IN THE SUPREME COURT OF THE STATE OF NEVADA

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MARLO THOMAS, Appellant, v. WILLIAM GITTERE, et al., Respondents.	No. 77345 District Court Case No. 96C136862-1 (Death Penalty Case)

APPELLANT'S APPENDIX

Volume 30 of 35

Appeal from Order Dismissing Petition for Writ of Habeas Corpus (Post-Conviction)
Eighth Judicial District Court, Clark County
The Honorable Stefany Miley, District Judge

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26	162. State's Trial Exhibit 102, Pre-Sentence Report, Marlo Demetrius Thomas, Department of Motor Vehicles and Public Safety, Division of Parole and Probation (May 20, 1996)	6398-6407
26	163. State's Exhibit 108, Incident Report, North Las Vegas Police Department Event No. 84-5789 (July 6, 1984)	6408-6411

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28	194. Correspondence from David M. Schieck to Marlo Thomas (April 12, 2004)	6810-6811
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CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada Supreme Court on June 14, 2019. Electronic Service of the foregoing APPELLANT'S APPENDIX shall be made in accordance with the Master Service List as follows:

Steven S. Owens
Chief Deputy District Attorney

/s/ *Jeremy Kip*
An Employee of the
Federal Public Defender,
District of Nevada

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
5/17 1100	Zofran 4 mg po	✓		✓		Nausea.	y	y	[illegible]	no	[illegible]	[illegible]
7/17 0920	Zofran 4 mg po			✓		nausea	y	y	NA	no	[illegible]	[illegible] 0950
1200 7-17	Vistaril 50 mg PO			✓		anxiety	y	y	NA	no	[illegible]	[illegible] 1300
1 Zofran	Vistaril 50 mg po			✓		anxiety	y	y	n/a	no	[illegible]	NYA 2 [illegible]
1/8	0715 Zofran 4 mg po			✓		nausea	y	y	–	no	[illegible]	0511 [illegible]
1/8	0750 Vistaril 50 mg po			✓		anxiety	y	y	–	no	[illegible]	[illegible]
1/9	08 Vistaril 50 mg po			✓		anxiety	y	y	–	no	[illegible]	[illegible]
1/11/17 0155	Tylenol 325 mg PO 2 tab			✓	8/10	bilat shoulder pain 2/2 MVA	y	y	0/10	no	[illegible]	[illegible] 0155
1/12/17 0455	Tylenol 650 mg PO			✓	8/10	Gen. PAIN	y	y	1/10	no	[illegible]	[illegible] 0455
1/12/17 0950	Tylenol 650 mg po			✓	6/10	Gen. Pain	y	y	4/10	no	[illegible]	[illegible] 1050
1/12/17 0950	Vistaril 50 mg po			✓		Anxiety	y	y	no	no	[illegible]	[illegible] 1050
1/13/17 1745	Vistaril 100 mg PO			✓		C/O Anxiety	y	y	no	no	[illegible]	[illegible] 1845
1/14/17 0455	Tylenol 650 mg PO			✓	8/10	Gen. PAIN	y	y	1/10	no	[illegible]	[illegible] 0655
1/14/17 1215	Vistaril 50 mg po			✓		anxiety	y	y	NA	No	[illegible]	[illegible] 1315
1/14 [illegible]	Vistaril 50 mg po			✓		anxiety	y	y	n/a	no	[illegible]	[illegible]

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO.

PAGE _____ OF _____

MONTH Dec/Jan YEAR 2016-2017

ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/22	23	24	25	26	27	28	29	30	31	1/1	2	3
12/22	SJ/TL	1/23		Thorazine 100mg PO Q HS			D/C		12/24/16									
Renewal Date				(psychosis, hypomania)	2000			JL		a								
12/22	SJ/TL	12/26		Orthostatic BP & HR BID	0900					a								
				X 2 days	Standing					a								
Renewal Date					BP				118/85	117/82								
					P				82	87								
					Sitting					a								
					BP				120/90	117/82								
Renewal Date					P				92	65								
					Lying				120/78	114/78								
					BP				120/64	64								
					P				67	64								
Renewal Date					2000					a								
					Standing		90/65		118/82	122								
					BP				JL	91								
					P		93		91	103								
					Sitting BP		123/81		129/83	135/94								
Renewal Date					P		80		74	90								

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
	SJ	Angela Thomas PN II		TL	Tran Le PN I
	W	Brandon Mathews	PN4		Craig PN4
L Bussell PN II	LB	Linda Bussell PN II		C	Calvin
		Sulekha Poinki PN II			
				MBal	Minerva Baldinas / PN II
				JC	James Cie

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: _____

FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y N, or P	*MEDICATION EFFECTIVENESS NURSE Y N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
12/24/2016 2000	Thorazine 100mg PO			✓		psychosis	Y	Y	N/A	no	[illegible]	2100 [illegible]
12/25/16 2000	Thorazine 100mg PO			✓		Pharmacy flagged for possible interaction w/ Seroquel					[illegible]	

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: _____ THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: ___ MR# 24 04 14

PAGE _____ OF _____ | MONTH Dec/Jan YEAR 16/17 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/19/16	A/PM	1/17		Dilantin ER 100mg PO 9AM. Seizures	08														
Renewal Date																			
2/19/16	A/PM	1/17		Dilantin ER 200mg PO 9HS Seizures															
Renewal Date					20														
12/19	A/PM	1/17	QS	Seroquel 300mg PO 9AM Psychosis	08														
1/4/17 Renewal Date	A/PM	2/4																	
2/19	A/PM	1/17	QS	Seroquel 500mg PO 9HS. Psychosis															
Renewal Date					20														
				PPD			Chest X-Ray Negative 10/24/16												
Renewal Date				AIMS - Q 10 DAYS - AT DISCHARGE															

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: _____
FILE NO: ____
THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

Mary Joyce Paual RN

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO

PAGE _____ OF _____ | MONTH Dec / Jan YEAR 2016 - 2017 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/24	G			Methadone	Laying				JC	a									
				Bp + HR BID	Bp			93/61	136/77	115/77									
				x 2 days	P.			76	73	78									
Renewal Date				Continuation															
2/22/16	a/E	1/24		Trazodone 200															
				mg po QHS															
Renewal Date			CS	insomnia	2Q				a	TL	H	H	B	M	MA	JA	JH	M	
1/4/17	G/W	2/7		Seroquel 600															
				mg po q HS															
Renewal Date				psychosis	200														H
Renewal Date																			
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
	LB	Linda Bussell PN II			
					Concepcion Calvelo RN
		Sulekha Polaki PN II			
					Minerva Baldonas / PN II
		Mary Joyce Paual RN			
	TL	Tran Lai PN I		TL	Tran Lai PN I

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
2/26/16	200 Trazodone 200 mg po	✓		✓		insomnia	p	p	–	∅	[illegible]	2/27 [illegible]

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE N

PAGE _____ OF _____ | MONTH Dec/Jan YEAR 2016/17 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/19				May have Contact lens Containers in Room	E Y I														
Renewal Date			⊛																
12/19				May have Razor to Shave c̄ Staff supervision	E Y I														
Renewal Date			⊛																
Renewal Date																			
Renewal Date																			
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[signature]	a	Concepcion Calvelo,rn	[signature] PNa	a	[signature]
			[signature]		Annmarie D[illegible]
[signature]	u	Sulekha Polaki PN II	[signature] PN II		
			[signature]		Minerva Baldrias / PN II
					[signature]

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

AA7258

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: ____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14 ____

FILE NO: ____

PAGE _____ OF _____

MONTH Dec/Jan YEAR 16/17

ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/7	dy/MM	1/5		Keppra 500 mg Po BID Seizures	08														
Renewal Date					20														
12/7	dy/MM	1/5		HCT2 25mg Po Daily Hold SBP ≤150 Hg HTN	08														
					BP	107/70	111/76	117/84	109/90	117/87	110/74	110/77	108/80	113/83	129/88	133/89	130/89	133/92	130/85
Renewal Date					HR	76	64	97.7	72	65	74	71	72	70	68	76	67	67	76
12/5/16	dy/MM	1/3		Neurontin 600 mg Po BID pain.	08														
1/3 Renewal Date	m/d	1/31			20														
				Fast Assessment q Sunday		–	–	–	bue	–	–	–	–	–	–	a	–	–	
Renewal Date																			
12/24/16	TL	1/22		Thorazine 100 mg PO QHS (psychosis, insomnia) 2007															
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Jessica Robinson RN			
		Suzette Pointer			
		Sun Maro Mdyt			Concepcion Calvelo,rn
		Linda Bussell PN II			Minerva Baldrias / PN II
		Tran Cai PNI			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: _____

FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

Mary Joyce Paual RN

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
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NAME: THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: MR# 24 04 14

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Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/7/16		1/5		Albuterol 90mcg 2 60 II Puff S SOB/Asthma	PRN	1120													
Renewal Date					PRN														
12/12/16		12/20	CS	Cogentin 1mg Po. BID ERS	PRN														
Renewal Date					PRN														
11/23/14		12/22	CS	Vistaril / 50mg Po	PRN	1609							1600	1749	1735	1210			
12/23/14 Renewal Date		1/20			PRN											2031			
12/24/14		1/22		96° Pon Anxiety	PRN														
Renewal Date					PRN														
12/22/10		1/10.	CS	Trazodone 100mg Po	PRN	2030	1925		2022 JC										
Renewal Date					PRN														
				9HS PM Insomnia	PRN			DC'd	12/24										
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Jessica Robinson			
		Salcedo Pacheco			
		Minerva Jarel			Tran Lai PNII
		Linda Bussell PN II			Concepcion Calvelo,
		Sheba Thomas PNII			Minerva Baldrias / PN II
		Juan Marco Montoya			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 1 of 2 Rev 4/14

