatments?

NOT FULLY EFFECTIVE

3. If the alternative treatments were not tried, explain why:

4. Other supplemental information: I have treated _____
for a long time in several
placements.

Child's Name: _____

Date of Birth: _____

SECTION 8: EXPRESS AND INFORMED CONSENT BY PARENT OR GUARDIAN. To be completed by parent or guardian in consultation with the physician.

By signing this section I am certifying that I am a parent or guardian of the above-named child, and that the physician has explained to me each of the following (initial each):

- _____ the reason for treatment;
- _____ the proposed treatment;
- _____ the purpose of the treatment to be provided;
- _____ the common risks, benefits, and side effects of the treatment;
- _____ what results are expected;
- _____ the specific dosage range for the medication;
- _____ alternative treatment options and the risks and benefits thereof;
- _____ the approximate length of treatment;
- _____ the potential effects of stopping treatment; and,
- _____ how treatment will be monitored.

Further, by signing this section I am certifying the following (initial each):

- _____ The physician has answered all of my questions about this medical report.
- _____ I understand that I am not required to consent to this medical report. The Department may, after consultation with the prescribing physician, seek court authorization to provide the psychotropic medication to my child.
- _____ I understand that any consent given for treatment in this medical report may be revoked orally or in writing before or during the treatment period and the Department will then be required to obtain a court order to continue the medication.

SIGN HERE IF YOU CONSENT TO THE TREATMENT:

Signature of parent or guardian **CONSENTING**

Date

SIGN HERE IF YOU DO NOT CONSENT:

Signature of parent or guardian **NOT CONSENTING**

Date

_____ Print Name

_____ Relationship to Child

Child's Name: _____

Date of Birth: _____

SECTION 9: SIGNATURE OF PHYSICIAN.

By signing this document, I am certifying that I have reviewed all medical information concerning the child which has been provided, and I am certifying that the psychotropic medication, at its prescribed dosage, is medically necessary for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, and its prescribed dosage, is expected to address.

I have discussed with the child's parent/legal guardian the reason for treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects of the treatment; the specific dosage range for the medication; alternative treatment options; the approximate length of care; the potential effects of stopping treatment; and how treatment will be monitored.


by phone in person

I have discussed with the child the reason for treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects of the treatment; the specific dosage range for the medication; alternative treatment options; the approximate length of care; the potential effects of stopping treatment; and how treatment will be monitored.

Child assents Child does not assent Child is not age/developmentally appropriate

Comments, especially reason for nonassent:

I have not discussed this treatment with the parent/legal guardian and have not obtained express and informed consent for administration of this medication.



Signature of prescribing physician

9/12/13
Date Signed

Bruce Henry, MD
Print Name

License: ME20145

Telephone Number: 386-753-2057

Emergency Contact Telephone Number: 386-668-4774

IN THE CIRCUIT COURT,
OF THE SEVENTH JUDICIAL CIRCUIT,
FOR VOLUSIA COUNTY, FLORIDA

CASE NO:
JUVENILE DIVISION

IN THE INTEREST OF:

a minor child. _____/

ORDER FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC MEDICATION

THIS CAUSE, having come before the Court on the Motion of the Florida Department of Children and Families, hereinafter referred to as the Department, for an Order for Authorization to Administer Psychotropic Medication, and the Court, having reviewed the pleadings and being otherwise fully advised in the premises, it is hereby

ORDERED AND ADJUDGED:

1. That the Department's motion is hereby **GRANTED**.
2. That authorization is hereby given for the above-named child to be administered the following psychotropic medication(s):
 - a. Wellbutrin
 - b. Seroquel
3. Monthly blood pressure monitoring shall be conducted, especially in the first six months, as well as measuring and monitoring the prolactin levels in the blood.
4. That authorization is hereby given to draw blood and other medical procedures that are deemed necessary to monitor the child's medication.
5. That medication authorization expires in twelve (12) months from the date this order is entered.

DONE AND ORDERED, in Daytona Beach, Volusia County, Florida, this _____ day of September, 2013.

