CORONERS COURT OF NEW SOUTH WALES

Inquest:	Inquest into the death of Robert Theo Sievers
Hearing dates:	15 September 2025
Date of findings:	15 September 2025
Place of findings:	Coroners Court of NSW, Lidcombe
Findings of:	Magistrate Harriet Grahame, Deputy State Coroner
Catchwords:	CORONIAL LAW – mandatory inquest – death in custody – aged and frail inmate – Kevin Waller Unit – Aged Care and Rehabilitation Unit
File Number:	2023/00155101
Representation:	**Assisting team:** Sophie Williams, instructed by Lara Shepherd **Justice Health Forensic Mental Health Network:** Katharine Guilford **Corrective Services NSW:** Phillip Nixon

Non publication orders:	Non publication orders were made on 15 September 2025 A copy of the orders can be obtained on application to the Coroners Court registry.
Findings	**Identity** The person who died was Robert Theo Sievers **Date of death** He died 12 May 2023 **Place of death** He died at the Aged Care and Rehabilitation Unit (ACRU) at the Long Bay Hospital, within the Long Bay Correctional Complex, Malabar NSW **Cause of death** He died of Covid - 19 infection on a background of Type 2 Diabetes and end stage chronic kidney disease **Manner of death** Mr Sievers died of natural disease while in lawful custody in a NSW Correctional Centre

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Introduction

1. This inquest concerns the death of Robert Theo Sievers.

2. Mr Sievers was 81 years of age when he died on 12 May 2023.

3. Mr Sievers died at the Aged Care and Rehabilitation Unit (**ACRU**) at the Long Bay Hospital (**LBH**), within the Long Bay Correctional complex, at Malabar NSW. Mr Sievers was a long term inmate at that facility.

4. At the time of his death Mr Sievers had been in continuous custody since June 2001. He was serving a sentence for the murder of a young woman with whom he had been in a domestic relationship.

5. It appears that Mr Sievers had little contact with the world outside the custodial environment. Towards the end of his life, a social worker from the Justice Health and Forensic Mental Health Network (**JHFMHN**) facilitated contact with his family and Mr Sievers was reported to have been pleased to speak with his son before he died.

6. Mr Sievers' family declined to be involved in the inquest process.

7. I offer my sincere condolences to all those who miss Mr Sievers.

The role of the coroner and the scope of the inquest

8. The role of the coroner is to make findings as to the identity of the nominated person and in relation to the place and date of their death. The coroner is also to address issues concerning the manner and cause of the person's death.[1] A coroner may make recommendations, arising from the evidence, in relation to matters that have the capacity to improve public health and safety in the future.[2]

9. It should be noted that when a person dies in custody in NSW, it is mandatory that an inquest is held.[3] The inquest must be conducted by a senior coroner.[4] When a person is detained the State is responsible for his or her safety and medical treatment. Given that inmates are not free to seek out and obtain the medical treatment of their choice it is especially important that the care they are offered is of an appropriate standard. Inmates should be provided with the same quality of care that they could access in the community.

[1] Section 81 *Coroners Act 2009* (NSW).
[2] Section 82 *Coroners Act 2009* (NSW).
[3] Section 23 (1)(a) and 27(1)(b) *Coroners Act* 2009 (NSW).
[4] Section 23 *Coroners Act* 2009 (NSW).

10. The provision of appropriate services for frail and aged inmates in an issue of considerable importance, particularly as the aged cohort in custody continues to grow in size. The Court was informed that there has been a significant increase in the age of both the custodial and forensic population over the last 10 years.[5] JHFMHN acknowledges in its strategic planning that there is a need for improving the availability of suitable aged care accommodation for prisoners. While the Kevin Waller Unit (**KWU**) and the Aged Care Rehabilitation Unit (**ACRU**) provides support for a small number of prisoners located in Sydney, other units are clearly required. Care should be provided right across NSW so that prisoners may stay near their families or supports. There should also be an option for accommodation at a purpose-built aged care unit or nursing home for older prisoners, who do not necessarily require daily or high-level hospital care, but who would benefit from living and sleeping in an environment that is comfortable and safe for older people.

11. The general provisioning of appropriate aged care accommodation or nursing home type facilities was beyond the scope of this inquest. For this reason, the Court is unaware of Corrective Services NSW's most recent planning in relation to this longstanding and important issue.

The evidence

12. The Court took brief oral evidence from the Detective Senior Constable Bonnie James, who was the officer in charge of the investigation. The Court also received extensive documentary material. This material included witness statements, medical and custodial records, photographs, operational documents, policies and procedures, comprising of four volumes.

13. While I am unable to refer specifically to all the available material in detail in my reasons, it has been comprehensively reviewed and assessed.

14. A list of issues was prepared before the proceedings commenced. This issues list noted that there was no apparent controversy in relation to the appropriate s 81 findings. At the same time the assisting team compiled a summary of facts in relation to Mr Sievers' background and death. That document was circulated to the parties who were asked for their input or comment. A final "Agreed Facts" document was produced. I accept that this document accurately summarises much of the important evidence before me. I adopt its content and have incorporated it into my written reasons. A "Medical Chronology" was prepared by the assisting team and circulated to the parties. The document summarises the medical care that Mr Sievers obtained whilst in custody from February 2016 until his death. The Medical Chronology is annexed to my reasons.

[5] See for example, Tab 35 A c "2021-2025 Strategic Plan for Aged Care in Secure Settings"

Personal Background

15. Robert Theo Sievers was born on 17 February 1942. Mr Sievers reportedly grew up in Maitland. His childhood was difficult. A report of Dr Olav Nielssen, dated 18 October 2002, prepared for the purpose of sentencing proceedings states:

He reported exposure to violence by his father towards his mother and also physical and emotional abuse by his father. There was a history of admissions to psychiatric hospitals as a teenager and during his early adult life.

16. As a child, Mr Sievers spent time in a boys' home. I accept that his childhood was at times violent and certainly traumatic. His disadvantage was very significant and is likely to have impacted every area of his life. I have no doubt his trauma background drove his early contact with the criminal justice system.

17. Over the years, Mr Sievers had multiple children with whom he lost contact. In more recent times he had occasional contact with one of his sons. Mr Sievers spoke to his son by telephone in the last weeks of his life.

18. Corrective Services records indicate that Mr Sievers identified as Aboriginal and had occasional contact with Aboriginal Services & Programs Officers during his incarceration. However limited information is available as to Mr Sievers' ties and connection to culture.

Criminal History

19. Mr Sievers' criminal history commenced in 1956, as a juvenile. His criminal offending included, but was not limited to, the following matters.

20. In 1967, Mr Sievers was sentenced to imprisonment for 2 years and 6 months for the malicious wounding of his brother.

21. In 1969, Mr Sievers was sentenced to imprisonment for 2 years for an offence of common assault. The circumstances of the offence were that Mr Sievers entered the home of a sleeping woman, and pulled a blanket off her. After a struggle, the woman ran from the house, carrying her baby. Police found three feet of nylon rope on the bed.

22. On 10 April 1980, Mr Sievers murdered his estranged wife, by the infliction of multiple gun shot wounds. Mr Sievers initially received a life sentence for this offence. On 21 August 1992, his sentence was redetermined by Justice Wood , to one of imprisonment for 12 ½ years, with an additional term of 5 years.

23. On 7 June 2000, Mr Sievers was sentenced in the District Court for supply of cannabis in a quantity not less than the prescribed traffickable quantity. He was sentenced to imprisonment for 18 months to date from 6 June 2000, suspended upon entering into a good behaviour bond for a term of 18 months.

24. On 31 October 2002, Mr Sievers was convicted by a jury for the stabbing murder of Michelle Campbell, a young woman with whom he had been living in a domestic relationship. The murder occurred on 4 July 2000. Mr Sievers received a sentence of life imprisonment. Mr Sievers was granted bail shortly after his arrest for that offence. He returned to custody on 9 June 2001 and has been in continuous custody since that date.

Medical History and Custodial Management

25. At the time of Mr Sievers' death, elderly inmates were managed by Corrective Services at the following locations:

    a. The Kevin Waller Unit (**KWU**), a 26 bed supported living environment within the Metropolitan Special Programs Centre at Long Bay. Security and supervision arrangements at the KWU are the same as for other maximum-security inmates. However, the KWU was adapted to cater for elderly inmates who require low to medium assistance. J H F M H N provided medical services to inmates housed in KWU due to their age and medical conditions. The KWU had a satellite clinic attached to the unit to allow for a quicker and more efficient medical response.

    b. Long Bay Hospital Aged Care and Rehabilitation Unit (**ACRU**), sometimes referred to as the Aged Care Unit (**ACU**), a 15 bed clinic unit that provides inpatient (specialty) aged care assessment and aged care rehabilitation services. The ACRU has operational management of the KWU.

    c. MSPC Area 2 – 4 Wing.

26. Mr Sievers had a number of active chronic health conditions. He had been receiving medical attention for each of these conditions for a number of years prior to his death. Mr Sievers had received a neuropsychological assessment in 2017 and there was no evidence of cognitive decline or dementia identified at that time. He retained mental capacity to make his own decisions and as will become clear, at times refused treatment or medical follow up that was recommended.

27. Most significantly, Mr Sievers had end stage kidney disease (first been diagnosed with chronic kidney disease in 2002), Type 2 diabetes (diagnosed in 2009), and congestive heart failure (diagnosed in March 2020).

28. Other active health concerns at the time of Mr Seivers' death included hypertension, bladder cancer, for which he received a stoma in 2009, and generalised anxiety disorder and depression.

29. Mr Sievers had a history of non-compliance with prescribed medications, and of declining and delaying recommended health care transfers, both within custody and to external hospital settings. He would sometimes refuse food or medication, particularly insulin, if

unhappy, such as with recommendations as to his placement. The opinion of his treating team was that he retained capacity to refuse treatment.

30. Mr Sievers had repeatedly declined to be vaccinated against Covid-19. On 8 March 2022, he was spoken to by Elizabeth Twomey, Nurse Unit Manager of the Aged Care Unit, and advised that his treating team recommended vaccination due to his health conditions. Mr Sievers stated: "*what's the point, I don't want to prolong being here and I'm never getting out*."

31. Mr Sievers was managed by the JHFMHN Aged Care and Palliative Care Services team from approximately July 2021.

32. On about 3 March 2022, Mr Sievers was referred to the Aged Care Bed Demand Committee (**ACBDC**) for consideration of admission into the ACRU. The referral was made due to a noted functional decline requiring increased assistance that was unable to be provided in the general population. Mr Sievers was admitted to the ACRU on 4 March 2022.

33. Following assessment by the medical, allied health and nursing teams at ACRU, Mr Sievers was discharged to the KWU on 15 April 2022. While housed at KWU, Mr Sievers remained under the care of Aged Care and Palliative Care Services.

34. In 2022, Mr Sievers was admitted to Long Bay Hospital on two occasions. His six week admission in March to April 2022, was for a febrile illness with hypotension and functional decline.

35. The records disclose that while Mr Sievers wanted to be housed in the KWU, he faced a number of issues. There is evidence that he had ongoing challenges with mobility, falls and showering. He was reluctant to use a shower chair and refused showering at times. The management of his stoma was challenging, and he experienced oedema but declined the use of compression socks.

36. In November 2022, Mr Sievers twice declined advice that he should be referred to the ACRU given his increased frailty and medical needs. He had two recent falls. Ultimately the transfer occurred on 21 November 2022 against his wishes. Once there, Mr Sievers refused his insulin, stating that he wouldn't take it unless he was returned to KWU. In consultation with Dr Sim, Mr Sievers was cleared to return to KWU in late December, on the condition he comply with his medications.

37. On 27 February 2023, Mark Thorsby, JHFMHN Social Worker (Palliative Care), met with Mr Sievers, together with Occupational Therapist Anai Mackenzie. Notes of the meeting record "[*Mr Sievers] reported that he does not feel the medical and nursing staff care about his wellbeing and that he rarely gets seen when he is unwell"*. Mr Sievers was offered

assistance and information about lodging a formal complaint should he wish to do so. A plan was made to follow up on various health concerns Mr Sievers had raised. Mr Sievers was agreeable to Mr Thorsby attempting to contact his family members and sharing information with them about his health status. Mr Thorsby also agreed to reach out to a former inmate with whom Mr Sievers had shared a close bond.

38. Mr Thorsby was successful in contacting Mr Sievers' granddaughter and son, David Sievers. On 8 March 2023, Mr Thorsby facilitated a phone call between Mr Sievers and David Sievers.

39. Mr Thorsby attended the inquest by telephone link. It was clear that he had spent considerable time with Mr Sievers in the last months of his life. He took his complaints seriously and his respectful approach meant that they had developed a rapport. Mr Thorsby did what he could to facilitate contact with Mr Sievers' family. I acknowledge his compassion and diligence.

40. On 3 April 2023, Mr Sievers was discussed at the Palliative Care Multi-Disciplinary Team meeting. He was noted to be stable, and a plan was made for social work to liaise with his family, and for ongoing palliative care input.

41. At the time of his death, Mr Sievers had an active not for resuscitation order, made on 2 November 2021, and updated on 25 October 2022, and 15 November 2022. The file makes it clear Mr Sievers understood the meaning of these declarations.