NAME: _____ Mary Joyce Paual RN

FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
1/22/16 1120	Albuterol 2 puff Inh.			✓		SOB	Y	Y	no	no	[illegible]	[illegible] 1120
1/22/16 1605	Tylenol 650 mg PO			✓	6/10	C/O Body Pain	Y	N	0/10	N	[illegible]	[illegible] 1705
1/22/16 1605	Vistaril 50 mg PO			✓		C/O Anxiety		N	no	N	[illegible]	[illegible] 1705
1/22/16 2040	Trazodone 100 mg PO			✓		sleep	Y	Y	NA	N	[illegible]	[illegible] 2130
	Tylenol 650 mg PO			✓	6/10	body pain	Y	Y	1/10	N	[illegible]	[illegible] 2130
1/23/16 1925	Trazodone 100 mg PO			✓		for sleep	Y	N	no	N	[illegible]	[illegible] 2025
1/23/16 2022	Trazodone 100 mg PO			✓		insomnia	Y	Y	N/A	no	[illegible]	[illegible] 2022
1/23/16 2022	Trazodone 100 mg PO			✓		insomnia	Y	Y	N/A	no	[illegible]	[illegible] 2022
1/26/16 1600	Vistaril 50 mg PO			✓		Anxiety	Y	Y	NA	no	[illegible]	[illegible] 2005
1-30-16 1740	Vistaril 50 mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible] 1840
1-31-16 1845	Vistaril 50 mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible] 1845
1/1/17 1210	Vistaril 50 mg PO			✓		anxiety	Y	Y	—	N	[illegible]	1310 a
1/1/17 2030	VISTARIL 50 MG PO	—	—	✓	—	anxiety	Y	Y	NA	NO	[illegible]	VIRGINIA NAYBOW RN
1/3/17 1605	Tylenol 650 mg PO			✓	6/10	c/o Body Pain	Y	N	0/10	N	[illegible]	[illegible] 1700

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 2 of 2 Rev 4/14

NAME: ____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: ____

PAGE _____ OF _____ MONTH Dec/Jan YEAR 16/17

ALLERGIES: NKDA.

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	22	23	24	25	26	27	28	29	30	31	1/1	2	3	4
12/7/16	[illegible]	1/5		Tylenol 325mg 2 tabs po q 4 hrs, Pain or elevated temp >100.5	PRN	0515	1400	0125		1050	TU 1445		0915			1210		1600	1556
1/3 Renewal Date	[illegible]	1/31				0950 1600 TU 2050													
12/7/16	[illegible]	1/5		Maalox 30cc po q 2 hrs, Indigestion	PRN														
1/3 Renewal Date	[illegible]	1/31																	
12/7/16	[illegible]	1/5		Milk of Magnesia 30cc po q hs, Constipation	PRN														
1/3 Renewal Date	[illegible]	1/31																	
12/7/16	[illegible]	1/5		Imodium 10cc po q after each loose stool, Diarrhea	PRN														
1/3 Renewal Date	[illegible]	1/31																	
				~~Nicotine patch ___ mg q Day transdermal, Nicotine craving~~	~~PRN~~			NOT ORDERED						/		/			
Renewal Date																			
12/7/16	[illegible]	1/05		Motrin 600mg po q 6 hrs, Severe pain c food or	PRN														
1/3 Renewal Date	[illegible]	1/31																	
				Maalox 30cc po	PRN														
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	[illegible]	Jessie Johnson	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Francina Powers	[illegible]	[illegible]	Concepcion Calvelo,rn
			[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Linda Bussell PN II	[illegible] PN/A	[illegible]	[illegible]
			[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]	Mary Joyce Paual RN
			[illegible] /PN II	[illegible]	Minerva Baldrias / PN II
[illegible]	[illegible]	[illegible] Marco Martin	[illegible]	[illegible]	[illegible]

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 1 of 2 Rev 9/16

NAME: _____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: ____

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
1-1-12/16 0515	Tylenol 650mg PO			✓	6/10	Generalized Pain	Y	Y	1/10	no	[illegible]	[illegible] 0615
12/23/16 0950	Tylenol 650mg po			✓	6/10	Generalized pain	y	y	2/10	no	[illegible]	[illegible] 1050
12/23/16 1420	Tylenol 650mg po			✓	6/10	GI	y	y	0/10	no	[illegible]	[illegible]
12/24/16 0125	Tylenol 650 mg po			✓	6/10	generalized body ache	Y	Y	0/10	no	[illegible]	[illegible] 0225
12/26/16 2200	Tylenol 650mg PO			✓	6/10	body ache	y	Y	0/10	no	[illegible]	2100
12/26/16 1032	Tylenol 650 mg po			✓	8	headache	y	y	2	no	[illegible]	1032
12/27/16 1445	Tylenol 650mg PO			✓	7/10	L shoulder pain	Y	Y	1/10	N	[illegible]	[illegible] 2045
12/29/16 0915	Tylenol 650mg po			✓	6/10	(L) shoulder pain	y	y	0/10	no	[illegible]	[illegible] 1000
1/1 1210	Tylenol 650 mg po			✓	7	(L) shoulder pain	y	y	0	no	[illegible]	1310 a
1/4/17 [illegible]	Tylenol 650mg po			✓	4/10	(L) shoulder pain	Y	Y	2/10	no	[illegible]	[illegible] NP

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 2 of 2 Rev 9/16

NAME: _____
FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAGE _____ OF _____ | MONTH Dec YEAR 2016 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	17/18	9	10	11	12	13	14	15	16	17	18	19	20	21
12/19/16	m/EH	1/17/17		Dilantin ER 100 mg q AM Seizures	0800	→											MM	MS	MS
Renewal Date	/																		
12/19/16	m/EH	1/17/17		Dilantin ER 200 mg q HS Seizure	2000	→											JA	JA	JA
Renewal Date	/																		
12/19/16	m/EH			Dilantin level in 5 days (12/24/16)															
Renewal Date	/																		
12/19/16 CS	m/EH	1/17		Seroquel 300 mg PO Q AM Psychosis	0800	→												MS	MS
Renewal Date	/																		
12/19/16 CS	m/EH	1/17		Seroquel 500 mg PO QHS psychosis	2000	→											JA	JA	JA
Renewal Date	/																		

Place time given and initial in square below-date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
	MM	Juan Marco Manlangit		EH	EDLA HERNANDEZ
Dhalen	~	Sulekha Polaki PN II			
				A	Alexie Adams
				RL	REYNALDO LA

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO:

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

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Southern Nevada Adult Mental Health Services
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MEDICATION ADMINISTRATION RECORD
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NAME: ___ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14 ___
FILE NO: ___ ___

PAGE _____ OF _____ | MONTH Dec. YEAR 2014 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
1/10				TWINRIX 1.0 ML IM 1st Dose: 11/17/14 2nd Dose: 11/19 3rd Dose: 21-30 days															
Renewal Date				Hep A/B					TL 3RD DOSE										
2/7/16		1/5		DILANTIN ER 200mg PO Q HS															
Renewal Date				Seizure D/O	2000														
2/7/16		1/5		Keppra 500mg PO BID	0800														
Renewal Date				Seizure D/O	2000														
2/7/16		1/5		HCTZ 25mg PO DAILY Hold SBP ≤ 100mgHg HTN	0800														
					BP	112/80	108/92	123/83	107/67	120/80	115/82	118/88	111/80	116/79	119/87	112/74	107/76	102/71	111/80
Renewal Date					HR	64	63	68	97	62	70	65	68	59	66	66	62	58	64
				PPD					Crossing (-) negative 10/24/16										
Renewal Date				AIMS - Q 10 DAYS - AT DISCHARGE				done										done	

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Sulekha Polaki PN II			Concepcion Calvelo rn
	TL	Tran V. Lai RN			Brenda Pabaue
		CHERYL MILNE RN			
		Joan Pikler			
		Minerva Baldnas / PN II			Minerva Baldnas / PN II
		Imelda Santos RN			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: _____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

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Southern Nevada Adult Mental Health Services
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NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

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Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
11/3/14	MM/a	12/28	cs	Seroquel 200mg PO q AM	0800	B	B	TL	TL	a	MM	MM	B	B	B	B	MM		
Renewal Date				PSYCHOSIS															
11/30/14	MM/a	12/28	cs	Seroquel 400mg PO q HS															
Renewal Date				PSYCHOSIS	2000	MBal	B	H	TL	JS	JS	JS	JS	B	N	[illegible]			
12/5/14	M/a	1/3		Neurontin 600mg PO BID	0800	B	B	TL	TL	a	MM	MM	B	B	B	B	MM	B	B
Renewal Date				PAIN	2000	MBal	B	N	TL	JS	JS	JS	JS	B	N	[illegible]	JS	JS	JS
Renewal Date				FALL ASSESSMENT Q SUNDAY					TL							B			
12/13	CMT			Dilantin 200mg po x1 (extra dose) level 3.5							1420 MM								

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Sulekha Polaki PN II		a	Concepcion Calvelo,rn
	CM	CHERYL MILNE RN		N	Brenda Pokoane
	TL	Tran V. Lai RN		B	
	JSK	John S. Keller		JS	Desire Orhan
	MBal	Minerva Baldrias / PN II			
	B	Imelda Santos RN		JS	REYNALDO Q

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
2/10/16 2015	TMZodone 50mg PO			✓		Insomnia	Y	Y	NA	NO	[illegible]	[illegible]
2/12/16 1345	albuterol inh. 2 puffs			✓		SOB / Asthma	Y	Y	NA	NO	[illegible]	[illegible]
2/14/16 0820	Albuterol Inh 2 puffs.			✓		SOB.	Y	Y	NA	NO	[illegible]	[illegible] 0920
2/16/16 0820	Vistaril 50mg po			✓		Anxiety	Y	Y	NA	NO	[illegible]	[illegible] 0920
2/16/16 1610	Tylenol 650mg Po			✓	6/10	C/o Pain in Both Hands & Shoulder	Y	N	1/10	N	[illegible]	[illegible] 1710
2/16/16 1610	Vistaril 50mg Po			✓		C/o Anxiety	Y	N	NO	N	[illegible]	[illegible] 1710
2/16/16 1913	Trazodone 100mg Po			✓		C/o Insomnia	Y	N	NO	N	[illegible]	[illegible] 2013
12/17/16 2000	Trazodone 100mg PO			✓		Insomnia	Y	Y	NA	NO	[illegible]	[illegible] 2100
12/19/16 1950	Trazodone 100mg Po			✓		insomnia	Y	Y	NO	NO	[illegible]	[illegible] 2050
1030 12-14-16	Tylenol 650mg PO			✓	7/10	body pain	Y	Y	2/10	NO	[illegible]	[illegible]
1030 12-14-16	Vistaril 50mg Po			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible]
1430 12-14-16	Tylenol 650mg Po			✓	7/10	body pain	Y	Y	2/10	NO	[illegible]	[illegible]
1630 12-14-16	Vistaril 50mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible]
12/21/16 2010	TMZodone 100mg			✓		Insomnia	Y	Y	NO	NO	[illegible]	[illegible] 2110