THOMAS G. PORTUHALLO
CIRCUIT JUDGE

Honorable Thomas Portuhallo
CIRCUIT JUDGE

SEP 19 2013

cc: Department of Children and Families, Community Partnership for Children, the
Guardian ad Litem Program, Custodian

SIGNED AND DATED

DEA # AH5807881

Lic # ME20145

BRUCE G. HENRY, M.D.
NPI# 5114987211
51 CHILDREN'S WAY
ENTERPRISE, FL 32725

(386) 753-2057

Fax: (386) 668-5275

Name

Age

Address

SECURITY FEATURES ON BACK

Date

9/24/13

R Wellbutrin 150 mg
#30

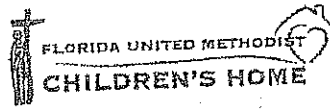
g-tid qam

B. Henry

NFX13010850208

Refill NR 1 2 3 4 5

To ensure that a brand name product be dispensed, the prescriber must
handwrite "Brand Medically Necessary" on the prescription form.



51 Children's Way
Enterprise, FL 32725

PSYCHIATRIC MEDICATION INFORMATION

Adverse effects reported in pre and after market literature does not necessarily indicate a casual relationship with the medication. It is not possible or practical to list every adverse symptom reported. User is encouraged to obtain patient information sheets from their pharmacist or physician and to discuss any questions or concerns with their health care practitioners.

Category: Antidepressant: Wellbutrin (Bupropion)

Adverse Effects

Most Common: Insomnia, loss of appetite, nausea and tremor.

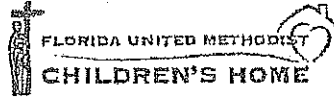
Less Common: Agitation, rash, headache, dry mouth, constipation, sweating.

Uncommon or Potentially Risky: Seizures, increased blood pressure, induction of mania, and activation of suicidal ideation.

Contraindications: History of seizures, sensitivity to this medication.

Drug Interactions/Precautions: Caution with tricyclic antidepressants, can aggravate "narrow angle" glaucoma, caution with MAO inhibitors.

Discontinuation: Tapering is prudent.



51 Children's Way
Enterprise, FL 32725

PSYCHIATRIC MEDICATION INFORMATION

Adverse effects reported in pre and after market literature does not necessarily indicate a casual relationship with the medication. It is not possible or practical to list every adverse symptom reported. User is encouraged to obtain patient information sheets from their pharmacist or physician and to discuss any questions or concerns with their health care practitioners.

Category: "Atypical" or newer anti-psychotics (Ex: Zyprexa, Seroquel, Risperdal, Abilify, and Geodon)

Adverse Effects

Most Common: Sedation, weight gain, dizziness, constipation, increased heart rate, headache and nausea.

Less Common: Disturbance of carbohydrate metabolism (Type II diabetes), elevation of cholesterol or triglycerides, elevated prolactin, motor restlessness, muscle spasm, tremor and orthostatic hypotension (low blood pressure upon standing), disturbance of cardiac rhythm.

Uncommon or Potentially Risky: Neuroleptic malignant syndrome (characterized by severe muscle rigidity, elevated temperature above 104 degrees and signs of shock -- seek immediate medical attention), tardive dyskinesia (involuntary movements), seizures, severe hyperglycemia.

Additional adverse effects with individual medications: Abilify -- possible "activation" or agitation at low doses. Zyprexa -- joint pain, weight gain can be especially rapid. Ziprasidone (Geodon) may prolong the QTC cardiac interval more than some other antipsychotics. Clozapine -- increased salivation, sweating, possible agranulocytosis (requires blood count monitoring), pulmonary embolism, myocarditis. Usually used only after several other treatment agents have been unsuccessful.

Contraindications: known hypersensitivity to medication.

Drug Interactions/Precautions: Use with caution in patients with known cardiovascular disease or cerebrovascular disease. Use with caution in patients with conditions that predispose to low blood pressure, such as dehydration or over-heating. Clozapine -- possible association between myocarditis and cardiomyopathy. Should not be used in conjunction with agents that are known to cause agranulocytosis.

Discontinuation: Best to taper over 6 to 8 weeks.