Events leading up to Mr Sievers' death: 1 – 12 May 2023

42. On 1 May 2023, Mr Sievers tested positive for Covid-19. He was prescribed anti-viral medication, which he consented to taking. He declined to be transferred from KWU to the Medical Sub-acute Unit (MSU) at Long Bay Hospital.

43. Mr Sievers initially experienced mild Covid-19 symptoms. However, over subsequent days his condition deteriorated. He was non-compliant with his insulin, behaviour which was not unusual for him from time to time. He was frustrated at being kept in isolation.

44. On the morning of 6 May 2023, Mr Sievers had a fall in his cell. He declined transfer to the Prince of Wales Hospital or Long Bay Hospital, where he could receive 24 hour care and supervision.

45. On 8 May 2023, he expressed some suicidal thoughts and was reviewed by a psychiatrist, to whom he denied any specific plans.

46. On the morning of 9 May 2023, he had a further fall. He resisted advice that he should be transferred to the ACRU at Long Bay Hospital, or the MSU. He was permitted to remain at the KWU, provided he agreed to take his insulin and prescribed medications. Mr Thorsby

spoke with Mr Sievers about his decision to remain at KWU. He stated that he felt that the ACRU would not help him.

47. On 9 May 2023, a Palliative Care Summary Sheet was completed. It is clear from the form it was subsequently updated. The palliative diagnoses listed on the form were as follows:

> *COVID + for 10 days (11/5/23)*
>
> *End stage Kidney disease eGFR 9, non-dialysis pathway*
>
> *Ischemic Heart Disease*
>
> *Possible haematological malignancy with nephrotic range paraproteinemia*

48. The form noted Mr Sievers had declined to make an Advanced Care Directive, and that he did not want to leave the Long Bay complex for any reason including lifesaving medical support. It recorded he was aware he had an end stage disease but preferred to "*focus on present and limit EOLC discussions*".

49. On 10 May 2023, Mr Sievers continued to decline transfer to the ACRU in the morning, however consented to be transferred to the ACRU in the afternoon, acknowledging he needed more care and support. That night, his condition deteriorated rapidly.

50. An entry on Mr Sievers' Justice Health electronic record (JHeHS) made at 4:25 am on 11 May 2023 noted he had been unsettled overnight and knocked up multiple times complaining of back pain. It noted he had been administered his regular analgesic with some effect. Reassurance and emotional support had been provided.

51. On the morning of 11 May 2023, he was given morphine, oxycodone, and midazolam by phone orders.

52. A JHeHS entry made at 12:33 pm noted Mr Sievers was agitated and swearing intermittently, complaining of ongoing pain, and "*incoherent most of the time*." He was not tolerating food and fluid intake was minimal.

53. He was reviewed by Medical Officer Dr Welkee Sim at approximately 1.30 pm. Dr Sim was responsible for the clinical management of elderly patients in the ACRU and KWU. Dr Sim noted "*acute deterioration this morning with increased agitation, hypoxia and generalised pain*." On examination Mr Sievers was breathless and "*looked terminal*". He was more settled after receiving morphine.

54. Dr Sim documented a plan that Mr Sievers was for palliation and was not appropriate for CPR, ICU, intubation or antibiotics. Observations were to cease.

55. At 2 pm, a Comfort Observation and Symptom Assessment Chart (COSA) was commenced. Morphine was to be administered for pain and palliation, in the amount of 2.5

mg every 4 hours. Midazolam, for agitation, was prescribed in the amount of 2.5 mg every 6 hours.

56. At 3.15 pm, Mr Sievers was reviewed by a Palliative Care Team nurse. He was noted to be in "terminal phase AKPS 20". This assignation means that death is likely in a matter of days and no acute intervention is planned or required. It reflects that a patient is totally bedfast and requiring extensive nursing care. The documented end of life care plan was for regular morphine and midazolam, to commence the COSA (Comfort Observation and Symptom Assessment), cease observations, undertake regular turns and contact his son.

57. At 4.10 pm Mr Sievers' regular medications stopped. He was no longer able to take medications for cholesterol and hypertension as he was "nil by mouth". His insulin was noted to be "no longer required".

58. At about 4.30 pm, telephone contact was facilitated between Mr Sievers and his son, David. Mr Thorsby, the Justice Health social worker, then spent about an hour with Mr Sievers to provide company and support.

59. At 4.45 pm, Dr Sim prescribed additional morphine and midazolam on a PRN basis, or as needed, upon indication of pain and shortness of breath.

60. Throughout the evening and overnight, Mr Sievers received comfort care and attention from JHFMHN nurses approximately at least every 2 hours.

61. At 11:04 pm on 11 May 2023, Registered Nurse Prakesh Gc made the following entry in Mr Sievers' JHeHS:

> *Pt was given regular morphine at 22:25 hrs as charted via butterfly on L abdomen. S/C butterfly day 0. VIP score 0.*
>
> *Pt looks comfortable, nil sign of pain and distress. PAC attended with assist x 2 nursing staff.*
>
> *Oral and eye care also attended, looks comfortable ATOR*

62. At 3:15 am, RN Gc made the following JHeHS entry:

> *Patient was checked for his comfort. Pt denied of any pain when asked – said no.*
>
> *Pts PAC attended – turned to L side. Pts oral and eye care also attended. Pt was slightly hot to touch and sweaty – extra blanket removed.*
>
> *Pt looks comfortable ATOR.*

63. At 5:01 am, RN Gc made the following JHeHS entry:

> *Pts respiratory rate bit high- Oral cavity get try very quick as patient breathing through mouth. Same moisturized. PAC attended. Looks comfortable.*

64. At approximately 5.10 am, RN Gc attended Mr Sievers' cell and assessed that Mr Sievers had passed away. CO Erik Landman, shift supervisor, was called to attend. RN Gc conducted a physical examination in the presence of CO Landman and confirmed Mr Sievers was deceased at 5.15 am. A life extinct declaration form was certified by RN Gc.

65. Having reviewed the records of this terminal phase of care, I find it was appropriate in all the circumstances.

Events following Mr Sievers' death

66. At 5.15 am, a Death in Custody Time Log was commenced. A body cam facing the cell was activated, and the cell was secured. Police were notified of the death at approximately 5.20 am, via contact with Maroubra Police Station.

67. At approximately 5.35 am, Functional Manager Brian Gough was notified of the death.

68. At 6.35 am, general duties police and investigators attached to Eastern Beaches Command attended the Long Bay complex. At 7.26 am, Police Officers attended the cell in which Mr Sievers was housed at the ACRU.

69. At 10.31 am, Mr Sievers' body was removed from the Long Bay complex by contractors. The cell in which Mr Sievers had been housed was locked and secured by Police.

Post mortem examination

70. On 16 May 2023, a post-mortem examination was carried out on by Dr Jennifer Pokorny. Her findings noted:

    1. History of end stage kidney disease, with changes in kidneys in keeping with a history of chronic kidney disease seen on post-mortem CT scan
    2. Type 2 diabetes mellitus: medication refusal with increase blood glucose and ketones, and
    3. Covid-19 infection, with bilateral lung consolidation present on post-mortem CT.

71. Dr Pokorny had access to the medical records. She identified the direct cause of death as Covid-19 infection on a background of Type 2 diabetes and end stage chronic kidney disease. I accept her opinion.

Relevant policies and procedures

72. Corrective Services Custodial Operations Policies and Procedures (COPP 3.10) "Aged and frail inmates" was relevant to the management of Mr Sievers in custody. Mr Sievers

met the definition of an "*aged and frail inmate*" within subsection 1.1 of this policy. In accordance with the policy, Mr Sievers had been the subject of assessment by the ACBDC. Placement decisions for all aged and frail inmates are made by the ACBDC. The implementation of case plans for aged and frail inmates is the joint responsibility of Corrective Services and JHFMHN.

73. The Offender Management & Programs policy for the "Placement of Aged and Frail Inmates" also applied to Mr Sievers. It provides further detail surrounding the identification, assessment, eligibility and referral of inmates to the ACBDC.

74. The following Sections of the COPP applied to Mr Sievers death and the surrounding circumstances:

    a. 13.1 Serious Incident Reporting;

    b. 13.2 Medical Emergencies;

    c. 13.3 Deaths in Custody;

    d. 13.8 Crime Scene Preservation.

75. Following Mr Sievers' death, COPP Section 6.13, End of Life Care for Inmates, was published on 24 November 2023. This policy provides for the application of various considerations for an inmate approaching end of life, and introduces policies and procedures in relation to Voluntary Assisted Dying.

76. The Justice Health End of Life Care, Resuscitation Plans and Advance Care Directives policy dated July 2018 applied to the management of Mr Seivers' end of life care decisions. This policy was updated in July 2023.

77. Other relevant JHFMHN policies and procedures in place at the time of Mr Sievers' death include:

    a. Palliative Care Model of Care, February 2022;

    b. Managing Patients with a Chronic Condition in Custody, February 2021 (updated in October 2023);

    c. Consent to Medical Treatment – Patient Information, November 2019;

    d. Immunisation of Patients;

    e. Long Bay Hospital Admission Policy (Referral, Admission and Assessment), January 2019 (updated November 2023).

78. I have reviewed the policies provided and it appears that Mr Sievers' medical care was managed in line with the relevant policies in place at the time.

Was the final care offered to Mr Sievers appropriate?

79. As previously stated, the court is aware that the number of aged, frail and chronically ill inmates in NSW is increasing both in absolute numbers and as a proportion of the prisoner population. The care of this cohort in a custodial environment presents challenges to both custodial and health staff. In recent years there have been calls to provide better overall services for aged people in gaol. It is clear, for example, that the hard beds and the basic bathrooms facilities present real difficulties for aged prisoners even those without acute or life threatening medical issues.

80. Mr Sievers clearly met the definition of an aged and frail inmate within the relevant policy.[6] He was appropriately referred to the Aged Care Bed Demand Committee. Once he was identified as requiring palliative care, he was treated in accordance with the relevant policies, including the Palliative Care Model of Care.

81. It appears clear that Mr Sievers had a history of refusing or delaying recommended health care transfers. At times this may have exacerbated his health issues. He also refused treatment at times, including vaccination for Covid-19, a disease which ultimately contributed to his death.

82. He was managed by the Aged Care and Palliative team from July 2021, and when he was referred for consideration for admission to the ACRU early the following year, the admission was rapid. Once assessed he was discharged to the KWU, in accordance with his very strong preference. It appears from the evidence that from that time Mr Sievers remained reluctant to leave the KWU, and aside from the two admissions described above, he remained there until his transfer to the ACRU on 10 May 2023.

83. Mr Sievers received appropriate medical care in the period preceding his death.

Findings and Recommendations

84. For reasons stated above I make the following formal findings pursuant to section 81 of the Coroners Act:

Identity

The person who died was Robert Theo Sievers

Date of death

He died on 12 May 2023

Place of death

[6] Subsection 1.1, Chapter 3.10 COPP

He died at the Aged Care and Rehabilitation Unit (ACRU) at the Long Bay Hospital, within the Long Bay Correctional Centre

Cause of death

He died of Covid-19 infection on a background of Type 2 Diabetes and end stage chronic kidney disease

Manner of death

Mr Sievers died of natural disease while in lawful custody in a NSW Correctional Centre.

Conclusion

85. Finally, I offer my condolences to those affected by the death of Robert Sievers. I acknowledge the compassionate work of his social worker, Mr Mark Thorsby. I accept Mr Thorsby developed a rapport with Mr Sievers and I thank him for his care for this vulnerable man.

86. I thank the officer in charge, Detective Senior Constable Bonnie James for her thorough investigation.

87. I thank the assisting team Mr Sophie Williams and Ms Lara Shepherd for their hard work preparing this inquest.

88. I close this inquest.

Harriet Grahame

Magistrate Harriet Grahame
Deputy State Coroner,
NSW State Coroner's Court, Lidcombe
15 September 2025

Inquest into the death of Robert Sievers

Medical Chronology:[7] May 2023 – February 2016

2023	
Incident/witness report, p.874-877 (12 May 2023) – Tab10(HF)	At approx. 5:30, Night Senior, Senior Correctional Officer Erik Landman, at Long Bay Hospital ('LBH') informed staff that Sievers had been declared life extinct by Justice Health ('JH'). Sievers was housed in the Aged Care Rehabilitation Unit ('ACRU') cell 6.
General Note, 11 May 2023 – p. 243-244 – Tab 36	Sievers in unstable phase – likely terminal Sievers stated he wants to stay at Long Bay and not wanting hospital transfer
General Note, 11 May 2023 – p. 245-247 – Tab 36	Sievers given 5mg oxycodone and 2.5mg morphine – given nasal prong oxygen at 0.5L/mind Decreased consciousness; unable to move limbs independently
General Note, 11 May 2023 – p. 256-257 – Tab 36	Sievers has notable work of breathing and using accessory muscles to breathe Sievers for comfort measures only – Endone given with poor effect; morphine given with good effect; Midaz given with good effect
General Note, 11 May 2023 – p. 227 – Tab 36	Sievers knocked up multiple times overnight. Reported back pain. Attended to multiple times and provided 'reassurance and emotional support'.
General Note, 11 May 2023 – p. 230 – Tab 36	Phone order taken for stat dose of 2.5mg morphine for back pain
SOAP, 11 May 2023 – p. 233-235 – Tab 36	Sievers agitated and swearing intermittently – words incoherent Not tolerating food intake and minimal fluid intake Observed, mouth breathing, short staggered breath/gasps Health deteriorating – to be attended 2 hourly, mouth care to be attended
General note, 11 May 2023 – p. 238-239 – Tab 36	Sievers refusing his food and medication, especially insulin Did not want to be transferred to Prince of Wales Hospital ('POWH') Sievers had an acute deterioration of his condition since transferring to ACRU –appears breathless and terminal Plan to start regular morphine and midaz
SOAP, 10 May 2023 – p. 225-226 – Tab 36	Sievers transferred from Ken Waller Unit ('KWU') to ACRU in wheelchair

[7] This is a summary of medical records contained in the brief of evidence. This summary does not refer to all entries in the medical records.