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO:

____ OF _____ | MONTH Dec YEAR 2014 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
12/7/14	m/a	1/5		Tylenol 325mg 2 tabs po q 4 hrs, Pain or elevated temp >100.5	PRN							1300	0505	0520	0800	0615	1016	0500	0745
Renewal Date														1600			1450	1410	
12/7/14	m/a	1/5		Maalox 30cc po q 2 hrs, Indigestion	PRN												2358		
Renewal Date																			
12/7/14	m/a	1/5		Milk of Magnesia 30cc po q hs, Constipation	PRN														
Renewal Date																			
12/7/14	m/a	1/5		Imodium 10cc po q after each loose stool, Diarrhea	PRN														
Renewal Date																			
				Nicotine patch ____ mg q Day transdermal, Nicotine craving	PRN					NOT	ordered								
Renewal Date																			
12/7/14	m/a	1/5		Motrin 600mg po q 6 hrs, Severe pain ≥ maalox and or pepcid	PRN														
Renewal Date																			
					PRN														
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Sulekha Polaki PN II			Concepcion Calvelo,rn
		CHERYL MILNE RN			
		Hugo F. Peredo, RN			
					Brenda Palma
		Imelda Santos RN			
		Minerva Baldrias / PN II			
					REYNALDO

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 1 of 2 Rev 9/16

NAME: ____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: ____

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
12/16/16 0330	Tylenol 650 mg PO			✓	6/10	(L) Shoulder	Y	Y	1/10	no	[illegible]	[illegible] 0330
12/17/16 0800	Vicodin 50 mg PO			✓		For Anxiety	Y	N	no	N	Dilen	Dilen 0800
12/17/16 0800	Tylenol 650 mg PO			✓	6/10	C/O Pain Bil/ Shoulder	Y	N	1/10	N	Dilen	Dilen 0800
12/18/16 0615	TYLENOL 650 mg PO			✓	7/10	GENERALIZED PAIN	Y	Y	1/10	NO	[illegible]	[illegible] 0715
12/19/16 [illegible]	Imitrex 100 mg PO			✓		Sleep	Y	Y	N	N	[illegible]	[illegible] 2100
12/19/16 2158	Tylenol 650 mg PO			✓	6/10	Headache	Y	Y	0/10	N	[illegible]	[illegible] 0100
12/20/16 0800	Tylenol 650 mg PO			✓	6/10	C/O Body Pain	Y	Y	0/10	N	Dilen	Dilen 0800
12/20/16 0800	Vicodin 50 mg PO			✓		For Anxiety	Y	N	no	N	Dilen	Dilen 0800
12/20/16 1410	Tylenol 650 mg PO			✓	6/10	C/O Body Pain	Y	N	no	N	Dilen	Dilen 1510
12/20/16 1410	Vicodin 50 mg PO			✓		For Anxiety	Y	N	no	N	Dilen	Dilen 1510

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 2 of 2 Rev 9/16

NAME: _____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

PAGE _____ OF _____

MONTH Dec. YEAR 2016

ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
12/16/16	MG		12/17/16	Vital Signs Q 6 hours	0800									13.	M				
					B/P									116/79	119/81				
					P/R									59/18	66/20				
Renewal Date					T-									97.9	98'				
					1400									103.					
					B/P									118/83					
					P/R									75/18					
Renewal Date					T									97					
					2000									18					
					B/P									137/86					
					P/R									94/20					
Renewal Date					T									98.8					
					0200									18					
					B/P									Refused	Δ to routine				
					P/R														
Renewal Date					T-														
				PPD															
				AIMS - Q 10 DAYS - AT DISCHARGE															
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	MG	Minerva Stack	[illegible]	[illegible]	[illegible]
[illegible]		Sulekha Polaki PN II			
			[illegible]	N	Brenda Fabaire
			[illegible]	[illegible]	Minerva Baldrias / PN II

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA
MR# 24 04 14
FILE NO:

PAGE _____ OF _____

MONTH Dec. YEAR 2016

ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
Renewal Date																			
12/15				(R) Shoulder (L) Shoulder X-ray Moderate pain										TIM					
Renewal Date																			
12/16				STAT EKG Chest pain										a					
Renewal Date																			
2/16				Chest X-ray 2 view STAT										done					
Renewal Date																			
				PPD															
Renewal Date				AIMS - Q 10 DAYS - AT DISCHARGE															

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
Pulen		Sulekha Polaki PN II			
					Minerva Baldrias / PN II

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: _____

FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO:

PAGE _____ OF _____ | MONTH Dec YEAR 2016 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	12/8	9	10	11	12	13	14	15	16	17	18	19	20	21
12/7/16	M/a	1/5		Albuterol 90 mcg Q 6° ii puffs	PRN					1235 CM				0820 VS					
Renewal Date																			
					PRN														
Renewal Date				SOB/ ASTHMA															
11/14/16	M/a	12/12	CS	Cogentin 1mg PO BID PRN	PRN														
12/12/16 Renewal Date	a/M	1/10		EPS															
11/23/14	M/a	12/22	CS	Vistaril 50mg PO Q 6° PRN	PRN	1210 M 2020 MBall	1420 VS			1325 a	1420 CM	1300 CM	1225 TB	0820 VS 1610	0800 M ~~0727~~	~~0800~~	1030 M 1630 M	0800 M 1410 M	0745 M
Renewal Date																			
					PRN														
Renewal Date				Anxiety															
12/7/14	M/a	1/5	CS	TRAZODONE 50mg PO QHS PRN Insomnia	PRN	2020 MBall	1904 M	2025 M	2200										
Renewal Date																			
12/12/16	a/M	1/10		Trazodone 100 mg PO QHS	PRN					2000 M	2000 M	2015 M	2010 M	1913 M	2000 M	1950 M	2000 M	2010 M	2010 M
Renewal Date				prn insomnia															
					PRN														
Renewal Date																			
					PRN														
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
DPolaki	SP	Sulekha Polaki PN II	[illegible]	a	Concepcion Calvelo,rn
[illegible]	CM	CHERYL MILNE RN	[illegible]	[illegible]	[illegible]
[illegible]	TL	TRAN LAI RN	[illegible]	A	Brenda Pabalan
[illegible]	JK	John Keller	[illegible]	EH	EDZA HERNANDEZ
[illegible]	[illegible]	Imelda Santos RN	[illegible]	[illegible]	[illegible]
[illegible] PN II	MBall	Minerva Baldrias / PN II			
[illegible]	TL	Tran V. Lai RN		RG	REYNALDO G

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
2/8/16 1210	Vistaril 50mg po			✓		Anxiety	Y	Y	no	no	[illegible]	[illegible] 1310
2/8/16 2020	Trazodone 50 mg po			✓		insomnia	Y	Y	NA	no	[illegible]	[illegible] PNT 2020
2/8/16 2020	Vistaril 50 mg po			✓		anxiety	Y	Y	NA	no	[illegible]	[illegible] 2120
2/9/16 1420	Vistaril 50mg po			✓		Anxiety	Y	Y	[illegible]	no	[illegible]	[illegible] 1520
2/9/16 1604	Trazodone 50 mg po			✓		for sleep	Y	Y	no	N	[illegible]	[illegible] 2004
2/11/16 2300	Trazodone 50 mg po			✓		sleep	Y	Y	NH	N	[illegible]	[illegible] 2300
2/12/16	1330 Vistaril 50 mg po			✓		anxiety	Y	Y	[illegible]	[illegible]	[illegible]	1400 [illegible]
2/12/16	2100 Trazodone 100 mg po			✓		sleep	Y	Y	no	no	[illegible]	[illegible] 2100
2/13/16	2100 Trazodone 100 mg po			✓		sleep	Y	Y	no	no	[illegible]	[illegible] 2100
2/14	1300 Vistaril 50 mg po			✓		anxiety	Y	Y	NA	no	[illegible]	[illegible] 1400
2/14	1300 Tylenol 650 mg po			✓	3/10	gen. pain	Y	Y	0/10	no	[illegible]	[illegible] 14[illegible]
2/14/16	2015 Trazodone 100 mg po			✓		insomnia	Y	Y	NA	no	[illegible]	[illegible] 2115
2/15/16	0500 Tylenol 650 mg po			✓	6/10	BOTH SHOULDERS	Y	Y	1/10	no	[illegible]	[illegible] 0605
2/15/16	1230 Vistaril 50 mg po			✓		Anxiety	Y	Y	[illegible]	no	[illegible]	[illegible] 1330
2/15/16	2010 Trazodone 100 mg po			✓		insomnia	Y	Y	NA	no	[illegible]	[illegible] 2110

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO:

PAGE _____ OF _____ | MONTH Nov/Dec YEAR 2016 | ALLERGIES: NKDA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	11/m	vi	24	27	28	29	30	1/1	2	3	4	5	6	7
11/30/16	m/RA	12/28		Seroquel 400mg PO HS	/														
					/														
Renewal Date	/		RS	Psychosis	/						CR	RA	RA	RA	JL	JL	JL	RA	RA
					2000														
11/30/16	m/			↑ in Neurosis denied until proven otherwise	E														
					Y														
Renewal Date	/				X														
12/5/16	RA/RA	1/3		↑ Neurontin to 600mg PO BID Pain	0800													RA	RA
					/														
					/														
Renewal Date	/				2000												JL	RA	RA
	/																		
Renewal Date	/																		
	/			PPD															
				AIMS - Q 10 DAYS - AT DISCHARGE															
Renewal Date	/																		

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	m	Angelina Tolentino	[illegible]		Concepcion Calvelo,rn
[illegible]	RA	RA FRANCISCO RN	[illegible]	RA	[illegible]
			[illegible]		[illegible]
			[illegible]	JL	James Lodge
			[illegible]	RA	REYNALDO GO

