

# Involuntary Evaluation Capacity and Medical Clearance

A plain-English guide for you and your family

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## WHAT IS HAPPENING

Your brain runs on chemical messengers—neurotransmitters like dopamine (drives action and reward), serotonin (steadies mood and thinking), GABA (the main brake), and glutamate (the main gas pedal)—that keep your feelings, thoughts, and choices balanced. When someone refuses care or seems unsafe, we first check: is this a medical emergency pretending to be mental illness? Things like dangerously low blood sugar (hypoglycemia), a bleed inside the skull (intracranial bleeding (hemorrhage)), too little thyroid hormone making the mind foggy (hypothyroidism), or too much serotonin from medications colliding (serotonin syndrome) can all make a person confused, fearful, or unable to choose safely. Once we rule out or treat those, we look at capacity for the decision in front of them right now—can they understand the facts, see how the facts apply to their own body, compare the options and consequences, and tell us a stable choice? Capacity is not all-or-nothing; you might be able to consent to a simple blood draw but not grasp why you need surgery. If someone cannot keep themselves safe and cannot make the decision to accept help, the law allows a brief involuntary hold so we can stabilize the biology (give the right medication, fluids, or wound care) and reduce the chaos around them (safe space, no substances, support) at the same time. Both matter—you cannot fix the brain chemistry if the person is still in danger at home, and you cannot teach coping skills if the neurotransmitters are wildly out of balance. The goal is always to restore enough stability that the person can choose their own care again as soon as possible.

## What you might feel

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- Patient cannot explain what the proposed treatment is or what it would involve
- Patient cannot say what might happen if they accept or refuse the treatment
- Patient cannot weigh the risks and benefits to make a choice
- Patient's reasoning is driven entirely by a delusion or false belief
- Patient cannot communicate a stable choice over time
- Patient is cooperative but answers are vague, off-topic, or nonsensical

- Patient seems alert but cannot hold new information for more than a few seconds
- Patient refuses to engage in the capacity interview at all

## Call the doctor right away if...

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- Active hallucinations or delusions that control the patient's reasoning about treatment
- Fluctuating level of consciousness or attention span under two minutes
- Recent head injury, stroke, overdose, or metabolic crisis (hypoglycemia, severe sepsis, liver failure) that was not medically cleared
- Patient is a danger to self or others and emergency psychiatric hold is indicated under state involuntary-commitment law

## What the care team will do

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- Place patient on continuous observation with a sitter or in a room visible from the nursing station if danger to self or others is suspected
- Obtain bedside fingerstick glucose immediately and repeat if below 70 mg/dL or above 250 mg/dL
- Check vital signs including oxygen saturation, and perform a brief neurologic check: pupils equal and reactive, speech clear, face symmetric, grip strength equal
- Remove any objects from the room that could be used for self-harm: belts, shoelaces, cords, sharp items, glass, and heavy objects
- Speak in short, calm sentences; offer choices when safe; avoid arguing about delusions or asking why the patient feels a certain way
- Document the four capacity components in the chart: does the patient understand the facts, appreciate they apply to them, reason through options, and communicate a stable choice
- Notify the physician immediately if the patient has fluctuating consciousness, cannot stay awake, or attention span is under two minutes
- Coordinate with social work and psychiatric services early to determine whether involuntary hold criteria are met under state law and to arrange safe disposition

## Medicines you may be given — and why

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### Haloperidol (Haldol)

Haloperidol blocks dopamine receptors (the brain's signaling spots for dopamine, a chemical messenger that controls movement and thinking). By blocking these receptors in certain brain areas, it turns down psychotic symptoms like hallucinations and dangerous agitation.

## **Lorazepam (Ativan)**

Lorazepam boosts the action of GABA (gamma-aminobutyric acid, the brain's main calming signal). When GABA binds to its receptors, it opens tiny gates that let chloride ions flow into nerve cells, making those cells less likely to fire. Lorazepam makes GABA work stronger, so the whole brain quiets down—calming severe anxiety, agitation, seizures, and alcohol withdrawal symptoms.

## **Olanzapine (Zyprexa)**

Olanzapine blocks dopamine receptors (especially D2) and serotonin receptors (especially 5-HT2A) in the brain. By blocking dopamine in the emotion circuit, it quiets hallucinations, delusions, and severe agitation. By also blocking serotonin, it causes fewer movement side effects than older antipsychotics and can help stabilize mood in bipolar disorder.

## **Ziprasidone (Geodon)**

Ziprasidone blocks dopamine receptors (D2) and serotonin receptors (5-HT2A) in the brain. Blocking dopamine in the emotion circuit reduces hallucinations, delusions, and severe agitation. Blocking serotonin lowers the risk of movement side effects. Ziprasidone is often chosen when weight gain and metabolic side effects are a concern, though it carries a higher risk of QT prolongation than some other atypicals.

## **Where this information comes from**

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- Appelbaum PS. Assessment of Patients' Competence to Consent to Treatment. NEJM 2007
- EMTALA and the Patient Anti-Dumping Law (CMS guidance on psychiatric screening and stabilization)
- APA Practice Guideline for the Psychiatric Evaluation of Adults, 3rd ed. 2016
- Grisso T, Appelbaum PS. Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals. Oxford 1998

Last reviewed: 2026-07-07