General Note, 10 May 2023 – p. 221 – Tab 36	
General note, 10 May 2023 – p. 222 – Tab 36	Sievers stated he needs more care and support and is ready to be transferred from KWU - transfer to occur when bed available
General Note, 10 May 2023 – p. 219-220 – Tab 36	Sievers stated he has not eaten but is tolerating fluids Sievers reports thoughts of self harm to Corrective Services NSW ('CSNSW') staff Sievers continues to refuse transfer from KWU to ACRU – reassurance given with little effect
Case Note Report, p.955 (10 May 2023) – Tab 10HH	After Risk Intervention Team ('RIT') review was conducted, the KWU Nurse Unit Manager ('NUM') made a referral to move Sievers to LBH ACRU palliative care due to his physical health declining.
General Note, 9 May 2023 – p. 199 – Tab 36	Sievers had fall overnight – Sievers knocked up in the morning requesting painkiller. Endone given Sievers refused vitamin supplements and insulin Sievers verbalised frustration with care
General Note, 9 May 2023 – p. 200-202 – Tab 36	Sievers' mood deteriorated – he externalised his frustration by intermittently refusing medication and/or insulin. Sievers had fall overnight – NUM discussed transfer to ACRU where he can receive 24 hour nursing care – Sievers refused Sievers denied current suicidal ideation but stated he had had enough as no one looks after him/does anything for him and he cannot receive pain relief through the night NUM stated that if he transfers to ACRU nursing staff could assist him through the night – Sievers refused
General Note, 9 May 2023 – p. 203-204 – Tab 36	Sievers reviewed at KWU by Dr Sim, Corrective Nurse Clinician, NUM Liz Twomey, Registered Nurse ('RN') and Palliative Care Social Worker Plan: Sievers to remain at KWU as agreeable to taking medication/insulin as required; further review by Palliative Care team; and Endone for 1 week
General Note, 9 May 2023 – p. 205-206 – Tab 36	Staff recommended transfer to LBH for monitoring and management – Sievers refused stating *"I will do something if you send me*" "*I want to be let out of here" "you are treating me like a dog" "nobody cares here*" Sievers counselled re need to accept treatment to maintain health Sievers continues to refuse insulin
General Note, 9 May 2023 – p. 207-208 – Tab 36	Importance of compliance with insulin and risks of non-compliance discussed with Sievers – 50u given as charted Sievers advised he will only remain compliant if he can remain at KWU
General Note, 9 May 2023 – p. 209-211 – Tab 36	Sievers states he does not want to go to LBH MSU as he has been told he will be treated badly and won't got to LBH ACRU as it is boring Sievers to remain in KWU – 3 camera cell – on constant monitoring with 15-min physical observations

General Note, 8 May 2023 – p. 191 – Tab 36	Sievers continuing to decline insulin, also appeared in distress + rigors in the AM Sievers reports pain from fall "*the other day*" Sievers' unsupervised meds observed on table – states he will only take his meds once he is removed from isolation – NUM informed re same
General Note, 8 May 2023 – p. 188-190 – Tab 36	NUM noted Sievers in pain due to fall – Sievers refuses to take Panadol as it "*doesn't work*" Discussed need for closer supervision to ensure Sievers is monitored closely – transfer to LBH recommended however Sievers refused Refusal to be transferred from KWU to be discussed with Palliative Care Team
NSW Department of Corrective Services Incident Details - Cooper, 8 May 2023 - Tab10(HN)	Sievers stated that he was tired and that the nurse doesn't care about him, he may as well be dead for all the care the nurse has shown him. (p.1061)
SOAP, 9 May 2023 – p. 215-216 – Tab 36	RN received call from Metropolitan Special Purpose Centre – Area 1 ('MSPC1') as Sievers had fallen out of bed and slid onto floor. Sievers states his mobility has reduced, denies hitting head and reported of pain in left foot
Case Note Report, p.954 9 May 2023 – Tab 10HH	Sievers stated to nurse that he wants to take his own life. Sievers unable to eat, looks pale. Sievers to remain on 15min physical observations and constant electronic obs.
General Note, 8 May 2023 – p. 196-198 – Tab 36	Sievers seen by psych – Sievers denying acute suicidal intent and has reduced mobility/means to complete, he is at risk due to acute situational stressors in the context of multiple medical comorbidities, general physical decline and prison sentence. Sievers to be in camera cell o/night and psych to flag urgent review for AM
General Note, 8 May 2023 – p. 193 – Tab 36	RN reported that Sievers has expressed suicidal thoughts – ROAMS Psych phones Sievers
General Note, 8 May 2023 – p. 194 – Tab 36	Sievers was screaming and calling out due to frustration and stated he is in pain – Endone given Sievers states he was having suicidal thoughts – 24 hour monitoring and RIT placement until review by mental health ('MH') nurse in the AM Correctional Officer ('CO') informed that Sievers to be placed on RIT – CO reluctant re same and will discuss with after-hours nurse manager
SOAP, 7 May 2023 – p. 184-185 – Tab 36	Sievers continued to refuse insulin and stated he had not eaten that day due to having no appetite Sievers advised to push fluids Sievers informed that if his condition worsens he will be transferred to POWH

SOAP, 7 May 2023 – p. 182-183 – Tab 36	Sievers refused AM insulin and stated he was not going to take any tablets that day as "*they don't work and get stuck in my throat"*. Sievers was advised he can dissolve them in water Urostomy bag was observed to be full and JH nurse offered to empty – Sievers declined
SOAP – 6 May 2023 – p. 179-180 – Tab 36	Sievers refusing evening insulin - informed that he may be transfer to LBH or POWH if he doesn't have any insulin, and that he may become unconscious or die if he continues to refuse – Sievers states "*I don't care*"
SOAP, 6 May 2023 – p. 175-176 – Tab 36	Sievers accepted 10u of Novomix 30- ("*that's all I'm having*") – usual AM dose is 50u. Dr Sim informed re Sievers being hyperglycaemic
SOAP, 6 May 2023 – p. 177-178 – Tab 36	Sievers encouraged to take insulin – he refused. Sievers informed that he may need to be transferred to LBH – states "*I won't take a fucking thing if you move me there. I told Liz that*." Dr Sim informed by phone re blood sugar level results and states Sievers should take min 6u of Novomix – Sievers informed of same and agrees to have 6u.
SOAP, 6 May 2023 – p. 171-172 – Tab 36	Sievers seen by nurse again at 9.30am -offered insulin and informed his ketones are high – Sievers refused insulin CSNSW confirms that cell is monitored by CCTV; states that Sievers had a blanket and was lying on the floor
SOAP, 6 May 2023 – p. 173-174 – Tab 36	KWU spoke with CSNSW officer in 7 Wing re what was seen on camera overnight CO states that he was advised that Sievers put himself on the ground and was lying there with his blankets Sievers continuing to refuse insulin – informed by JH nurse that he should have insulin regardless of appetite as ketones are high
SOAP, 6 May 2023 – p. 168-170 – Tab 36	Nurse called to cell at 6.30am by CSNSW as Sievers was found on the floor. Sievers assisted to bed by CSNSW Sievers states that he fell when he got up to get some water and could not reach knock-up button Sievers encouraged to have insulin as he has continuously refused Sievers offered transfer to POWH or LBH for 24hr supervision – stated: "*fuck that. I'm not going to either of them. I'm better off here*."
SOAP, 4 May 2023 – p. 161-162 – Tab 36 General Note, 4 May 2023 – p. 163; SOAP, 5 May 2023 – p. 165-166; General Note, 5 May 2023 – p. 167 – Tab 36	Sievers states he has poor appetite and has declined morning insulin

General Note, 1 May 2023 – p. 150 – Tab 36	Sievers covid positive and symptomatic Sievers refused transfer to Medical Sub-acute Unit
General Note, 28 April 2023 – p. 145 – Tab 36	Sievers refused to have his weekly observations done
SOAP, 21 April 2023 – p. 132-133 – Tab 36	Left foot observed to be slightly swollen – Sievers reports its ongoing but denies any pain or discomfort. Sievers advised to elevate legs when sitting down and advised to notify if symptoms worsen
SOAP, 14 April 2023 – p. 121-122 – Tab 36	Sievers states he wants to see GP not nurse practitioner ('NP') as he has whole body pain– Sievers reported he also wants his medication reviewed by GP. Sievers' name placed on PAS waitlist for GP review
General Note, 12 April 2023 – p. 116 – Tab 36	Sievers' ostomy supply located by CSNSW – Sievers requested to keep 2-month supply in room – supplies provided to Sievers. Sievers' compliance with insulin discussed – Sievers dismissive of same – advised of complications with increased blood sugar levels
SOAP, 11 April 2023, p. 113-114 – Tab 36	Sievers advised of issues with stoma supplies – Sievers reported they are liars and he doesn't trust JH Sievers advised he has 7 bags left and so gave warning that if JH do not supply stoma stock on Friday he will go off medication (including insulin)
General Note, 10 April 2023 – p. 111 – Tab 36	Sievers' sacrum assessed in clinic – pressure injury stage 1 still present – Sievers encouraged to apply dx, but he declined as he "*does not need it*"
General Note, 8 April 2023 – p. 108 – Tab 36	Blood sugar level checked at 2100hrs – Sievers refused supplementary insulin and was annoyed at being disturbed.
General Note, 8 April 2023 – p. 107 – Tab 36	Sievers attended clinic for blood sugar level and insulin – walking as normal and did not complain of feet/leg pains Sievers refused extra insulin as per chart – advised to knock-up if he feels anything abnormal Handover to night nurse to check on Sievers later tonight
General Note, 8 April 2023 – p. 106 – Tab 36	Sievers refused to attend clinic in PM as feet are painful and clinic is too far Plan to see Sievers at dinner if feet still painful. Blood sugar level to be checked and insulin administered in room
General Note, 8 April 2023 – p. 105 – Tab 36	Sievers refused to have blood sugar level checked – insulin not administered
General Note, 6 April 2023 – p. 101 – Tab 36	CSNSW unable to locate ostomy supplies – reordered as urgent – for delivery early next week
SOAP, 5 April 2023 – p. 97-98 – Tab 36	Sievers refused dressing for pressure injury – nurse examined – advised protective dressing recommended, Sievers adamant on not having dressing

	Sievers advised to change position to avoid pressure sore and to keep the area clean and dry
General Note, 4 April 2023 – p. 91 – Tab 36	Medical officer ('MO') states Sievers' renal function is at 9% - states gradual decline of kidney function – hesitant to prescribe any more medication. MO on leave for 12 months and Sievers will see another specialist during this time.
General Note, 4 April 2023 – p. 91 – Tab 36	Sievers seen in clinic – continues to refuse insulin – states he will take it tonight. Sievers continues to refuse insulin until his ostomy bags arrive – explained that they should arrive next week – Sievers is concerned as he only has 10 left Sievers advised that he will be put on a RIT if he continues to refuse due to health risk – escalated to NUM
General Note, 4 April 2023 – p. 94 – Tab 36	Sievers' ostomy supplies sent to CSNSW PO Box – Aus Post confirmed same collected – unknown location at present – requested assistance with location of same
General Note, 4 April 2023 – p. 95 – Tab 36	Attended KWU – Sievers continues to refuse insulin – upset re ostomy supplies – Sievers advised items ordered and have been delivered to CSNSW but unknown location at present
General Note, 4 April 2023 – p. 89 – Tab 36	RN to call Sievers for phone consult with renal at 10.15am. At 12.00pm reception called again (called at 11.25 and 11.35) – receptionist asked RN to stop calling. Sievers returned to cell at 12.10pm. RN still awaiting call at time of review ('ATOR')
General Note, 4 April 2023 – p. 88 – Tab 36	Sievers refusing to attend diabetic clinic. Problem with supply of stoma bags and Sievers refusing insulin. Sievers encouraged to have insulin but still refused. NUM aware.
General Note, 3 April 2023 – p. 87 – Tab 36	Sievers continues to decline sacrum diagnosis. Sacrum site assessed: redness and stage 1 pressure injury still present. Sievers was told that being diabetic, there are potential consequences re open wounds. Sievers said he is good and not having dressing on.
General Note, 31 March 2023 – p. 77 – Tab 36	Palliative Care OT review – Sievers declined review of pressure area and does not want to use gel pressure cushion for chair. Equagel previous trialled – Sievers does not like. Education provided on strategies to manage pressure area.
General Note, 30 March 2023 – p. 75 – Tab 36	Sievers complained of pain in sacrum area in clinic. Sievers assessed and stage 1 pressure injury noted. OT emailed re review of pressure relief mattress and cushion.
General Note, 28 March 2023 – p. 70 – Tab 36	Sievers continues to decline any input re shoulder pain and has defeatist attitude.
General Note, 8 March 2023 – p. 38-39 – Tab 36	Palliative Care Physiotherapy Review – Sievers hasn't been walking much or completing exercises – said: "*what's the point*" and "*I'm too lazy*" Sievers has received physio treatment for left shoulder pain but didn't want to do the exercises, stating "*I knew they wouldn't work so didn't bother*". When challenged about this ("*how could you know if you didn't try them?*") Sievers became antagonistic stating "*I just knew ok? Stop bothering me, I know my body*"