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
11/30/16 2000	Seroquel 400mg PO		/	/		Psychosis	Y	Y	NA	NO	[illegible]	[illegible] 2100

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: MR# 24 04 14

PAGE _____ OF _____ | MONTH NW/Dec YEAR 2016 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	24	25	26	27	28	29	30	12/1	2	3	4	5	6	7
11/10/16	dr/pm	12/8		Dilantin ER 200mg PO QHS Seizure Dlo	–														
					–														
12/7/16 Renewal Date	w/LD	1/5/17			–														
					20	EP	MS	HS	SL	w	✓	HS	HS	MS	MS	JC	Di	MS	HS
11/10/16	dr/pm	12/8		Keppra 500mg PO BID Seizure Dlo	08	MS	MS	KAN	W	a	MM	✓	MS	MS	MS	a	MM	MS	MS
					–							H mm 0800							
12/7/16 Renewal Date	w/LD	1/5/17			–														
					20	EP	MS	HS	SL	a	✓	HS	HS	MS	MS	JC	Di	MS	HS
11/10/16	dr/pm	12/8		HCTZ 25mg PO Daily HTN Hold SBP ≤ 100mHg	08	MS	MS	KAN	W	a	MM	w	MS	MS	MS	a	MM	MS	MS
					BP	117/83	112/81	128/89	115/77	123/87	123/81	111/78	108/77	111/75	115/81	128/86	116/84	113/81	101/77
12/7/16 Renewal Date	w/LD	1/5/17																	
11/27/16	dr/W	12/25	12/8	Gabapentin 200mg PO TID Pain	0800	→				a	MM	w	MS	MS	w	a	MM		
Renewal Date					1400	→			W	a	✓	w	MS	MS	w	a			
					2000	→			SL	w	✓	H	HS	MS	MS	JC			
11/3/16	w/a	12/28		1 Seroquel 200mg PO q Am	0800	→							MS	MS	MS	a	MM	MS	MS
Renewal Date			1/5	Psychiatrist															

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. C-Refused to BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
Jung	Jr	Jessie Johnson RN	[illegible]	HS	[illegible]
[illegible]	w	Brieeke Powell	[illegible]	KAN	KAN MONDELLO, RN
[illegible]	✓	TESS ASTWOOD	[illegible]	MM	Juan Marco Manlangit RN
[illegible]	MS	Imelda Santos RN	[illegible]	MBal	Minerva Balomas / PN
[illegible]	DY	Da-Yema Love RN	[illegible]	JCK	John S. Killer
EGM	EP	Elmer Pascua	[illegible]	RC	REYNALDO EG

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _____

[illegible] J KAROLIN [illegible] JC James Lindon

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

4 Hurts a little more

6 Hurts even more

8 Hurts a whole lot

10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
NW 11/27	gabapentin 200mg po	✓		✓	5/10	pain	P	P	4/10	No	[illegible]	[illegible] 1500
11/27/16 2008	Vistaril 50mg PO		✓			for Anxiety	N	N	no	N	[illegible]	[illegible] 13:[illegible]

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO:

PAGE _____ OF _____ | MONTH Nov/Dec YEAR 2016 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	24	25	26	27	28	29	30	12/1	2	3	4	5	6	7
11/10	[illegible]			TWINRIX 1.0 ML IM 1st Dose: 11/12/16 2nd Dose: 11/19 3rd Dose: 2-3 days 12/11.															
Renewal Date	/			Hep A/B												12/11/16 3rd dose			
	/			No fresh fruits Tomatoes	F Y I														
Renewal Date	/																		
11/21	[illegible]	12/20	11/30	Seroquel 200mg PO BID Psychosis	OS – –	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Dead						
Renewal Date	/		CS		20	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]								
	/																		
Renewal Date	/			Fall Assessment q Sunday					[illegible] SUN							[illegible] SUN			
	/			PPD			CXR Negative 10/24/16												
Renewal Date	/			AIMS - Q 10 DAYS - AT DISCHARGE		–	–	–	–	–	–	[illegible]	–	–	–	–	–	–	–

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	[illegible]	Jessica Johnson RN	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible] PO LVN	[illegible]	[illegible]	[illegible] RN
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	CONCEPCION [illegible]
[illegible]	[illegible]	Imelda Santos RN		[illegible]	Juan Marco Manlangit RN
[illegible]	[illegible]	Elmer Pascua	[illegible]	[illegible]	Minerva Baldres / PN II
[illegible]	[illegible]	[illegible]		[illegible]	REYNALDO [illegible]

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
12/5/16 2100	Nstazil 50 mg Po			V		Anxiety	Y	Y	2	2	[illegible]	[illegible] 2100
12/6/16 0042	Vistaril 50 mg Po			V		C/O Anxiety	Y	Y	2	N	[illegible]	[illegible] 0042

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: ANGELA
THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

FILE NO:

AA7285

PAGE _____ OF _____ | MONTH NOV / DEC YEAR 2016 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	24	25	26	27	28	29	30	12/1	2	3	4	5	6	7
11/10/16		12/8		Tylenol 325mg 2 tabs po q 4 hrs, pain Or temp greater than 100.5 (PRN)	PRN			0640				0140	0640		0355				
12/7/16		1/5										0140			0828				
11/10/16		12/8		Maalox 30cc po q 2 hrs, indigestion (PRN)	PRN														
12/7 Renewal Date		1/5																	
11/10/16		12/8		Milk of Magnesia 30cc po qhs, constipation (PRN)	PRN														
12/7 Renewal Date		1/5																	
11/10/16		12/8		Imodium 10cc po q after each loose stool, diarrhea (PRN)	PRN														
12/7 Renewal Date		1/5																	
				Nicotine patch 21mg q Day transdermal For nicotine cravings	PRN			NOT ORDERED											
Renewal Date																			
11/10/16		12/8		Motrin po 600mg q 6 hrs severe pain (PRN)	PRN			1122						1945					
12/7 Renewal Date		1/5						2028											
				c Maalox 30ml PO or food	PRN														
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Jessie Ohanyan			TLASTON
		Brieanne Poirier			
					Jessie Ohanyan
		Carl McDonald, PN			
		Imelda Santos RN			Minerva Baldrias / PN II
		Elmer Pascua			
		Rey-Eng. Oci			REYNALDO EN

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
11/26/16 0840	Tylenol 650mg PO			✓	8/10	Gen. Body Pain	Y	Y	2/10	NO	[illegible]	0440 [illegible]
11/26/16 1222	MOTRIN 600MG PO			✓	8/10	Gen Body Pain	P	P	NA	NO	[illegible]	1222 [illegible]
11/30/16 0548	Tylenol 650 mg PO			✓	9/10	① Arm pain	Y	Y	1/10	no	[illegible]	0548 [illegible]
12/6/16 0448	Tylenol 650 mg PO			✓	8/10	Fibromyalgia Pain	Y	Y	2/10	NO	[illegible]	[illegible] 0248
12/16 0610	Tylenol 650 mg PO			✓	8/10	Gen Body Pain	Y	Y	1/10	NO	[illegible]	[illegible] 0610

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN
IP-31A Page 2 of 2 Rev 4/14

NAME: _____
FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAGE _____ OF _____ | MONTH NOV/DEC YEAR 2016 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	24	25	26	27	28	29	30	12/1	2	3	4	5	6	7
11/10/16		12/8		Albuterol 90mcg Q6 TI Puffs	PRN														
12/7/16 Renewal Date		11/5/17			PRN														
				Prn SOB Asthma	PRN														
Renewal Date					PRN														
11/14/16		12/12		Cogentin 1mg PO	PRN														
Renewal Date					PRN														
				BID Prn EPS	PRN														
Renewal Date					PRN														
11/23/16		12/22		Risperi Sam. PO 960 for Annually	PRN	1730	1930	1950		2000	1971	2030	2025	1917	1919	2023 JL		1942	1208
Renewal Date					PRN	2030													2028
					PRN														
Renewal Date					PRN														
11/23/16		12/21	11/20	Analgesic Cream Apply to Affected	PRN														
Renewal Date					PRN														
				area TID Prn Pain x 7 days	PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
		Jessie Abrigon Rn			
		Blanche To LPN			Tess Castro
		Imelda Santos RN			Minerva Baldries / PN II
		John S. Keller			James Liao
		Elmer Pascua			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO:

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
1/24/16 1430	Vistaril 50mg PO			✓		Anxiety	Y	Y	—	—	[illegible]	[illegible] 1530
1/24/16 2030	Vistaril 50 mg PO			✓		anxiety	Y	Y	NA	no	[illegible]	[illegible] 2130
1/25/16 1930	Vistaril 50mg PO			✓		for Anxiety	Y	Y	NA	N	[illegible]	[illegible] 2030
1/26/16 2005	Motrin 600mg PO			✓	6/10	headache	Y	Y	Y/N	NA	[illegible]	[illegible] 2105
1/26/16 1950	Vistaril 50mg PO			✓		Anxiety	Y	Y	NA	no	[illegible]	[illegible] 2050
1/27/16 2009	Vistaril 50mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible] 2109
1/28/16 2011	Vistaril 50 mg PO			✓		anxiety	Y	Y	—	N	[illegible]	2100
1/30/16 2030	Vistaril 50mg PO			✓		Anxiety	Y	Y	NA	N	[illegible]	[illegible] 2130
1/31/16 2025	Vistaril 50mg PO			✓		Anxiety	Y	Y	NA	NO	[illegible]	[illegible] 2125
2/2/16 1917	Vistaril 50mg PO			✓		C/O Anxiety	Y	N	no	N	[illegible]	[illegible] 2017
2/2/16 1955	Motrin 600mg PO			✓	8/10	C/O Gen Body Pain	Y	N	0/10	N	[illegible]	[illegible] 20[illegible]
2/3/16 0335	Tylenol 650mg PV			✓	10/10	(R) Shoulder	Y	Y	1/10	N	[illegible]	[illegible] 0435
2/3/16 0828	Tylenol 650mg PO			✓	4/10	C/O (L) Shoulder & neck Pain	Y	N	1/10	N	[illegible]	[illegible] 0928
2/3/16 1919	Vistaril 50mg PO			✓		for Anxiety	Y	N	no	N	[illegible]	[illegible] 2019
2/4/16 2025	Vistaril 50mg PO			✓		Anxiety	Y	Y	N/A	no	[illegible]	[illegible] 2125