General Note, 27 February 2023 – p. 22-24 – Tab 36	Sievers explained to social worker his dissatisfaction with the health care he was receiving. Reported that he did not feel the medical and nursing staff care about his wellbeing and that he rarely gets seen when he is unwell. SW spoke with NUM Liz following visit with Sievers. NUM reported that Sievers is able to visit the clinic if required and is seen by RNs daily.
General Note, 20 February 2023 – p. 12-14 – Tab 36	Palliative Care Dietician Review Assessment – noted Sievers was underweight; signs of moderate subcutaneous fat and muscle wasting globally. Sievers reports that he does not like meals. Eats 2-3 times per day and sometimes skips lunch. Sievers has inadequate oral intake – only meeting 30% energy and 60% protein requirements. Sievers encouraged to not skip meals to ensure consistent oral intake
General Note, 15 February 2023 – p. 3 – Tab 36	Sievers advised of the complications with non-compliance re medications – unwell/pain. Sievers advised that he is compliant and takes all meds as given by RN daily.
General Note, 7 February 2023 – p. 249 – Tab 37	Sievers seen by POWH endocrinology reg Current insulin reviewed – Novomix 30 – 50 units mane and 10 units nocte with evening meal if BGL >14 – RN advised of same via phone Issues re eyes addressed – Polytears eyedrops given
General Note, 7 February 2023 – p. 251 – Tab 37	Palliative Care Multi-Disciplinary Team Meeting - Sievers agreed to high-risk foot clinic Type 2 Diabetes poorly managed as Sievers often non-compliant with meds.
General Note, 6 February 2023 – p. 247 – Tab 37	Sievers attended clinic for blood sugar level and insulin – blood sugar level at 9.5 pre-dinner; Sievers refused his regular insulin – this is stated to be normal for him. Sievers is upset due to nothing being done re eyes and previous eyedrops not effective – Sievers offered Chlorsig but refused same; Sievers requesting to be seen by eye specialist
General Note, 3 February 2023 – p. 242 – Tab 37	Blood sugar level 11.5 pre-dinner; Sievers due for 26u – took half dose. Sievers states he will eat dinner tonight and has HypoPak in cell
General Note, 2 February 2023 – p. 240 – Tab 37	Blood sugar level 5.3 at 17.00 – Sievers refused insulin as "*I won't eat dinner tonight"* Sievers informed to knock-up if he changes his mind and wants insulin – Sievers agrees to same
General Note, 29 January 2023 – p. 230 – Tab 37	Sievers refused insulin the whole day; Mircera injection administered (next due 1 March 2023)
General Note, 28 January 2023 – p. 228 – Tab 37	Sievers refused Mircera injection and stated "*I will have it tomorrow"* *(*Note: Mircera is used to treat symptoms of chronic kidney disease)

General Note, 27 January 2023 – p. 225 – Tab 37	Sievers seen in clinic for blood sugar level and insulin; blood sugar level pre-dinner 8.3 – refused insulin and states "*I'm not taking any chances, I know my body"* GP/NP to review insulin when next in unit
General Note, 24 January 2023 – p. 220 – Tab 37	Sievers refused to have regular insulin as he is not having dinner – Dr Sim contacted re same
General Note, 23 January 2023 – p. 217 – Tab 37	Pre-dinner blood sugar level check attended to; Sievers refused regular insulin or blood sugar level re-check Sievers states he is fine and will have dinner in cell; Sievers aware of hypo-symptoms and has hypo kit in cell
SOAP, 1 January 2023 – p. 197-198; SOAP, 16 January 2023 – p. 202-203 – Tab 37	Sievers refused nocte insulin and states he "*may or may not eat dinner*"; Sievers refused insulin due to risk of hypoglycaemia – "*I won't eat and then I'll be hypo in the night"* Sievers advised of need to ensure adequate oral intake or carbs to reduce risk of hypoglycaemia
General Note, 14 January 2023 – p. 195 – Tab 37	Sievers informed nurse that he would refuse insulin if his blood sugar level was below 10 and stated "*I won't be eating that dinner tonight"* Blood sugar level 7.9 – Sievers refused insulin; unable to convince Sievers to take dose or part dose
General Note, 11 January 2023 – p. 190 – Tab 37	Sievers did not receive insulin in AM due to CSNSW lock-in and RN overlooking Sievers' name on list given to CSNSW; Sievers did not knock-up or inform officers of same Sievers upset by situation; RN apologised Sievers refusing insulin or stat-dose of fast-acting insulin; ROAMS informed of same. Sievers requested note to state that insulin has been withheld rather than refused.
2022	
General Note, 29 December 2022 – p. 164 – Tab 37	Dr Sim reviewed Sievers – has not been having insulin regularly and has been fussy with food Novomix 30 decreased to 60 units mane and 26 units nocte; sliding scale charted
General Note, 28 December 2022 – p. 160-161 – Tab 37	NUM spoke with Sievers re recent blood sugar levels – he advised he does not like the lunches provided NUM discussed with Sievers recent LBH admission where he was unhappy with diet and wished to return to KWU, also discussed that there has been no change in CSNSW diet and he has been happy to supplement same for many years with buy-ups NUM discussed management of conditions with Sievers and he was advised that erratic changes to compliance may result in the need transfer to hospital
SOAP, 26 December 2022 – p. 153-154 – Tab 37	Sievers requested RN attend to vitals as he feels dizzy; vitals attended to - appeared to be at his baseline Pre-dinner blood sugar level attended to; Sievers declined recheck post-dinner and evening insulin
General Note, 24 December 2022 – p. 149 – Tab 37	Sievers refused pre-dinner insulin; encouraged to have his dinner – said he will have it when he goes to cell

	RN attempted to contact ROAMS but could not get through; spoke to Dr Sim re above – Dr suggested withhold insulin
Palliative Care Summary Sheet, LBH, 20 December 2022 – p. 7-8; 46-47 – Tab 30A	Sievers to receive conservative management (non-dialysis pathway); Erythopoietin stimulating agent monthly and 3-monthly bloods Sievers does not want to leave LBH for any reason – including lifesaving medical support. Sievers aware he has end-stage disease, but wants to limit end of life discussions
SOAP, 20 December 2022 – p. 130-131 – Tab 37	Sievers compliant with all meds; transfer back to KWU once stable
General Note, 20 December 2022 – p. 132 – Tab 37	Dr Sim clears Sievers for discharge from ACRU
General Note, 20 December 2022 – p. 137-138 – Tab 37	Sievers seen by Nurse Practitioner – NP stated he is looking well but has lots of frustration over incarceration-related issues. Wound on left foot examined – has soggy dressing and macerated underneath; no visible signs of infection. Inadine to be ceased; iodine and foam island dressing to commence Cramps improved; weight stable; no pedal oedema Sievers to be reviewed monthly; to see renal specialist and renal supportive care
General Note, 19 December - p. 123 – Tab 37	NUM spoke with Sievers – Sievers advised he wanted to return to KWU; NUM informed Sievers that he will need to be cleared for discharge by Dr Sim Sievers happy with plan and insulin administered as charted; Sievers informed that he will need to be compliant with meds to ensure fit return to KWU
SOAP, 18 December 2022 – p. 116-117 – Tab 37	Sievers refused mane insulin; "*I'm not taking it until I go back to Kevin Waller*" and "*I don't like it here*" Vitals observed to be "*between the flags*"; Sievers reported "*I feel like I always do*"; Sievers informed of the possible consequences of not takin insulin – Sievers stated "*I know all that*"
SOAP, 17 December 2022 – p.109-110 – Tab 37	Sievers states "I *don't want my insulin today*"; does not like it in ACRU ("*they're all mad here. I've got no-one to talk to*"). Will refuse insulin until he is moved back to KWU Sievers informed that transfers don't occur over weekend and that he would require more frequent monitoring if he refused insulin and may need camera cell. Sievers informed that if he wanted transfer that he should speak to management through week Sievers then agreed to take insulin over weekend and speak to NUM through the week
Case Note Report, p.953, – 16 December 2022 – Tab 10HH	Author witnessed nurses attend Sievers' cell to administer Insulin and Supply him his dinner. Sievers was verbally aggressive towards nurses and demanded a higher quality of dinner. Sievers then refused to take his insulin. Sievers was told that this is all the dinner that will be available to him and the food was left by his bed.

SOAP, 30 November 2022 – p. 8-9 – Tab 37	Sievers complained about quality of jail meals; stated he will not take insulin until he has been reviewed by a dietitian NUM informed of above – NUM spoke with Sievers who later agreed to have regular insulin
General Note, 30 November 2022 – p. 13-15 – Tab 37	Sievers moved to ACRU for assessment purposes after 2 recent falls. Refused to take Ordine Complained about food in ACRU – Sievers advised no current dietitian within JH
General Note, 8 December 2022 – p. 53-54 – Tab 37	Sievers stated he missed KWU; not happy with mattress as he has difficulty getting in and out of bed Stated "*I'm not happy I want out of here"* – this is observed to be incongruent to his affect and conversation
General Note, 24 November 2022 – p. 355-356 – Tab 38	Sievers attended telehealth appt with Dr Sands (renal support at POWH), reported that he experiences breathlessness; Dr Sands suggested trial of small does of ordine to assist with this – Sievers happy to try same. (*Ordine – oral liquid morphine used to manage dyspnoea (laboured breathing))*
General Note, 22 November 2022 – p. 339-340 – Tab 38	MO (Dr Sim) reviewed Sievers re ACRU admission – issues noted which include: Sievers is not for resuscitation, not for transfer to POWH; has no contact with family and has a history of hypos when in ACRU due to decreased oral intake and dislike of food provided.
SOAP, 21 November 2022 – p. 332-333 – Tab 38	Sievers transferred from KWU to ACRU; Sievers reported to be unhappy about this. Noted Sievers was hypoglycaemic in PM due to poor oral intake
General Note, 21 November 2022 – p. 142 – Tab 36	Sievers states he has not had dinner as "[*he] won't eat the food here"* – Dr Sim contacted re insulin dose
Case Note Report, p.953, 17 November 2022 – p. 953 Tab 10HH	Sievers had a fall with his walking frame at approximately 09.30am and scraped his arms and elbows, seen by JH RN and KWU supervisor informed of incident.
General Note, 17 November 2022 – p. 322 – Tab 38	Sievers advised he should transfer to ACRU due to increased frailty; Sievers declined. NUM to speak to CSNSW re how Sievers is to be managed at ACRU to encourage transfer.
SOAP, 17 November 2022 – p. 320-321 – Tab 38	Clinical Nurse Specialist ('CNS') called to yard by inmate as Sievers had fallen; on arrival Sievers was sitting on floor with blood coming from right arm. Sievers stated that he "*got up and then fell over*", however, denies loss of consciousness and dizziness. Sievers states he fell "*because [he] was wearing thongs and tripped over*".
General Note, 10 November 2022 – p. 303 – Tab 38	Sievers reviewed at KWU – Sievers refusing MS Contin as it makes him feel sedated. Sievers reports poor appetite due to gaol diet NP attempted to discuss end stage chronic renal failure – Sievers declined to discuss as "*its depressing*". Sievers advised that skin issues may be secondary to CRF

General Note, 8 November 2022 – p. 314-316 – Tab 38	NP Palliative Care review following renal support care appt – Sievers' diagnoses and presenting issues noted. MS Contin for shortness of breath discontinued by Sievers. Sievers' mood assessed by Dr Watts; no evidence of significant depression and Sievers confirms not wanting to restart Mirtazapine. Sievers not wanting to discuss advanced care planning
General Note, 8 November 2022 – p. 296-297 – Tab 38	Sievers met with NUM in KWU – Sievers reported had not showered in 65 days; advised needs help washing and drying back and feet area. Sievers agreed to shower x2 per week. Urostomy bag changed; dressings to both feet attended to.
General Note, 3 November 2022 – p. 283-284 – Tab 38	Sievers reviewed by OT in KWU clinic – OT to arrange for gel chair cushion and H5 waffle mattress for bed. Sievers' recent fall discussed – reported to be environmental trigger, however does feel unsteady often. Referral to ACRU discussed – Sievers declined. Sievers reported to not use showers as does not want to shower with others – OT offered to move Sievers to 2 out cell with shower – Sievers declined. Barthel index = 60/100
General Note, 3 November 2022 – p. 281-282 – Tab 38	Sievers seen by NUM and MO (Dr Sim) – noted that Sievers has swollen, deformed feet. Sievers reported he has not showered for 64 days. Sievers stated he is happy to continue MS Contin and does not want to go to POWH clinic – Sievers explained the importance of foot review and Sievers reluctantly agreed to be referred.
General Note, 2 November 2022 – p. 276-277 – Tab 38	Sievers seen in KWU clinic by CNS – Sievers denied issues with stoma, however, complained of stoma seal (wants Hollister 8805 seals again). CNS explained to Sievers that multiple confirmations from Sievers were expressed before Coloplast seals were ordered as he was previously complaining about the 8805 seals. CNS explained to Sievers that it is their preference that Sievers consider being referred to high-risk foot clinic due to comorbidities and risk with diabetic foot ulcer. Sievers states he refuses to attend external appointments but will have foot x-ray if GP happy to refer.
General Note, 31 October 2022 – p. 268 – Tab 38	Dr Sands (Palliative Care) ordered for Sievers' Frusemide to be stopped; Lasix to be increased to 120mg mane and midi; MS Contin to be commenced at 5mg daily (*Note: Frusemide and Lasix are used to treat fluid retention/oedema; MS Contin is morphine)*
General Note, 27 October 2022 – p. 249-251 – Tab 38	Sievers had renal telehealth appt; noted Sievers had non-healing ulcer on left foot and bipedal oedema pitting to mid-shin. Sievers' mood symptoms noted; to be reviewed by Old Persons' Mental Health ('OPMH').
General Note, 25 October 2022 – p. 243-245 – Tab 38	Palliative Care NP Review – noted Sievers has slight reduction in function and would be suitable for shower supervision (Sievers refuses to shower in standard available hours as is frustrated with shower set-up and sharing).