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 2 of 2 Rev 4/14

NAME: _____
FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAGE _____ OF _____

MONTH ~~Nov~~ Dec YEAR 2016

ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	12/24	25	26	27	28	29	30	12/1	2	3	4	5	6	7
12/7/16	10	1/5/16		Trazadone 50mg po q HS PRN	PRN														2005
Renewal Date					PRN														
				(Insomnia)	PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														
					PRN														
Renewal Date					PRN														

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
2005 1/7/16	Trazodone 50g PO	/		/		Insomnia	Y	Y	NA	NO	[illegible]	[illegible] 2105
2005 1/7/16	Vistaril 50g PO			/		Anxiety	Y	Y	NO	NO	[illegible]	[illegible] 2105

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
IP-31B Page 2 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO:

PAGE _____ OF _____ | MONTH 11 YEAR 16 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/10	B/			TWINRIX 1 mL IM 1st Dose 11/10/16 2nd Dose 7 day 11/19 3rd Dose 21-30 day			1st dose	1st dose							2nd dose				
Renewal Date	/			Hep A/B										2nd dose					
11/10	B/			Flu shot 0.5 ml IM x 1 Pugh Tolmes F/U											2nd dose				
11/11 Renewal Date	B/																		
11/10	B/			Hg bA1c.															
Renewal Date	/																		
11/10	B/			No Fresh fruits Tomatoes	F U I T														
Renewal Date	/																		
11/10	/			PPD			Chest day 10/24/16 Negative.												
11/10 Renewal Date	/			AIMS															

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]			
			[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: ANGELA THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO:

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO:

PAGE _____ OF _____ | MONTH 11 YEAR 16 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/21	[illegible]	12/20		Seroquel 200mg Po BID Psychosis	08	→												[illegible]	[illegible]
					–														
					–														
Renewal Date					20	[illegible]											[illegible]	[illegible]	[illegible]
Renewal Date																			
Renewal Date																			
Renewal Date																			
				Fall assessment Q Sunday															
						→													
Renewal Date																			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	[illegible]	Alessia [illegible]	[illegible]	[illegible]	Juan Marco [illegible]
[illegible]	[illegible]	[illegible]		[illegible]	Remigio Francisco PNII
			[illegible]		
[illegible]	[illegible]	Elmer Pascua			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: _____
FILE NO 1

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS		REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
							PATIENT Y, N, or P	NURSE Y, N, or P				
12/16 20	Seroquel 200 mg PO	✓		✓		Psychosis	Y	Y	✓	✓	[illegible]	[illegible] RN 2/07

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 2 of 2 Rev 4/14

NAME: _____
FILE NO: ____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAGE _____ OF _____ | MONTH 11 YEAR 16 | ERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/10	BJ/n	12/8		Dilantin Cap 200 mg po Q HS	20														
Renewal Date				S3 D/O															
11/10	BJ/n	12/8		Keppra 500 mg po BID	08														
Renewal Date				S3 D/O	20														
11/10	BJ/n	12/8		HCTZ 25 mg po daily HTN	08														
Renewal Date							106/74	114/78	116/81	120/84	123/83	140/86	129/86	122/85	122/87	122/81	128/89	122/74	117/85 PR-65
				Hold SBP ≤100 mg															
Renewal Date																			
11/10	BJ/n	12/8	11/16	Zyprexa 10 mg po Q HS	20														
Renewal Date		CS		Psychosis															

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
	BJ			MJ	
	n			RF	RF FRANCISCO, RN
V.	VH	VITA INLA MAGSHOD RN			
	N	Ruthchel T. Dimapilis, RN		JN	Jessie Johnson RN
	EP	Elmer Pascua		n	Amy
	SR	J. Schiller		JR	REYNALDO

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 4/14

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: _____

PAIN INTENSITY SCALE

0 Very happy, no hurt

2 Hurts just a little bit

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8 Hurts a whole lot

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LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
1/10/16 2000	DILANTIN 200mg PO	/		/		Seizure	P	P	NA	no	[illegible]	[illegible] 2100
1/10/16 2000	Keppra 500mg PO	/		/		Seizure	P	P	NA	no	[illegible]	[illegible] 2100
1/10/16 2000	Zyprexa 10mg PO	/		/		Psychosis	P	P	NA	no	[illegible]	[illegible] 2100
1/15/16 2040	Vistaril 25mg PO			/		For Anxiety	Y	N	no	N	[illegible]	[illegible] 2140
1/15/16 1420	Tylenol 650mg			/	6/10	C/O Body Pain	Y	N	0/10	N	[illegible]	[illegible] 1520
1/15/16 1420	Vistaril 25mg PO			/		C/O Anxiety	Y	N	no	N	[illegible]	[illegible] 1520

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

Southern Nevada Adult Mental Health Services
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IP-30 Page 2 of 2 Rev 4/14

NAME: ____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: ____

PAGE _____ OF _____ | MONTH Nov YEAR 2016 | ALLERGIES: NKA.

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/16/16 CS	M/AF	12/14	N/A	Cogentin 1.5mg PO BID	0800								D.	N	AS	AC	MM		
					/														
					/														
Renewal Date	/			(EPS)	2000							CS	H	H	M	H	IM		
11/16/16 CS	M/AF		11/16	Seroquel 100mg PO HS	/														
					/														
				(Psychosis) XT day then	/														
Renewal Date	/				2000							CS	H						
11/14/16	M/AF	12/14		↑ 200mg Seroquel PO HS	/														
					/														
					/														
Renewal Date	/			(Psychosis)	2000				Rem 11/17/16			CS	H	M	H	IM			
11/18/16	a/			Analgesic Cream TID	/								/			/			
					see PRN sheet														
Renewal Date	/																		
	/			~~PPD~~															
	/			~~AIMS~~ ~~Q 10 DAYS~~ ~~AT DISCHARGE~~															
Renewal Date	/																		

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
[illegible]	M	Shelece Powell	[illegible]	M	Juan Marco Manlogit
[illegible]	IM	Vilma Macaspac			
[illegible]	AF	Remigio Francisco PNII			
			[illegible]	A	Amy [illegible]
[illegible]	EP	Elmer Pascua	[illegible]	RC	Reynaldo Go

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD
IP-30 Page 1 of 2 Rev 5/16

NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: ___

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1ST DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS: PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS: NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
1/16/16 2000	Cogentin 1.5mg po		✓	✓		EPS	P	P	NA	N	[illegible]	[illegible] 2100
1/16/16 2000	Seroquel 100mg po	✓		✓		Psychosis	P	P	NA	N	[illegible]	[illegible] 2100
1/17/16 2000	Seroquel 200mg po		✓	✓		Psychosis	Y	Y	NA	N	[illegible]	[illegible] 2100
1/18/16 @ 0900	Analgesic Cream			✓	6/10	For Painful Knee (R)	Y	N	0/10	N	[illegible]	[illegible] 2100
1/19/16 0800	Analgesic Cream			✓	6/10	(R) Knee for Pain	Y	N	0/10	N	[illegible]	[illegible] 0500

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Southern Nevada Adult Mental Health Services
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NAME: THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14

FILE NO: 24414

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Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/10		12/8		Albuterol 90 mg 11 puffs Eub 06 Pfizer SOB Asthma	PRN														
Renewal Date					PRN														
11/14/16		12/12		Cogentin 1mg PO BID PRN	PRN						2100								
Renewal Date					PRN														
				EPS	PRN														
Renewal Date					PRN														
11/18/16			11/23	Analgesic Cream TID PRN X 5 days	PRN									1700 2000	0800 2024		1810	1900	
Renewal Date					PRN														
				Painful knee	PRN														
Renewal Date					PRN														
11/23		12/22		↑ Vistaril to 50mg PO Q6H PRN for Anxiety	PRN														1940
Renewal Date					PRN														
11/23			11/30	ANALGESIC CREAM APPLY TO AFFECTED AREA TID PRN PAIN X 7 DAYS	PRN														
Renewal Date					PRN														

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY**

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
					Ruthchel T. Dimapilis, RN
					Concepcion Calvelo, rn
		Remigio Francisco PNII			

Southern Nevada Adult Mental Health Services
Nursing Department
MEDICATION ADMINISTRATION RECORD / PRN BLANK
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NAME: ____ THOMAS,ANGELA AKA LOVE,ANGELA MR# 24 04 14
FILE NO: __

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

DATE & TIME	MEDICATION DOSE / ROUTE	1st DOSE	CHANGE IN DOSE	MEDICATION TEACHING	RATE PAIN	REASON GIVEN / NOT GIVEN / REFUSED	*MEDICATION EFFECTIVENESS PATIENT Y, N, or P	*MEDICATION EFFECTIVENESS NURSE Y, N, or P	REASSESSMENT PAIN RATING	SIDE EFFECTS YES / NO	FIRST DOSE REVIEW / ADMINISTERING NURSE SIGNATURE	REASSESSMENT / RN SIGNATURE & TIME
11/18/16	1200 Analgesic Cream	✓		✓	5/10	(P) knee pain	Y	Y	0/10	no	[illegible]	[illegible] 1300
11/18/16 1515	Vistaril 25 mg Po			✓		for Anxiety	n	n	no	no	[illegible]	[illegible] 1615
11/19/16 1200	Analgesic cream			✓	6/10	(P) knee pain	Y	Y	1/10	NO	[illegible]	[illegible] 2100
2015 11/20/16	ANALGESIC CREAM	—	—	✓	8/10	(R) VERY PAIN	Y	Y	0/10	NO	[illegible]	VERONICA NATALIE [illegible]
11/21/16	1810 Analgesic cream			✓	8	(P) knee pain	Y	Y	1/10	N	[illegible]	[illegible] 2100
11/22/16 1900	Analgesic cream topical			✓	7/10	(P) knee pain	Y	Y	0/10	no	[illegible]	[illegible] 2000
11/23/16 1940	Vistaril 50 mg Po			✓		anxiety	Y	Y	NA	no	[illegible]	[illegible] 2040

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

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MEDICATION ADMINISTRATION RECORD / PRN BLANK
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NAME: THOMAS,ANGELA AKA LOVE,ANGELA
FILE NO: MR# 24 04 14

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PAGE _____ OF _____ | MONTH 11 YEAR 16 | ALLERGIES: NKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date	11/10	11	12	13	14	15	16	17	18	19	20	21	22	23
11/10	HD	12/8		Tylenol 325mg 2 tabs po q 4 hrs, Pain or elevated temp >100.5	PRN				2015	0526	1420	2000		1050	1550				
Renewal Date																			
11/10	HD	12/8		Maalox 30cc po q 2 hrs, Indigestion	PRN														
Renewal Date																			
11/10	HD	12/8		Milk of Magnesia 30cc po q hs, Constipation	PRN														
Renewal Date																			
11/10	HD	12/8		Imodium 10cc po q after each loose stool, Diarrhea	PRN														
Renewal Date																			
				~~Nicotine patch ___ mg q Day transdermal, Nicotine craving~~	~~PRN~~					Not ordered.									
Renewal Date																			
11/10	HD	12/8		Motrin 600mg po q 6 hrs, Severe pain	PRN						2100								
Renewal Date																			
11/10	HD	12/8		Hydroxyzine 25mg po BID PRN Anxiety	PRN		1420		2015		1420	0800		1050	1550	2015	1900	1945	
Renewal Date			CS				2040 1940				DOX changed					11/19/16			

Place time given and initial in square below date given. Reason given and effectiveness goes on back. If refused, circle initials and note reason on back.

BLACK INK ONLY

SIGNATURE	Intl.	PRINT NAME	SIGNATURE	Intl.	PRINT NAME
					Ruthchel T. Dimapilis, RN
					Alessie Ortmann
	EP	Elmer Pascua		EP	Elmer Pascua
	JR	John P. Rake		RN	REYNALDO CO

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NAME: _____
FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

PAIN INTENSITY SCALE

0 Very happy, no hurt | 2 Hurts just a little bit | 4 Hurts a little more | 6 Hurts even more | 8 Hurts a whole lot | 10 Hurts as much as you can imagine

LIST ALL PRNS GIVEN, MEDICATIONS REFUSED OR NOT GIVEN, FIRST DOSE OR CHANGE IN DOSE MEDICATIONS

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1420 11.11.16	Hydroxyzine 25 mg p.o.	✓		✓		Anxiety			NA	NO	[illegible]	[illegible]
2015 11/12/16	HYDROXYZINE 25 MG PO	–	–	✓	–	anxiety	Y	Y	NA	NO	VH	[illegible]
2015 11/13/16	TYLENOL 325 MG 2 TAB PO	✓	–	✓	8/10	headache	Y	Y	0/10	NO	VH / [illegible]	[illegible]
11/14/16 0910	Tylenol 650 mg PO	✓		✓	7/10	R arm pain	Y	Y	2/10	NO	[illegible]	0910 [illegible]
11/15/16 2100	Cozaar 1 tab PO	✓		✓		SPS	Y	Y	N	N	[illegible] / [illegible]	[illegible] 2200
11/15/16 2100	Motrin 600 mg PO	✓		✓	6/10	Body ache	Y	Y	2/10	N	[illegible] / [illegible]	[illegible] 2200
11/16/16 0900	Tylenol 650 mg PO		+	✓	6/10	c/o Body pain	Y	N	0/10	N	[illegible]	[illegible] 0900
11/16/16 0900	Vistaril 25 mg PO			✓		for Anxiety	Y	N	NO	N	[illegible]	[illegible] 0900
11/18/16 1050	Vistaril 25 mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible] 1150
11/18/16 1050	Tylenol 650 mg PO			✓	6/10	R knee pain	Y	Y	1/10	NO	[illegible]	[illegible] 1150
2015 11/20/16	HYDROXYZINE 25 MG PO	–	–	✓	–	anxiety	Y	Y	NA	NO	VH	[illegible]
11/21/16 2000	Vistaril 25 mg PO			✓		Anxiety	Y	Y	NO	NO	[illegible]	[illegible] 2000
11/22/16 1945	Vistaril 25 mg PO			✓		anxiety	Y	Y	NA	NO	[illegible]	[illegible] 2045

*MEDICATION EFFECTIVENESS / SIDE EFFECTS REQUIRES DOCUMENTATION IN THE PROGRESS NOTE

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NAME: _____
FILE NO: _____

THOMAS,ANGELA
AKA LOVE,ANGELA
MR# 24 04 14

Episode 7: STEIN Forensic Inpatient Adult 11/10/2016 - 01/19/2017
Client: Angela Colleen Thomas (000240414)
Submitted 01/17/2017 at 12:33 PM by YOLANDA LEE

Treatment Plan

Plan Date: 11/10/2016

Plan Name: SN STEIN 11/10/16

Plan Type: Initial Treatment Plan

Plan End Date: 01/30/2017

Next Review Date: 01/23/2017

Last Updated: 01/17/2017

Last Updated By: SN - YOLANDA LEE, PN III

Treatment Plan Status: Draft

Strengths:

FRIENDLY, INDEPENDENT WITH ADL'S

Weaknesses:

DISORGANIZED

Problems

Problem Code: Bipolar disorder

Status (Problem List): Active

Problem:

VERBALIZED SUICIDAL IDEATION AND SEEING EVIL, "DEMONS"

Update Comment:

1/4/17: Updated diagnoses include: Post Traumatic Stress Disorder (PTSD), Schizoaffective
Disorder-Bipolar Type, and THC Use Disorder-Severe. Updated per Dr. Sussman's note dated
1/3/17, service date 12/24/16. -Heather Thorson, CSW Intern-

Date Opened: 11/10/2016

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Date of Onset: 09/04/2016

Predefined: No

Goals

Goal / Long Term:

WHILE IN THE HOSPITAL, ANGELA WILL NOT ACT ON ANY SELF HARM BEHAVIOR

Date Opened: 11/10/2016

Status: Active

Update Comments:

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Predefined: No

Objectives

Objective / Short Term Goal:

ANGELA WILL EXPRESS AWARENESS OF SELF-DESTRUCTIVE BEHAVIORS AND IDENTIFY MEANS TO PREVENT THEM WHILE IN THE HOSPITAL.

Date Opened: 11/10/2016

Status: Active

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Update Comment:

Predefined: No

Interventions

Intervention:

MAINTAIN CLOSE OBSERVATION OF ANGELA AND CREATE A SAFE ENVIRONMENT BY REMOVING POTENTIALLY HARMFUL OBJECTS FROM HER ACCESS.

Date Opened: 11/10/2016

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Status: Active

Update Comment:

Predefined: No

Interventions

Intervention:

NURSING STAFF WILL ASSIST ANGELA IN IDENTIFYING WAYS OF COPING WITH EVERYDAY STRESS DURING HOSPITALIZATION LIKE RELAXATION TECHNIQUES.

Date Opened: 11/10/2016

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Status: Active

Predefined: No

Interventions

Intervention:

NURSING STAFF WILL ADMINISTER MEDICATION TO ANGELA PER MD ORDER, MONITOR ITS EFFECTIVENESS AND
ANY ADVERSE REACTION.

Date Opened: 11/10/2016

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Status: Resolved

Predefined: No

Interventions

Intervention:

NURSING STAFF WILL OBSERVE, RECORD, AND REPORT ANY CHANGES IN THE ANGELA's MOOD (ELATION, WITHDRAWAL, SUDDEN RESIGNATION).

Date Opened: 11/10/2016

Staff Assigning: POLITICO,GIOVANNI PN I (003943)

Status: Resolved

Predefined: No

Goals

Goal / Long Term:

Angela will have the ability to understand her legal charges and the legal process, after
completing required legal process groups.

Date Opened: 11/10/2016

Status: Inactive

Update Comments:

11/17/16 Angela has not been cleared to begin legal Process classes do to needed medication
stabilization. She will be evaluated next week by treatment team to begin classes. Cynthia Gad,
MHC II

12/2/16 Angela has been cleared for Competency Restoration classes, she took her
pretest on 12/2/16 and received a 47%. She remains medication compliant and has had no
behavioral issues. Cynthia Gad, MHC II

12/13/16 Angela continues to participate in Competency
Restoration classes. She appeared upset when she was given the score of her pretest, evidenced
by her looking down with a sad face. This MHC told her that the areas she missed wlll be the
areas that the PCW will concentrate on during groups. She remains medication compliant. Cynthia
Gad, MHC II

12/16/16 Angela has continued participating in competency restoration groups, she
answers questions without having to be called upon and she is also assisting other clients
during group. Cynthia Gad, MHC II

12/20/16 Angela is progressing through the Competency
Restoration classes, she is slowly learning the material which is evidenced in her answering
topic questions, participating in the discussions and assisting other clients in group work.
Cynthia Gad, MHC II

12/29/16 Angela has requested to take post test for Competency

Restoration, she was able to answer questions regarding the legal process and she offers
assistance to other clients. She will be given test on 1/2/17 by PCW. Angela remains medication
compliant and has had no issues on the unit. Cynthia Gad, MHC II
1/4/17: Social worker assigned
to Angela's case, updated pt goals to include symptom management. Please review social worker
goal, objective, and intervention. -Heather Thorson, CSW Intern-

Staff Assigning: GAD MHC I,CYNTHIA (002842)

Predefined: No

Objectives

Objective / Short Term Goal:

Angela will attend legal process groups 2 times weekly, adhering to recommended treatment.

Date Opened: 11/10/2016

Status: Inactive

Staff Assigning: GAD MHC I,CYNTHIA (002842)

Update Comment:

Predefined: No

Interventions

Intervention:

Treatment team will meet with Angela weekly to review his progress and PCW will provide legal
process group 2 times weekly to assist in understanding his charges and the legal process.