	Sievers is not for resuscitation from November 2021; refuses medical tests and appointments.
SOAP, 12 October 2022 – p. 217-218 – Tab 38	Sievers' blood sugar levels checked; were low and Sievers given hypokit and Nepro drink. Sievers reports that he is not eating provided meals as he doesn't like the food. Blood sugar levels re-checked after dinner – still low Dr Sim informed and advised to withhold usual does of Novomix (55 units) and administer 30 units
General Note, 10 October 2022 – p. 212 – Tab 38	Palliative Care OT review – Sievers seen due to issues with sacral area. Sievers provided with gel cushion; Sievers requested donut cushion. OT discussed with Sievers why donut cushions no longer recommended. Equagel cushion provided; Sievers prefers this over gel cushion.
General Note, 7 October 2022 – p. 203-205 – Tab 38	Palliative Care NP review – noted decline in Sievers' functional ability; shortness of breath on exertion; not using showers. To be provided comfort care – Sievers aware he has significant life limiting illness but does not want to discuss or leave LBH for any reason.
Appt Cancellation by Patient, 6 October 2022 – p. 219 – Tab 41	Sievers cancelled his in-person renal support care appts and reported that he will only attend via telehealth.
General Note, 6 October 2022 – p. 199 – Tab 38	Sievers informed of upcoming face-to-face renal appt at POWH; advised he is only willing to attend apps via telehealth. Sievers informed this appt must be in-person; advised he is not willing to attend. Appt cancelled; Medical Assessment Unit ('MAU') advised they will liaise with POWH renal team to see if appt can be telehealth
General Note, 5 October 2022 – p. 198 – Tab 38	Sievers complained of painful coccyx from sitting; to be referred to OT for cushion to relieve pressure on sacral area
SOAP, 27 September 2022 – p. 177-178 – Tab 38	Sievers seen in KWU clinic for stoma review and ankle-brachial pressure index (*a non-invasive method of assessing peripheral arterial perfusion in lower limbs*)– Sievers finds that Coloplast protective seal works well. Received urostomy pouches and seals and expecting a further 10 sets. Noted that Sievers was not happy with treating peristomal ulcer with stoma powder; education and explanation provided. Instruction, demonstration and sample of stoma powder provided. Noted Sievers requires podiatry review semi-urgently.
General Note, 15 September 2022 – p. 151-152 – Tab 38	Sievers seen in cell by PCOT and PCPT – reported oedema in leg decreased but experiences cramps in calf. Sievers also reported he has not been showering and using body wipes. Sievers reports that stoma fills with water when showering and would shower regularly if he could do so alone - embarrassed about stoma.

	2 out cell with internal shower discussed - Sievers declined same. Notes current communal showers suit functional needs.
General Note, 15 September 2022 – p. 153-154 – Tab 38	Sievers fell trying to get out of bed on two occasions in past few years; Sievers denies falls from standing height. Sievers rarely leaves cell due to worsening mobility and generally feeling weak. Physio discussed goals of therapy and importance of exercise – states Sievers would benefit from exercise program, daily mobility and regular physio.
General Note, 13 September 2022 – p. 146-148 – Tab 38	Sievers attended telehealth consult with CNS re urostomy bags leaking – Sievers: "*sick of the leaking*". CNS discussed using paste and use of extension tape to cover naval area. NUM discussed possibility of RN assisting with change of bag; Sievers wants to remain as independent as possible. NUM reviewed site and replaced bag while Sievers in clinic. NUM noted excoriated skin; Sievers advised he was aware of same and that it "*stings*". Swab taken and area cleaned. Stoma powder recommended for use on excoriated site.
General Note, 30 August 2022 – p. 117-118, and p.121-123 – Tab 38	Sievers seen by stoma CNS and Palliative Care NP in KWU – Sievers educated and encouraged to use stoma belt provided to prevent leakage. Sievers insistent on trying convex seals – he was provided same and given stoma extension tapes to try to prevent leakage. Sievers stated he does not want to leave Long Bay Correctional Centre ('LBCC') for any reason and does not want any investigation that requires visit to hospital. Sievers is aware he has possible blood cancer, heart issues and diabetes-related complications. Sievers has anaemia due to chronic kidney disease and undiagnosed haematological disease.
General Note, 29 August 2022 – p. 114-115 – Tab 38	NUM met with Sievers in KWU – non-compliance with medication discussed. Sievers advised he ceased diuretic for approx.10 days and has been compliant since 26/8/22 NUM discussed fluid retention and increase in weight and oedema – advised Sievers that it is his right to declined medication, but he must advise nursing staff and return meds. Sievers advised he wants change in stoma bag – NUM advised that multiple samples have been provided.
SOAP, 26 August 2022 – p. 104-105 – Tab 38	Sievers advised he has stopped taking Lasix – this was discussed. Sievers stopped taking it weeks ago due to too much urinary output causing his urostomy bag to leak. NUM advised of same. It was noted that Sievers had gained weight and had pitting oedema in bottom half of both legs (*Note: Lasix is a diuretic that helps to reduce the amount of excess fluid in the body.)*
General Note, 24 August 2022 – p. 97-99 – Tab 38	Sievers reviewed by dietitian – previous meal plan not carried across to KWU; discussed Sievers' dislike of CSI provided meals.

	Sievers possibly has inadequate intake and poor dietary quality as he is reliant on buy-ups to substitute diet Food preferences and limitations of CSI diet discussed; high protein options encouraged.
General Note, 18 August 2022 – p. 87 – Tab 38	OT review – Sievers reported increased swelling in legs; offered compression socks and Sievers agreeable. Shower set-up discussed – Sievers agreeable with set-up (non-slip flooring, shower chair, and grabrail) but reluctant to use.
General Note, 17 August 2022 – p. 82-83 – Tab 38	NUM attended KWU re supervised shower – Sievers stated he is hesitant to shower due to access issues – no grab rails/flooring/no room. Sievers attended communal shower area – large, grab rails on wall, access to shower chair, and ease of access. Sievers agreed there were nil issues with access/use of shower area. NUM advised that Sievers' placement may need to be reviewed due to hygiene needs – Sievers stated this not required and he would commence showering in KWU.
General Note, 10 August 2022 – p. 70-71 – Tab 38	Sievers seen by MO re wound on foot and shoulder pain – states he would like a steroid injection into left shoulder, but does not want to go to POWH for this. Sievers has Chronic Kidney Disease and possible underlying haematological condition - declined further investigation. Sievers states he has been unable to shower
General Note, 9 August 2022 – p. 68 – Tab 38	Sievers seen in KWU clinic – Sievers complained of nerve pain to right shoulder and blister to right toe and wanting to be reviewed by GP. Sievers placed on waitlist and email sent to Aged Care CNS as FYI; Sievers is known to them. Sievers reports that ileostomy leaking and wanting to be seen by stoma nurse for change of products – email sent to stoma CNS
General Note, 3 August 2022 – p. 57-58 – Tab 38	Sievers seen in KWU clinic re stoma supply. Stoma supplies were explained to Sievers and a stoma belt for him to wear (for extra security) to be arranged.
General Note, 25 July 2022 – p. 42 – Tab 38	Compression socks arrived for Sievers – Sievers declined and stated current level of oedema isn't bothering him. OT offered to have sweeper assist with putting compression socks on – Sievers declined. Sievers still not using showers and is using personal wipes instead. OT advised Sievers that shower chair, rails and HHSH available if Sievers chooses to shower.
SOAP, 22 July 2022 – p. 37-38 – Tab 38	Sievers complained of stoma bag leaking; concerns passed onto stoma CNS
General Note, 18 July 2022 – p. 25 – Tab 38	Sievers complained that urostomy bag leaking due to poor bag seal; Sievers requested to see stoma nurse re same
General Note, 11 July 2022 – p. 15-16 – Tab 38	Sievers seen by OT - Sievers reported fell out of bed "*the other night*" and states beds are too narrow Sievers is not showering as it is too cold and there are too many walking frames down there and "*you can't move around*" OT discussed bed options with Sievers and suggested using other bed in cell with grabrail on wall; he declined

	OT discussed trial of compression socks and Sievers encouraged to mobilise and complete calf exercises to promote update of oedema
General Note, 9 June 2022 – p. 381-382 – Tab 39	Sievers reports recent fall; he is not showering as he is worried about falling. Presently using wipes to clean himself.
General Note, 1 June 2022 – p. 368 – Tab 39	Sievers seen by RN following unwitnessed fall. Sievers reported that he had fallen out of bed but denies hitting head. Plan to monitor Sievers' skin tear re infection.
General Note, 18 May 2022 – p. 343 – Tab 39	Sievers reports that he is not taking his Fenofibrate because he is unsure why he should be taking it. Provided with a copy of Fenofibrate information – states he will read it and speak to staff if needed. (*Note: Fenofibrate is used to reduce and treat high cholesterol levels in the blood*)
General Note, 10 May 2022 – p. 319 – Tab 39	Sievers was seen in KWU clinic – refused insulin in protest as he was concerned of access to medications due to CSNSW lockdown. Sievers requested his morning meds be provided as takeaway.
General Note, 9 May 2022 – p. 316-317 – Tab 39	Sievers seen by OT in clinic. Sievers stated that he has only showered once since being in KWU due to no grabrails in shower. OT reviewed with Sievers and grabrails were present. Sievers reported mild swelling, however, compression garments were declined.
General Note, 26 April 2022 – p. 291 – Tab 39	Sievers' medication changed post-renal appt – pregabalin increased from 50mg to 75mg nocte; rosuvastatin decreased from 40mg to 10mg (previous dose caused Sievers to be at risk of myopathy). Plan to possibly switch to atorvastatin.
General Note, 26 April 2022 – p. 293 – Tab 39	Sievers attended renal telehealth appt – dose of Frusemide to be increased to 120mg; Sievers still anaemic but Mivcera injection cannot be increased.
General Note, 15 April 2022 – p. 269 – Tab 39	Sievers arrived at KWU from MSU
SOAP, 14 April 2022 – p. 260-261 – Tab 39	NUM discussed discharge from hospital with Sievers and advised transfer to KWU and discussion with aged care team. Noted - Sievers has previously refused to transfer to KWU, however, is agreeable to transfer if single cell available, stated "*I'm a lifer – I don't want to be with anyone"*
General Note, 14 April 2022 – p. 264 – Tab 39	MO (Dr Sim) reports that Sievers' dose of Novomix 30 is to be increased to 60u mane and 40u nocte. Sievers to be discharged from MSU.
General Note, 12 April 2022 – p. 253 – Tab 39	Sievers is seen by MO (Dr Sim) due to ongoing hyperglycaemia. Sievers has been referred to Endocrine Outpatient Dept but does not have appt yet. Noted that Sievers is presently on Optisulin 50u BD; plan to trial Novomix 30 50u mane and 30u pre-dinner.