Date Opened: 11/10/2016

Staff Assigning: GAD MHC I,CYNTHIA (002842)

Status: Inactive

Predefined: No

Goals

Goal / Long Term:

SOCIAL WORK GOAL: Angela will report a reduction in symptoms (auditory and visual hallucinations
and paranoia) related to diagnoses of Post Traumatic Stress Disorder (PTSD) and Schizoaffective
Disorder, Bipolar Type so she will have the ability to understand her charges and the legal
process. -Heather Thorson, CSW Intern-

Date Opened: 01/04/2017

Status: Active

Update Comments:

1/11/17: Angela will be evaluated for competency beginning this week. She continues to attend competency restoration groups and participates in the Token Economy program on the unit. She endorsed auditory hallucinations this week and an additional medication was added to assist. -Heather Thorson, CSW Intern-

1/4/17: Angela has completed her competency pre-test with a 87% score. She is being referred
for competency evaluations and was encouraged to continue participation in competency
restoration groups. Angela denied any thoughts or feelings of paranoia. She also denied any
thoughts of suicide or homicide. She is taking medications as prescribed and reports the
medications are effective. -Heather Thorson, CSW Intern-

Staff Assigning: THORSON,HEATHER CSW (003901)

Predefined: No

Objectives

Objective / Short Term Goal:

SOCIAL WORK OBJECTIVE: Angela will experience a reduction in symptoms by taking medications
daily, as prescribed, will participate in groups, activities, and the Token Economy program, and
will participate in legal competency restoration groups as scheduled weekly. -Heather Thorson,
CSW Intern-

Date Opened: 01/04/2017

Status: Active

Staff Assigning: THORSON,HEATHER CSW (003901)

Update Comment:

Predefined: No

Interventions

Intervention:

SOCIAL WORK INTERVENTION: Tx team will meet with Angela at least once per week to review her
progress and treatment needs and PCW will provide legal competency restoration groups at least
once per week to assist Angela in understanding the legal process and her charges. SW will
provide psycho-education and therapeutic modalities as needed. -Heather Thorson, CSW Intern-

Date Opened: 01/04/2017

Staff Assigning: THORSON,HEATHER CSW (003901)

Status: Active

Predefined: No

Objectives

Objective / Short Term Goal:

AT OBJECTIVE: ANGELA WILL PARTICIPATE IN ALLIED THERAPY GROUPS TO IMPROVE THOUGHT PROCESS BY STATING REALITY BASED COMMENTS, TO IMPROVE SOBRIETY PT WILL STATE AT LEAST THREE DRUG-FREE ACTIVITIES TO PURSUIT, AND TO IMPROVE OVERALL WELLNESS BY ENGAGING IN PURPOSEFUL LEISURE ACTIVITIES.

Date Opened: 11/14/2016

Status: Active

Staff Assigning: ECHART,YANET (004446)

Update Comment:

Predefined: No

Interventions

Intervention:

AT INTERVENTION: ALLIED THERAPIST WILL PROVIDE ANGELA WITH ALLIED THERAPY GROUPS SUCH AS WELLNESS, LEISURE EDUCATION, CREATIVE EXPRESSION FITNESS AND FOCUS GROUP (5-7) TIMES PER WEEK TO IMPROVE THOUGHT INTEGRATION AND TO IDENTIFY HEALTHY

LEISURE OUTLETS FOR PURSUIT.

Date Opened: 11/14/2016

Staff Assigning: ECHART,YANET (004446)

Status: Active

Predefined: No

Participation

Role: STAFF

Name:SUSSMAN,DANIEL

Select Staff Member: SUSSMAN,DANIEL (000277)

Plan Author: Yes

Participation

Role: STAFF

Name: DEVILLEZ PSY.D,AMANDA

Select Staff Member: DEVILLEZ PSY.D,AMANDA (004048)

Plan Author: No

Participation

Role: STAFF

Name: THORSON,HEATHER CSW

Select Staff Member: THORSON,HEATHER CSW (003901)

Plan Author: No

DATE OF ADMISSION: 11/10/2016 **DATE OF DISCHARGE:** January 19, 2017

TYPE OF DISCHARGE: IP-Completed IP MH/SA Treatment

Identification:

Ms. Thomas is a 42 year old African American female who was found incompetent to stand trial and was admitted to SNAMHS forensic psychiatric unit from the Eighth Judicial District Court of Clark County for further evaluation and treatment on 11/10/16. She is charged with (1) Burglary, (2) Obtaining/ Using Personal Info of Another.

DSM5 DIAGNOSTIC IMPRESSION:

309.81 Posttraumatic Stress Disorder
295.70 Schizoaffective Disorder, Bipolar type
305.00 Cannabis Use Disorder, Severe.
Sickle Cell Anemia, DM2, Epilepsy, Asthma,
s/p Pneumonia, HTN, c/o h/o gynecological cancer with hysterectomy.

Circumstances Leading to Admission and Significant Findings:

Charged with (1) Burglary, (2) Obtaining/ Using Personal Info of Another.

Per the Arrest Report: On 5/16/15 the patient attempted to use a Nordstrom credit account without permission.

COMMITMENT POSTURE:

Public Defender Katrina Ross believed the defendant is unable to:

"Understand the charges or allegation;
"Understand the adversarial nature of the legal process;
"Disclose pertinent facts;
"Understand the range and nature of the penalties
"Display appropriate courtroom behavior;
"Provide relevant testimony.

Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; malingering was not suspected. Diagnosis was Bipolar Disorder, and Schizoaffective Disorder.
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; malingering was not suspected. Diagnosis was Bipolar I Disorder with Psychosis, Schizoaffective Disorder, Borderline Personality Disorder, PTSD, h/o ADHD, Cocaine Use in Remission, Cannabis Use Disorder.

Allergies:

NKDA

DATE OF ADMISSION: 11/10/2016 **DATE OF DISCHARGE:** January 19, 2017

TYPE OF DISCHARGE: IP-Completed IP MH/SA Treatment

Course in Hospital:

On IPE Dr. Castillo noted the patients chief complaint was AH/VH. AH is a girl's voice ("Simone") with history of hearing that frequently throughout the day, VH of same girl. Paranoia ("cameras everywhere", feels watched). She reported low mood/concentration/sleep (5 hours Q3 days). Manias lasting up to 1 week (irritable, angry, rapid thoughts & speech, no sleep, ^ goal directed activity (cleaning).
à Zyprexa 10 mg HS was started.
She remained highly symptomatic over the first month of hospitalization, particularly with AH/VH, paranoia, internal preoccupation, and a sense of being invisible. Symptoms mostly remitted on the current regimen. Zyprexa was switched to Seroquel due to superior past response. Seroquel was titrated to a maximal dose. Geodon was added for residual psychosis as recently as one week ago, but was switched to Abilify due to QTc concerns. The Abilify was readily changed to Latuda.
within the past week due to akithesia. Tolerance and response to Latuda augmentation to date is good. Zoloft was added for depression, and Vistaril and Trazadone PRNs were utilized for anxiety and insomnia to good effect and tolerance.
She has been pleasant, cooperative and medication compliant throughout. She was generally visible and participating in groups. Effort in Legal Process class was good, with Pre-test score of 47% improving to post-test score of 87%. Intelligence appeared average. She was pleasant, agreeable and straightforward in Treatment Team.
She experienced symptoms of sickle cell crisis (calf pain, inability to lift BUE, leg discoloration, emesis) typical of past episodes. The symptoms were just starting to remit at the time of this evaluation after a 3 week crisis. No seizures were noted during this admission.

Relevant Physical and Laboratory Findings:

LABS: Admit labs WNL except ^ CO2 34. CXR- mild LLL infiltrate with left effusion, PPD- negative/ Phenobarbital 11.5/ Hg A1C 5.8/ PTN 3.5 (low)à 4.

She experienced symptoms of sickle cell crisis (calf pain, inability to lift BUE, leg discoloration, emesis) typical of past episodes. The symptoms were just starting to remit at the time of this evaluation after a 3 week crisis. No seizures were noted during this admission.

DATE OF ADMISSION: 11/10/2016 **DATE OF DISCHARGE:** January 19, 2017

TYPE OF DISCHARGE: IP-Completed IP MH/SA Treatment

Condition at Discharge:

MENTAL STATUS EXAM:

General: Alert, cooperative, attentive, good Eye Contact, slight PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good ", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses paranoia & AH ("Shimone") yesterday but not today; denies VH/SI/PDW/HI. No formal thought disorder.
Insight: fair
Judgment: good
Impulse Control: good
Intelligence: average per education, fund of knowledge and reasoning.
Cognition:
Alert and Oriented x 4
Short Term Recall: 2 of 3 at 5 minutes.
Fund of Knowledge: very good (last 6/6 Presidents)
Abstraction: good.
Serial 7's: fair with difficulty.
Long Term Recall: fair.
Review of Symptoms: Endorses mild irritability at night insomnia, restlessness, and racing thoughts.

Discharge Plans:

1.Competent: Per the Dusky standard.
2.Malingering Potential: none.
3.Monitor for psychosis, depression, insomnia, anxiety, sickle cell crises.
4.Continue current Rx management with monitoring of tolerance and response to recent Latuda augmentation. Low threshold to increase Latuda. Current Rx: Seroquel 300 mg QAM & 500 mg QHS / Latuda 40 mg QAM/ Vistaril 50 mg Q6 PRN- anxiety/ Trazadone 100 mg QHS PRN-anxiety/ Zoloft 50 mg AM/ Cogentin 1 mg Q6 PRN EPS/ Dilantin ER 100, 200 / Keppra 500 mg BID/ Neurontin 600 mg BID/ HCTZ 25 MG QAM.
5.Transfer to CCDC restored to competency if full panel concurs.