General Note, 5 April 2022 – p. 222 – Tab 39	Shower chair provided to Sievers; Sievers declined use of over toilet aid and requested it be removed from cell.
General Note, 4 April 2022 – p. 213 – Tab 39	Sievers seen by OT in clinic – Sievers stated that he had trialled the shower commode, declined using again, and requested shower chair. OT confirmed that no shower chairs were available but would follow up with NUM. Sievers declined using wheeled commode until shower chair is available. Sievers reported increased difficulty with bed transfers and mobilising.
SOAP, 3 April 2022 – p. 207-208 – Tab 39	Sievers' blood sugar levels noted to be 24.5; declined further insulin and declined EN's offer to call duty MO. Sievers happy to monitor self overnight and will report to nursing staff if any issues.
General Note, 1 April 2022 – p. 200 – Tab 39	Sievers was seen by Stoma CNS in MSU clinic re concerns with stoma. Sievers reported blood clots in urine. Sievers reassured by CNS that it may be slight bleed from stoma as they are very fragile. Sievers advised to continue to observe and to notify nurse if more blood clots.
General Note, 29 March 2022 – p. 185-186 – Tab 39	Sievers seen by diabetes CNS – Sievers queried whether there was an alternative insulin option as he had been using Lantus for 10 years. CNS informed Sievers re age-appropriate glycaemic target, quality of life and insulin requirements re chronic kidney disease. Informed of options, however, CNS was reluctant to advocate change as Sievers was due to see POWH Endo. CNS queried whether Endo would recommend trajenta as oral glucose lowering agent to maintain glycaemic control.
General Note, 28 March 2022 – p. 180 – Tab 39 Case Note Report, p.953, 28 March 2022 – Tab 10HH	Sievers had a fall and was found on his floor conscious. Sievers stated that he was unpacking his belongings from ACRU when he fell. He was seen by JH RN. Denied hitting his head and had small graze on right elbow, though denied it was from the fall. Dressing was applied to graze. RN assisted Sievers into chair. Sievers was alert and orientated. MO and NUM notified. Was not required to be sent to hospital.
General Note, 28 March 2022 – p. 179 – Tab 39	Sievers reviewed by OT. Sievers requested shower chair, however, was advised there were nil available ATOR. OT offered Sievers wheeled commode until shower chair arrives to which Sievers declined. Over toiled aid was also offered and also declined.
General Note, 28 March 2022 – p. 175-176 – Tab 39	Sievers seen by NUM re transfer to MSU; Sievers agreeable to same - voiced complaints about diet and requested review by optometry, stoma CNS, dietician, and diabetes CNS.
SOAP, 27 March 2022 – p. 170-171 – Tab 39	Dr Sim informed that Sievers is refusing 30u of optisulin and that he wants 44u charted. Phone order was given for 44u of optisulin BD; to be reviewed in few days.

General Note, 27 March 2022 – p. 169 – Tab 39	Sievers seen for mane med round. Optisulin insulin pen contained exactly 30u and given to Sievers for self-administration. Sievers tried to increase insulin to 44u. Sievers started swearing and stated "*fuck I need more insulin and doctors don't know anything*". Sievers was reminded that he was only charted for 30u. Sievers swearing and trying to intimidate RN for new insulin pen. Sievers refused to have 30u unless he was given 44u. Sievers placed in lockdown for intimidating and rude behaviour.
General Note, 26 March 2022 – p. 162 – Tab 39	Sievers informed that Optisulin script has been re-written; 30u mane charted and Sievers generally self-administers same. Sievers annoyed and stated "*the doctors don't know anything about me and are trying to kill me*". Optisulin pen with 30u given to Sievers for self-administration; Sievers adjusted to 44u and self-administered same while venting frustration with insulin regime.
SOAP, 26 March 2022 – p. 159-160 – Tab 39	Sievers refused increased nocte Optisulin; reassurance given by RN with little effect.
General Note, 25 March 2022 – p. 155 – Tab 39	NP notes that Sievers has longstanding glycaemic control and non-adherence to dietary restrictions. NP and MO have plan re increasing insulin regime, however, Sievers not happy with this. Optisulin 30u mane and 50u nocte to continue until reviewed by MO.
SOAP, 25 March 2022 – p. 153-154 – Tab 39	Sievers states that he is annoyed with his diabetic management and stated "*the doctors want to kill me*." Bedtime blood sugar level was 20.0; Sievers was charted for 50 units of Optisulin. Sievers stated that he was annoyed with the insulin regime and self-administered 44 units of Optisulin.
General Note, 23 March 2022 – p. 146 – Tab 39	Sievers' blood sugar level was stated to be 27.2, ketones 0.2, and asymptomatic. Dr Sim informed and phone order for Novorapid 15 units stat to be given.
General Note, 22 March 2022 – p. 138 – Tab 39	Sievers reviewed in ACRU by MO (Dr Sim) – noted his blood sugar level remains high; Optisulin increased to 24 units mane and 48 units nocte
General Note, 15 March 2022 – p. 103-105 – Tab 39	Sievers seen by dietician following referral from NUM – Sievers stated that he does not have buy-ups in ACRU yet so is reliant on meals provided. Sievers reported that he has a general dislike of CSNSW food and relies on buy-ups to substitute dietary intake. Dietician discussed Sievers' food preferences and limitations of CSNSW; meal plan to be created for Sievers while in ACRU
SOAP, 11 March 2022 – p. 77-78 – Tab 39	Sievers reported he is unhappy with the diet in ACRU and is reluctant to take regular meds due to concerns with meals. Sievers stated that he wants to boycott all meds until he is reviewed by a dietician. Sievers informed that there are no dietician services available overnight or over the weekend; Sievers later agreed to have meds and insulin.

General Note, 10 March 2022 – p. 70 – Tab 39	Sievers seen by Stoma CNS in ACRU – noted Sievers was not engaged and would not get up for review. It was again explained to Sievers that he must pull skin flat when applying stoma bag to avoid leakage and that using a stoma belt would assist in securing bag. Sievers stated he has a belt and knows how to use it; CNS offered to retrieve and supervise application of belt – Sievers refused. CNS offered Sievers new belt; also refused.
General Note, 8 March 2022 – p. 52-53 – Tab 39	Sievers seen by MO (Dr Sim) and NUM –explained to him that his renal function had worsened and resonium needs to be commenced. Noted that Metoprolol was withheld for a few days due to low blood pressure; Metoprolol to be re-commenced. Mirtazapine to be ceased. (*Note: Resonium is used to treat high levels of potassium, which is noted to be a symptom of chronic kidney disease*).
General Note, 8 March 2022 – p. 59 – Tab 39	NUM spoke with Sievers re Covid vaccinations. Sievers offered Pfizer vaccine but declined stating *"what's the point…I don't want to prolong being here and I'm never getting out*."
SOAP, 7 March 2022 – p. 33-34 – Tab 39	Sievers refused to take Metoprolol, Mirtazapine and Insulin; stated he won't take the insulin as *"[he doesn't] eat gaol food. [He'll] take it again when [his] buy-ups come*".
General Note, 7 March 2022 – p. 35-36 – Tab 39	NUM spoke with Sievers in cell – noted he was upset with diet provision by CSNSW in LBH and Wing 10 (noted Sievers is eating bread roll with butter and jam, and cereal with milk and orange juice). NUM discussed with Sievers reason for admission – with Sievers initially stating "*nobody told me*", however, he acknowledged consults with medical and palliative care staff. Sievers placed on waitlist for dietician and Palliative Care OT review.
SOAP, 6 March 2022 – p. 29-30 – Tab 39	Sievers refused Metoprolol mane dose and Furosemide midi dose – MO made aware and stated that Sievers has the right to refuse medications.
SOAP, 6 March 2022 – p. 26-27 – Tab 39	Sievers knocked up and stated "*there is piss everywhere*". Urostomy bag found leaking and Sievers did not have any bags as his supply is with belongings at MSPC1. Sievers' sheets were changed and given blueys. Sievers was also given tape to reinforce urostomy bag.
General Note, 4 March 2022 – p. 16 – Tab 39	Sievers refused Mirtazapine and Metoprolol at nocte medication round. Sievers stated that he stopped taking Mirtazapine "*a while ago*" when in wing but did not inform JH. Sievers also stated *"the doctor stopped [the metoprolol] a few days ago…*". (*Note: Metoprolol – beta blocker used to treat, inter alia, high blood pressure by relaxing blood vessels and slowing HR.* *Mirtazapine – antidepressant used for treatment of major depressive disorders)*
SOAP, 4 March 2022 – p. 13-15 – Tab 39	Sievers transfer from MSPC1 to ACRU – nil issues Sievers appears stable

General Note, 4 March 2022 – p. 10-11 – Tab 39	Sievers seen in MSPC1 by Wound and Stoma CNS – noted that Sievers has complained of stoma issues (redness to surrounding skin). Sievers given stoma powder. Noted that there is a small amount of leakage; CNS notes this may be due to recent weight gain and abdo skin crease. Noted Sievers was not sitting up straight when changing bag due to being on lower bunk and it is difficult for him to do so standing.
General Note, 3 March 2022 – p. 2-3 – Tab 39	MSU done - Sievers had urine infection; Sievers commenced on OAB. Reported that Sievers not getting out of cell and struggles to get out of the bed. Noted that he needs to be moved to MSU or ACRU for 24/7 care and monitoring; Sievers does not want to be transferred to POWH. LBH aged care NUM and NP notified of same via email; RN to attend Aged Care Bed Demand meeting in PM to discuss Sievers' placement.
General Note, 3 March 2022 – p. 5-6	Sievers has reported fever, runny nose, sore throat and urinary symptoms – commenced on oral Keflex for presumed UTI. Sievers possibly has sepsis secondary to UTI. Sievers flagged for ongoing deteriorating mobility by OT, Physio and nursing staff. Sievers refused transfer to ACRU. Sievers has Anaemia for Chronic Disease ('ACD') – 'not for resuscitation' ('NFR'); comfort measures only if deteriorates further.
General Note, 2 March 2022 – p. 361-362 – Tab 40	Sievers continues to appear very weak; RN discussed with Sievers potential placement in observation/camera cell overnight so he can be monitored. Sievers was advised that his care could be impacted if he is too weak to reach knock up system. Sievers refused to be placed in camera cell; noted that CSNSW have advised against camera cell as has poor air flow. CSNSW reported that they can do hourly checks. RNs have advised against this.
General Note, 23 February 2022 – p. 357 – Tab 40	Sievers seen by RN in the AM – Sievers is finding it hard to get out of his cell - JH staff need to go to cell for medication and blood sugar level checks. Sievers informed that JH/CSNSW are looking at transferring him somewhere he can get more assistance.
NSW Department of Corrective Services Incident Details - Bortolazzo, 10 February 2021 - Tab10(HN)	MSPC 1 - Advised by JH Sievers required to be conveyed to POWH by CSNSW vehicle for treatment not available at the Centre. Two Centre staff redeployed to facilitate unscheduled hospital escort. (p.1059)
General Note, 25 January 2022 – p. 48-49 – Tab 39	Sievers had telehealth consult with Dr Keung (nephrologist) – only issue of concern was fatigue; Dr Keung advised this was related to chronic kidney disease which is presently stable. Micera to be increased to 360mcg monthly and Sievers is to be referred to Dr Gigi (renal support care at POWH)

General Note, 21 January 2022 – p. 46-47 – Tab 39	Sievers reviewed by Palliative Care NP – noted that Sievers is happy to see the Aged Care MH Team. Noted Sievers happier in 10 Wing; is not showering as he cannot get into shower. Sievers states that he needs early morning showers so he can change urostomy bag; currently doing self-bed baths.
General Note, 14 January 2022 – p. 334-336 – Tab 40	Diabetes education and management with CNS – noted that Sievers has one episode of hypo a month and does not have blood sugar level checked if he is symptomatic with hypos. Sievers denied frequently skipping main meals (will make sandwich if he does not like food offered) and reported that he had no issues with insulin regime.
General Note, 7 January 2022 – p. 330 – Tab 40	Sievers cancelled physio appointment as he "*[couldn't] be bothered to walk in the rain"*.
2021	
General Note, 18 December 2021 – p. 326 – Tab 40	Sievers' blood sugar level 22.3 at 17.00 – Sievers said blood sugar level high due to not taking midday insulin. Sievers refused ketone check; contact to GP for dose adjustment; and follow-up test.
General Note, 16 December 2021 – p. 325 – Tab 40	Sievers offered Covid vaccination and declined. It was explained to Sievers the high-risk of infection; Sievers aware but still declined
General Note, 14 December 2021 – p. 323-324 – Tab 40	Palliative Care NP review – noted that Sievers is to have showers before other inmates released; Sievers to remain in MSPC1, however, transfer for infusion bloods may be needed; Sievers refuses to leave LBCC for appts (all are via telehealth). Ongoing Specialist Mental Health Services for Older People ('SMHSOP') and Diabetes review; noted not known to Stoma CNS as Sievers has declined visit.
General Note, 1 December 2021 – p. 313-314 – Tab 40	Sievers seen by CNS – noted that Sievers does not want to transfer to ACRU as "*food will be bad*" and will be locked in longer. Sievers reported fatigue; CNS suggested iron transfusion may help however Sievers appeared indifferent. Noted that Sievers has definite ideas on where he wants to be and the treatment he should receive.
General Note, 30 November 2021 – p. 310-312 – Tab 40	Sievers reviewed by Physio – noted that Sievers has difficulty with activities of daily life and struggles to self-propel. Physio noted that Sievers will need OT assistance re activities of daily life and showering.
General Note, 19 November 2021 – p. 306 – Tab 40	Palliative Care Review by NP – noted that Sievers due for discharge transfer to ACRU in future. Sievers advised he will be considered for ACRU in next week's meeting.
General Note, 9 November 2021 – p. 297-299 – Tab 40	Palliative Care Review by NP – noted that CSNSW and JH staff have expressed concerns about Sievers' deterioration. Sievers reaffirmed not wanting to go to hospital for anything and wants end of life care at LBCC. Risk of fall/injury re deterioration

	in health discussed and hospital admission may result – Sievers stated he was happy to think about ACRU transfer.
General Note, 2 November 2021 – p. 286 – Tab 40	Palliative Care review by NP – noted that Sievers has mild shortness of breath; slower mobility and increasing nocte cramps. Resuscitation plan complete (NFR) – Sievers is clear that he does not want to discuss end of life or CPR matters any further.
Case Note Report, p.950 9 October 2021 – Tab 10HH	While Sievers was returning to his cell from having a shower this morning around 8.30am, he had a fall out the front of cell 23. JH nurse informed.
General Note, 9 September 2021 – p. 257-258 – Tab 40	Palliative Care multi-disciplinary team ('MDT') meeting via teleconference – Dr noted that Sievers' kidneys will fail meaning he is not suitable for CPR, chest compressions or assisted breathing. Noted Sievers agrees with this. Sievers has been advised that his care will focus on comfort and symptom management, not cure. Noted that change in appetite common with renal disease. Sievers advised to purchase canned meat or vegies.
Appt Cancellation by Patient, 11 August 2021 – p. 168 – Tab 41	Sievers cancelled his bone scan appointment due to agoraphobia and because he is not interested in attending appointments. Sievers has signed the document and indicates that he understands that this decision will impact his healthcare, treatment and quality of life.
General Note, 11 August 2021 – p. 246 – Tab 40	Sievers assessed by forensic psychiatrist – noted that Sievers presented with low mood due to current placement (cold, lack of activities, inability to exercise, and frustrated re placement in metro gaols). Sievers observed to have mild depressive symptoms however no adjustment needed to current Mirtazapine dose. Psychiatrist opined that Sievers has capacity to make medical decisions and aware of pros/cons re treatment.
General Note, 4 August 2021 – p. 236-237 – Tab 40	Sievers saw MO re asked-to-see-patient ('ATSP') and end-of-life care – discussion re the importance of link with nephology; Sievers agreed to video conference but refuses to go to hospital due to cold weather. Sievers reported that Justice Health Forensic Mental Health Network ('JHFMHN') are responsible for renal failure as he has no access to diabetic meals.
General Note, 30 July 2021 – p, 204 – Tab 40	Sievers reported that he felt weak and slow to react in AM – denied fall, loss of consciousness, or recent major injury. RN suggested Sievers stay in assessment cell for observation or escort to external hospital; Sievers refused both. GP suggested camera cell placement; Sievers refused.
General Note, 30 July 2021 – p. 207 – Tab 40	Electrocardiogram) ('ECG') conducted on Sievers; sinus bradycardia detected. RN discussed transfer to POWH, however, Sievers continued to refuse, stated "*I don't want anything done…I don't want to go there"*.
General Note, 30 July 2021 – p. 209-210 – Tab 40	Sievers seen by RN due to muscle weakness and slurred speech; Sievers was observed by CSNSW staff to be 'glazed' and unable

	to walk or stand. Sievers stated that his condition was due to him having nocte medication at midday yesterday. Sievers refused camera cell and two out cell placement, also refused medical intervention and transfer to POWH. ROAMS GP contacted and stated Sievers should be in two out cell; GP informed of Sievers' aggression and refusal to go to KWU. GP suspects transient ischemic attack and referral to MH and psych needed.
General Note, 30 July 2021 – p. 213-214 – Tab 40	Sievers' file presented at GP tele-round; Sievers not seen by MO as he is known to her. Recent issues re worsening chronic kidney disease, MGUS, and sclerotic changes noted. It is also noted that Sievers is refusing multiple appointments. Plan – for GP review ASAP re medical issues.
General Note, 29 July 2021 – p. 240-242 – Tab 40	Palliative Care NP review – noted that Sievers continues to refuse external appts due to it being too cold and because he suffers anxiety when leaving LBCC. Advance Care Planning ('ACP') discussed, however, Sievers not keen to discuss future health. Sievers reports he understands that this means his life will end sooner but that he does not mind. Sievers states that he wants to remain in control of decision making and when he can no longer do this he is happy for the Drs and Nurses to do so.
General Note, 26 July 2021 – p. 201-203 – Tab 40	Sievers seen by Aged Care NP – noted that Sievers has declined dialysis for chronic kidney disease as his kidneys have been damaged due to not having access to diabetic diet while in gaol. Sievers believes JHFMHN are responsible for his renal failure and stated "*I'm not getting out of here anyway*". Sievers stated that he is "*depressed all the time*" as he is bored and has nothing to do. Sievers reported he talks to his dead brother as he holds him responsible for being in gaol. Sievers reports that he will not transfer to MSPC1 as it is too cold and he doesn't have enough warm clothing. Sievers does not want to transfer to KWU as he doesn't want to "*hang around a bunch of paedophiles"*. Sievers stated that "*if I have to share [a cell] with anyone, one of us will be coming out in a body bag".*
General Note, 14 July 2021 – p. 194-197 – Tab 40	Palliative Care NP Initial Assessment – noted that Sievers has history of declining medical follow-up; Sievers admitted that he gets anxiety when leaving known environment and declines care due to not wanting to change cell placement or conditions, as well as having general dislike for medical help. NP to assist with renal support care and to review over few weeks.
SOAP, 5 June 2021 – p. 178-180 – Tab 40	Sievers reported to clinic due to feeling hot/cold and having productive cough for 2 days – no shortness of breath, chest pain or other Covid symptoms. Sievers was observed to have 'heavy' breathing in lower lungs and slight wheezing. GP advised sending Sievers to POWH; Sievers refused escort to external hospital stating "*if you force me to hospital, I refuse all treatment"* and "*I just want to take antibiotic*". Dr Holt explained health condition and treatment plan via phone; Sievers refused to move out of cell and signed form to refuse to be sent to POWH.

General Note, 4 June 2021 – p. 177 – Tab 40	Sievers refused to have ketones checked after breakfast despite health risk explained to him. Plan is to recheck blood sugar level at 10.30am before lunch.
General Note, 25 May 2021 – p. 173 – Tab 40	Sievers is not seen by mental health specialist; Avanza 30mg written up as he is on mental health list. (*Avanza is used to treat episodes of major depression.)*
General Note, 20 May 2021 – p. 171 – Tab 40	Sievers states that left leg has swollen since returning from hospital. Mild swelling is noted. Sievers advised to elevate leg and will be reviewed if needed.
General Note, 27 April 2021 – p. 164; 165 – Tab 40	RN observed Sievers to have "blood shut left eye". Sievers denied any falls or injuries and stated that it started a couple of days ago when he awoke. Sievers reports nil headache or other pain. For GP review following day. MO diagnoses Sievers w/ left subconjunctival haemorrhage; referral for bone scan as spinal lesion observed on X-ray.
General Note, 12 February 2021 – p. 149 – Tab 40	Sievers discharged from POWH; POWH changed medication
General Note, 10 February 2021 – p. 147 – Tab 40	Recent chest x-ray shows congestion in lungs; bilateral ankle oedema and chest crepitations bilaterally with no added sounds. Sievers sent to POWH emergency department for further management.
General Notes, 9 January 2021 – p. 142 – Tab 40	Sievers observed to be "*working very hard*" in PM. Sievers reported that he felt tired and had only had a small amount of oral intake. Sievers refused all insulin today; glucose powder issued. Sievers refused further blood sugar level and refused to wait. Plan: call GP and conduct welfare check in cell in 1-2hrs.
2020	
Appt Cancellation by Patient, 9 December 2020 – p. 95 – Tab 41	Sievers cancelled his cardiology follow-up due to shortness of breath and mobility problems. Sievers said, "*problem will not be fixed by doctors*".
General Note, 22 December 2020 – p. 137 – Tab 40	Sievers visited by OT in AM at MSPC1 re mobility. OT supplied Sievers with new four-wheel-walker.
General Note, 25 November 2020 – p. 131; 132 – Tab 40	Sievers discharged from POWH; reported to feel "*much better*" and no chest pain/shortness of breath.
NSW Department of Corrective Services Incident Details - Geesing, 15 November 2020 - Tab10(HN)	Sievers was housed in the Annex at POW, at about 11.15, reported that Sievers may have had a heart attack and maybe sent down to a ward for test. At 12.00, informed that Sievers will be going to need tests, and requested staff to facilitate. 2 staff were sent to that location and informed that Sievers was admitted to Dickinson 3 North Bed 2.(p.1058)
General Note, 14 November 2020 – p. 120 – Tab 40	Sievers transferred to POWH ED for assessment and treatment of potassium levels (6.7) as too difficult to treat in custodial setting over weekend

General Note, 17 November 2020 – p. 125 – Tab 40	Sievers still refusing dialysis; for possible angiogram later in week.
General Note, 21 October 2020 – p. 115 – Tab 40	Sievers due to attend POWH renal clinic, however, refused to attend because of "*difficulty in transport and too long to walk*". NUM contacted medical transport unit for special transport arrangement. MO did not support medical certificate for "*taking off foot chuffer*".
General Note, 15 September 2020 – p. 109 – Tab 40	Sievers reported he did not want to go to POWH or appointments due to feeling unfit to attend. Sievers requested referral to physio re breathing. Sievers signed cancellation form and signalled ongoing refusal despite being told the importance of attending.
General Note, 10 September 2020 – p. 107 – Tab 40	Sievers is given education re hygiene, poor nutrition, proper rest and sleep, social distancing and to report if unwell.
General Note, 17 August 2020 – p. 98-100 – Tab 40	Sievers seen by NP re Aged Health Review – Sievers stated he has been "*freezing cold all morning*"; his cell is cold, clothes provide no warmth, and he is sitting outside waiting a lot for insulin. Sievers reported he does not want to be transfer to KWU as he has been there before and doesn't get along with the other inmates. Nursing certificate given re heater due to fragility and health issues.
General Note, 7 July 2020 – p. 79-80 – Tab 40	Sievers complained of increasing shortness of breath on exertion and bilateral leg swelling; MO suspects worsening of chronic kidney failure. MO states Sievers needs urea and electrolyte tests monthly, referred for Echo and Cardiology review.
General Note, 3 July 2020 – p. 78 – Tab 40	Sievers seen by RN in the PM and complained of lower leg pain. Noted that Sievers had cellulitis on the left leg and commenced Keflex before changing to Clindamycin. Observed Sievers' lower legs were swollen; pitting oedema evident. Sievers reported pins and needles and pain. Sievers placed on GP list for return visit.
General Note, 16 June 2020 – p. 68 – Tab 40	Sievers seen by MO re possible skin infection to lower left leg; not improving with Cephalexin. For trial for Clindamycin; will need ED assessment if no improvement.
General Note, 11 June 2020 – p. 66 – Tab 40	Sievers reported pain to left foot and ankle which increases when he bears weight and moves. Sievers' vitals were attended to, was given pressure bandage to provide support, and placed on waitlist for further check.
General Note, 25 May 2020 – p. 47-48 – Tab 40	Sievers seen by MO re ongoing hypertension. Noted Sievers sat outside in the cold for 1.5 hour before being seen by nurses and that this affected him.
General Note, 13 March 2020 – p. 29; 32-33 – Tab 40	Sievers transferred from Parklea to MSPC1 Clinic.

General Note, 4 March 2020 – p. 11-12 – Tab 40	Sievers seen by MO in Clinic re shortness of breath – MO stated this is likely due to congestive heart failure and/or deteriorating renal function. Sievers to trial Frusemide 20mg for 7/7. Sievers complained about poor food quality and cost of buy-ups.
General Note, 9 February 2020 – p. 748 – Tab 41	Sievers seen by MO as he has been refusing Ticagrelor/Aspirin – MO discussed with Sievers the need for anti-coagulants and that the specialist advice is that these continue. Sievers agreeable. Sievers unwilling to look at insulin dosing; MO explained the risk of poorly controlled diabetes including cardiac risk
General Note, 29 January 2020 – p. 715 – Tab 41	Sievers presented to clinic with rose coloured urine in ostomy bag and stated that he should not be on blood thinners. MO notified of same and asked for Aspirin and Ticagrelor to be withheld.
General Note, 26 January 2020 -p. 708 – Tab 41	Sievers seen by MO in clinic – MO reports that Sievers has his own interpretation of insulin regime and that this very fixed. MO states that Sievers has been educated on the need for short acting insulin as Sievers continues to refuse.
2019	
General Note, 25 December 2019 – p. 638 – Tab 41	Sievers did not receive lunchtime insulin as no one took/escorted him to clinic.
General Note, 8 December 2019, p. 596 – Tab 41	Sievers initially refused insulin in AM; Dr provided education and then Sievers was compliant with meds.
Case Note Report, p.947, 12 October 2019 – Tab 10HH	Sievers refused to go to clinic for his insulin, stating "I can't walk up there, my knees are painful and the nurse said she would come here". Sievers was informed that there was no nurse available to come to the wing and he still refused to go to the clinic.
Case Note Report, p.947 1 September 2019 – Tab 10HH	Sievers has been admitted to Blacktown Hospital and is currently out on a section 24. IRM to be updated if any changes of conditions
NSW Department of Corrective Services Incident Details - Toilolo, 31 August 2019 - Tab10(HN)	At approximately 0805 hours, staff attended Cell 5 Area 2C and saw Sievers on the ground of the cell. Sievers was conscious and yelling out to unit staff that he had collapsed. CERT medical was activated and the door was unlocked to establish better contact. Nursing staff soon attended and assessed Sievers in the cell. Sievers was escorted to the main clinic for further observations (p.1055). On Saturday 31/08/2019 approximately 1542 hrs, Sievers, was escorted to Blacktown Hospital. Sievers presented to the Clinic with issues breathing. St. Vincent Nurses stated Sievers required further medical treatment. Sievers was escorted via ambulance, followed by a secured armed vehicle. Governor, CSNSW Monitor notified. Sievers returned to centre at 1742 hrs on Friday 13/09/2019. (p.1056)
Case Note Report, p.947 June – August 2019 – Tab 10HH	Declined insulin – 2/6/19, 3/6/19 and 19/8/19.

Case Note Report, p. 946, 25 March 2019 – Tab 10HH	Sievers was let out at 0910 hours and had the opportunity to attend the main clinic to receive his morning insulin. Author was contacted by JH Nurses at about 1030 requesting if Sievers could be sent to the main clinic as he had not attended this morning for his insulin. Author requested that Sievers attend the clinic for his insulin to which Sievers adamantly replied "It's too late. I'm not going. I'm just going to go at 5" and continued on to abuse JH staff that they are not doing their job. Author advised JH Nurses to which JH continued to request that staff send him up or Sievers will be subject to RIT placement. JH Nurse attended to Sievers onsite where a mutual agreement was met that Sievers would attend at 5pm for his insulin.
Case Note Report, p.944 (18 January 2019) – Tab 10HH	Sievers attended the main clinic today for his insulin injection. Sievers is elderly and has trouble standing; a chair for Sievers to sit on whilst waiting for the JH nurses was obtained.
2018	
Case Note Report, p.943 (17 December 2018) – Tab 10HH	Sievers reported ongoing annoyance with custodial and JH procedures related to his diabetic status.
Case Note Report, p.941 (2 October 2018) – Tab 10HH	Sievers was escorted to the Main Clinic to receive his 1800 hrs Insulin shot after using the gaol stenophone system to alert officers that he was feeling ill.
Case Note Report, 28 July 2018 - Tab 10HH	Sievers refused to go main clinic for insulin. He stated "what's the point I don't get a decent breakfast anymore, and anyway they've been overdosing me so. Main clinic officers have called for him and the nurse but inmate refuses to go. (p.939)
Case Note Report, 19 July 2018 - Tab 10HH	Sievers attended the clinic for insulin, when informed he may need to wait a short time for the nurse he then left and returned to the 2A/C yard. When asked to attend again he refused and said he would return after lunch. Nurses continued to ask for him but he refused. (p.939)
Progress Notes, 17 July 2018, p.31-32	Sievers angry stating that the diet is crap and he is going to be eating biscuits. Sievers refused to take his charted dose of novomix 30/70 – 22 mls. He took 18 units and stated he knew himself and no-one was going to change the way he took his insulin. Sievers walked out while author was explaining importance of taking his insulin dose as prescribed by CP.
Case Note Report, 7 July 2018 - Tab 10HH	Clinic staff called for Sievers on numerous occasions, followed by contacting Area 2 staff to send Sievers down to the clinic for insulin. Sievers yet to attend for insulin (p.938) Whilst conducting Insulin run Sievers began to raise his voice at JH nurses complaining about there services and swearing saying "fuck youse" and told a nurse to "get fucked you slag". Sievers was asked by to "calm down and stop speaking to the nurses like that or he will be charged". Sievers immediately stopped and the was escorted out of the treatment room back into a holding cell. (p.939) Sievers refused to go to the clinic for his morning insulin. Sievers explained that he does not eat the cereal and cannot eat after insulin and believes that the amount of insulin he is receiving is 'not right'. The clinic was contacted in regard to this. (p.939)

Mental health triage, 3 July 2018, p.46-47	Probable major depression recorded
Case Note Report, 13 June 2018– Tab 10HH	Sievers was reminded by unit staff to attend insulin this morning/midday where Sievers replied words to the effect of "I'm not going down" whilst further alleging that there is no routine with his insulin/medication. Nurse attended unit and spoke to Sievers and questioned why Sievers was refusing his insulin. Sievers took medication given to him by onsite Nurse, however continued to make allegations that there was "no routine" and continued to allege that his medication was "wrong". (p.937)
Medical officer/nursing certificate, p.23 (8 June 2018) – Tab10(DU)	Sievers has an ileostomy which requires ongoing medical supplies from external provider. Recommended he be allowed to receive this stock from Ostomy NSW.
Case Note Report, 8 May 2018– Tab 10HH	Sievers advised that he was anxious and stressed due to his environment, his limited mobility and his Urostomy Bag. Psychology discussed the above issues with Sievers. Sievers advised that he had struggled with lack of energy and that during his time in LBCC he was referred to see a dietitian. Sievers advised that he had completed a JH referral last week. Sievers was advised that JH referrals can take some time to complete. (p.936)
Appointment cancellation by patient, p.38 (8 May 2018) – Tab10(BJ)	Cancelled all forthcoming and future appointment for mobility problems, "*I have no wish to go back to Long Bay as Justice Health had every opportunity to cater for my health problems for the last 2 years."*
Progress Note, 7 May 2018, p.17-18– Tab 41	Sievers presented with multiple complaints and concerns, none specific to Parklea. Sievers was informed that Parklea were unable to explain the actions of other health care centres and that the staff at Parklea are now responsible for his health care Sievers referred to psychology as he reported he had "*traumatic*" incidents whilst at Long Bay Sievers came to clinic in am to submit cancellation form for all upcoming and future appts at Long Bay. Was noted Sievers wanted to cancel all appointments but will not accept any responsibility. Sievers was told that if he declines to attend appts, JH will not accept responsibility and that is the purpose of the cancellation form…he was adamant that he does not want to travel to Long Bay for any appointments at all Sievers was called down to clinic for nocte blood sugar level and nocte insulin; he refused to come down Sievers attended clinic for insulin. Blood sugar level reported. Sievers took 18mg Novomix and returned to cell. Sievers refusing to come back to clinic to get correct dose. Sievers returned from cell reluctantly and additional 4 novamix given as charter. Sievers reminded he must come for morning insulin doses. Recommend for diabetes education
Inmate Profile Document, 1 May 2018 – Tab 10A	Transfer from MSPC to Parklea CC

2017	
Inmate Profile Document, p.30-38 (15 November 2020) – Tab10(EP)	12/07/17 Neuropsychological assessment referral form received. Added to referral list. 11/10/17 Dementia assessment completed. Results pending. 08/11/17 Neuropsychological assessment completed. On assessment, Sievers displayed intact performance in all assessed cognitive domains. Based on his premorbid estimates, there is no evidence of any decline in functioning which would indicate a dementing process. Therefore, Sievers does not currently meet criteria for dementia or any other cognitive impairment.
Patient self-referral, 1 August 2017, p.70; Patient referrals p.41-73 - Tab 41	Sievers reported aches and pains – were referred previously along with the other aches and pains and no treatment other than a vitamin tablet for malnourishment was been provided
Case Note Report, p.932 - 934 (7 July 2017 – 12 July 2017) – Tab 10HH	Sievers was seen in Area 1 in relation to the referral: "Would like to follow up with psychology on previous visit." He was last seen by psychology on 2/03/2017. (p.932) Consult with NUM Area 1 clinic following email requesting neuropsychological assessment. Mr Nair confirmed that he believes that Sievers is experiencing a degenerative disorder/ dementia or similar and this is compounding problems in his current treatment plan. Mr Nair confirmed that he has completed the necessary paperwork and submitted to state-wide disability service ('SDS') for further attention. (p.933)
Patient self-referral, 9 June 2017, p.69– Tab 41	Sievers' order was placed on 18 May 2017 and at the time was 8 days overdue.
Patient self-referral, 1 May 2017, p.62– Tab 41	Sievers reported that he had 3 stoma bags left & as of 4/5/17, will have none
Patient self-referral, 8 April 2017, p.67-68– Tab 41	Recorded: ONL Ostomy NSW Limited will only process orders at the first of the month
Patient self-referral, 3 April 2017, p.58– Tab 41	Sievers reported he has no urostomy bags, no sting wipes, and has been surviving on two emergency bags. Sievers stated that it is an ongoing problem and gets very little information.
Patient self-referral, 23/3/17-2/5/17, p.61– Tab 41	Sievers reported that he needs to talk to someone in regards of the cramps in legs, elbow, ankles and wrists. Sievers reported that he has asked about this issue previously to no avail and it also adds to his stress and depression.
Case Note Report, p.929 2 March 2017 – Tab10(HH)	Sievers reported "*stuff crawling under my skin*" and seeing "*elephants coming through the wall*" and "*cockroaches everywhere*". He attributed these visual phenomena to stress and stated that he had been experiencing it for the last 2 years and was not concerned about it. He said that he had reported it to JH. (p.928) Sievers was encouraged to get in contact with the psychology team by speaking to a Corrective Services Officer if he has any other immediate concerns within this time. (p.929)

	Sievers stated that his concerns included: not being seen by JH, the "monotony" of having no programs to do in Area 1 and having to share a cell.
Patient self-referral, 24 February 2017, p.65-66– Tab 41	Urostomy supplies - Sievers placed monthly order on the 6 February 2017, due on the 20 or 21 February 2017 providing the order was sent. Sievers requested matter to be resolved as it occurs every month for the last 12 months.
Patient self-referral, 23 February 2017, p.64– Tab 41	Sievers would like to be issued with monthly urostomy supplies which were due on the 22 February 2017
Patient self-referral, 2 February 2017, p.51-52– Tab 41	Sievers had concerns of not receiving urostomy supplies
Case Note Report, p.928-929 11 January 2017– Tab10(HH)	Sievers stated he was frustrated and angry that JH were not allowing him to receive his diabetes medication at a clinic closer to 10 Wing. When he received his lunchtime medication from the clinic near 7 Wing and 9 Wing he stated he had to wait outside for up to 15 minutes. During this time the inmates in 7 Wing and 9 Wing call him a "*paedophile*" and throw hot water over the fence at him. Because this is so unpleasant Sievers stopped going to the clinic meaning he has not been receiving his lunchtime insulin. As a result, Sievers is concerned about his health. He stated that he has submitted complaints to JH, the Ombudsman and Healthcare Complaints Line. He stated that if this issue was not resolved soon, he would employ Legal Aid to pursue this. (p.928)
Patient self-referral, 5 January 2017, (p.48) – Tab 41	Sievers complained of a problem for the last 10 months regarding Urostomy supplies, stating it only occurs at this centre's clinic
2016	
Management Plan, p.424-425 (25 August 2016) – Tab10(CN)	Just prior to 'Let-go hour,' Sievers is to be escorted by an officer to KWU to interact with other aged/frail inmates there. Sievers to be showered and given access to telephone calls and exercise at KWU. Sievers to be escorted by an officer to 7 Wing, just prior to KWU lock-in. Medical interaction to be conducted through MSPC1 Main Clinic, unless an emergency situation.
Letter, 17 May 2016 (p.235) – Tab 41	Due to continuous complaints/self-referrals, MSPC1 nursing staff will not engage with Sievers to discuss order. Sievers is to speak with NUM re any concerns about orders & meet with NUM start of each month to be given month worth of products.
Progress/clinical notes, 11 May 2016 – 16 August 2017(p.13 - 28) – Tab 41	Sievers refused to discuss abdominal pain, refused assessment which nurse offered. Sievers refused to read letter from Nursing Manager regarding his management plan. Sievers threw away the letter on nursing station and stated "*nonsense"*. (p.14) Discharge letter received…importantly, the suggestions of cease of Onglyza and decrease dosage of insulin are made based on wrong current insulin dosage. Dr Depczynski has been contacted, stated that letter cannot be explained through phone call and a typing letter will be sent in weeks…also, Sievers has put on GP list to review (p.14)

	Sievers refused to attend midday clinic blood sugar level at clinic twice (p.17) Sievers refused & insulin withheld after lunch (p.19)
Emergency Response Form, 7 May 2017 (p.29) – Tab 41	Sievers fell from chair. He was placed on observation cell for 4 hours
Mental Health Assessment, 24 April 2016– Tab 41	Sievers angry that stoma bags have been provided and are not the right ones. Staff ordered the correct bags (p.51) D/C & psychiatrist & possible treatment ½ anti-depressants for mood (p.58)
Appointment cancellation by patient, 4 March 2016 (p.15) – Tab 41	Regarding diabetes management - "*I don't believe I'll get any better if I see them (in Sydney). I would rather manage it myself*."
Progress/Clinical notes, 5 February 2015 – 22 April 2016 (p.44) – Tab 41	Appointment for diabetic arranged - Sievers refused to attend
Inmate Profile Document, 4 March 2016 – Tab 10A	Transfer from Lithgow CC to MSPC
Medical Officer/Nursing Certificate, 5 February 2016 (p.28) – Tab 41	Sievers to receive extra fruits plus extra milk (due to medical condition: unstable diabetes)
Inmate Profile Document, 5 February 2016 - Tab 10A	Transfer from MSPC to Lithgow Correctional Centre