Discharge Diagnosis:

Type Of Diagnosis: ***Discharge*** Date of Diagnosis: ***2/8/2017***

Primary	F25.0	Schizoaffective disorder, bipolar type

ICD-10 Diagnosis:

DATE OF ADMISSION: 11/10/2016 **DATE OF DISCHARGE:** January 19, 2017

TYPE OF DISCHARGE: IP-Completed IP MH/SA Treatment

ranking_value	Status	icd_code	clinical_search_term	data_entry
Primary	Working	F25.0	Schizoaffective disorder, bipolar type	2/15/17
Primary	Active	F25.0	Schizoaffective disorder, bipolar type	11/16/16
Secondary	Active	F12.21	Cannabis use disorder, moderate, in early remission, in controlled environment	11/16/16
Secondary	Rule-out	F60.2	Antisocial personality disorder	11/16/16
Secondary	Active	G40.909	Seizure disorder	11/16/16
Secondary	Active	I10	HTN (hypertension)	11/16/16
Secondary	Active	J45.909	Asthma	11/16/16
Primary	Active	F31.9	Bipolar disorder	11/10/16
Secondary	Active	G40.909	Seizure disorder	11/10/16
Secondary	Active	I10	Hypertension	11/10/16
Secondary	Active	R73.03	Pre-diabetes	11/10/16
Secondary	Active	J45.909	Asthma	11/10/16
Secondary	Active	D57.1	Sickle cell anemia	11/10/16
Primary	Active	F31.9	Bipolar disorder	11/10/16

Electronically signed:
Completed by: _____ Date: 2/15/2017
DANIEL SUSSMAN, CONTRACT PSYCH Time: 09:17 PM

Psychiatric Evaluation

Program: STEIN Forensic Inpatient Adult
Admission Date: 11/10/2016
Evaluation Date: 11/10/2016

Episode: 7
Discharge Date: 01/19/2017
Report Status: Final

General Information

Source of Information:

Information was obtained from chart, patient, staff, old record.

Information Reliability:

Information is deemed to be reliable.

Identification:

42 year old AA F with history of psychosis who presents to Stein on charges of burglary and obtaining/using personal info of another.

Chief Complaint:

"Just been hearing voices and seeing things."

Requires Hospitalization:

Yes

Patient History

Presenting Condition:

Angela describes recent AH of a girl's voice saying messages of "Don't talk to those people" heard frequently throughout the day and began in childhood. She endorses VH of seeing this girl in jail and earlier sitting at table in this hospital. She also feels that "cameras are everywhere" and she endorses the sensation of being watched at times. She describes her recent mood as "depressed" and has recent stressors of her mother being sick and being incarcerated. She has very poor sleep described as 5 hours every 3 days for the past year. She endorses having poor concentration but normal energy and appetite; she denies recent SI/HI but claims to have thoughts of suicide about 3 weeks ago with no plan. She endorses having periods of apparent mania which last up to one week and feature irritable/angry moods, rapid thoughts/speech, no sleep, and excessive goal-directed energy such as cleaning.

Psychiatric History:

7 previous inpatient hospitalizations with longest 11 months in duration, describes previous diagnoses of PTSD, Personality disorders, and anxiety/panic, endorses 10 previous suicide attempts (most recently 12 years ago via cutting wrist), and endorses self-harm of cutting her wrists, hitting her head, and clenching her teeth until they loosen and fall out.

Medical History:

Seizure D/O, HTN, Pre-DM, Asthma, claims h/o cancer with hysterectomy

Social/Family History:

From Fallon, NV and raised in Delaware, moved to Las Vegas in 1989, recently living with mother in an apartment, endorses physical, sexual, and mental abuse in childhood, married once starting in 1996 and still currently married but husband is on death row, no children, sister and father schizophrenia, sister with previous SA

Educational/Vocational/Occupational History:

some college but in special ed classes, last worked in 1997 at Taco Bell

Legal History:

estimates >30 arrests in lifetime but claims that she has "not many convictions" but had a lengthy jail stay from 1999-2008 for manslaughter, denies current access to firearms

Medications and Substances

Comments on Psychotropic Meds:

endorses successful use of Thorazine, Haldol, and Seroquel; Risperdal causes lactation, trazodone used in past, recently taking mirtazapine and buspar

Comments on Non-Psychotropic Meds:

Keppra, HCTZ, Dilantin, Albuterol PRN

Comments on Addictive Substances:

Allergies:

NKDA`

Adverse Reactions:

Addictive Behavior

Substance Abuse History:

denies cig use, endorses drinking alcohol 1-2 times per year, smoked marijuana daily prior to hospitalization and began at age 5, endorses rehab in 1994 for cocaine, used meth for about one month in the remote past, tried PCP, denies other drug use, denies all previous w/d symptoms

Addictive Behaviors:

denies

Mental Status Exam

Appearance, Behavior, Affect and Mood:

Well developed AA F, sitting upright wearing hospital pajamas, fair hygiene/grooming with unruly hair, eye contact is appropriate, speech is regular r/r/v, non-pressured, Mood is "Anxious" and affect is slightly congruent, full but generally euthymic

Thought Content/Process:

linear, logical, goal-directed, denies SI/HI or devaluation of her life, endorses AH/VH of a young girl seen and heard earlier today, endorses paranoia regarding surveillance by cameras, denies other delusions

Level of Conciousness/Orientation:

awake and alert, oriented to person, place, date, and situation, spells WORLD accurately forward and backward

Memory Function:

good recall of recent and remote past events, 3/3 word recall after 3 minutes, names Obama as president

Intellectual Function:

Below Average intelligence based on education, decent fund of knowledge

Judgement/Insight/Impulse Control:

fair insight into condition and treatment options, fair judgment in accepting help for ongoing problems

Assests in Descriptive (Not Interpretive) Fashion:

"I'm genuine" and "I'm funny", pt is able to make needs known and is willing to take medications

Diagnosis

Type of Diagnosis: Admission *Date of Diagnosis:* 11/10/2016

RANKING	STATUS	CLASSIFICATION	ICD-10	DESCRIPTION/SPECIFIERS	DATE	TIME
1 Primary	Working	Mental Health	F25.0	Schizoaffective disorder, bipolar type	02/15/2017	21:17

Initial Treatment Plan

Continue current hospitalization based on court order.

Medications: Zyprexa 10mg PO QHS for psychosis; R/B/SE/A discussed with pt who is agreeable with current plan and has no previous experience/opinion of Zyprexa.

H&P reviewed with Seizure Disorder, Asthma, HTN, and Pre-DM identified as medical issues, internist to assist in management of medical problems; Keppra 500mg PO BID, Dilantin ER 200mg PO QHS, HCTZ 25mg HS, and Albuterol PRN

Discharge planning per unit SW with input from treatment team and court orders with consideration of need for ongoing mental health treatment in the community.

Case to be discussed with attending Dr. Sussman.

Jason Castillo DO PGY3

Electronically signed.
Completed by: **SN - JASON CASTILLO, RESIDENT** Date: **11/10/2016** Time: **07:14 PM**
Reviewed by: **ST - DANIEL SUSSMAN, CONTRACT PSYCH** Date: **11/16/2016** Time: **05:29 PM**

Identifying Information 1

Draft/Final Designation: Final

Assessment Date: 11/10/2016

Date Of Birth 1974

Gender: Female

Race: African American

Source Of Information: Self, Police, Other (specify)

Other Source Of Information Comments: court doc, psycg evasl

Understands/Speaks English: Yes

Primary Language: English

Requires an interpreter: No

Religion/Spirituality: Other (explain)

Explain Other Religion/Spirituality: Christian

Emergency Contacts

Name: Denise Hall mother

Phone: 702-752-4645

Release Of Information: No

Emergency Contacts

Name: Kenya Hall brother

Phone: 702-406-5801

Substance Use

Substance: Yes

Substance: Alcohol

Method: Oral

Last Used: 6/16

Pattern Of Use: occassional

Age Of First Use: 5

Substance Use

Substance: Yes

Substance: Cannabis

Method: Smoke

Last Used: 6/2016

Pattern Of Use: daily

Age Of First Use: 5

Substance Use

Substance: Yes

Substance: Cocaine

Method: Smoke

Last Used: age 25

Pattern Of Use: regularly

Age Of First Use: 9

Substance Use

Substance: Yes

Substance: Hallucingens

Method: Oral

Last Used: years

Pattern Of Use: 2 times

Age Of First Use: 20

Problem / Support

PRESENTING CONCERNS:

Angela was admitted on 11/10/16 to Rawson Neal Stein Hospital for evaluation and treatment to competency on NRS 178.425. She was transferred from Clark County Detention Center (CCDC) with charges of Possession of a controlled substance. MHC reviewed clients court order, psychiatric evaluations, consents. This is Angelas first admission to Rawson Neal Stein Hospital.

Social History

Marital Status (enter changes in PM - "Update Client Information"): Married

Number Of Times Married: 1

Number Of Times Divorced: 0

Status Of Other Adult Relationships: Has significant other - live separately

Additional Information/Comments Regarding Relationships:

Angela has been married for 20 years but separated for 15 years. She has been engaged for 1 1/2 tears to another man.

Sexual Orientation (Optional): No information

Is Patient Homeless: No

Patient Resides In: Apartment / Duplex

Patient Lives With (Check All That Apply): Parent(s)

Do you have children?: No

Abuse / Neglect: Denied

Do You Feel Unsafe From Other Occupants In Your Home: Yes

Are You Currently Afraid Of Anyone: No

Is There Evidence Of Neglect By A Caregiver: No

Family History

Patient Describes Family As: Dysfunctional

Patient Was Primarily Raised By: Biological mother, Other (specify)

Other Primary Person who Parented Patient:

she just met her father recently

Did Patient Have A Close Relationship With Adult Caretaker: Yes (specify)

Close Relationship With: Mother

Number Of Half Siblings: 3

Biological Parents Relationship Status: Never married and never lived together

Did Patient Have Any Severe Childhood Illness Or Injury: Yes (Specify)

Childhood Severe Injury or Illness Comments:

sickle cell anemia

Childhood Abuse or Neglect: Yes (specify)

Type Of Childhood Abuse: Verbal/Emotional, Physical, Sexual

Childhood Abused By: Step-parent(s), Other (specify)

Other Abusers: step grandfather and step father

Additional Abuse Comments:

sexually abused from age 5 to 12 years by step grand father and physically abused by step father

Education/Vocation

Education History: High School

Academic Performance: Special education

School Related Behavior: Unknown

School Clubs/Sports/Extracurricular: Did not participate

Peer Interactions: Unknown

Current Employment Status: Unemployed (explain)

Reason For Unemployment: On SSI/SSDI (how long)

Length Of Time On SSDI (Months): 200

Was In The Military: No

Financial Resources: No

Addictions

Substance Dependence Treatments: Yes

Substance Dependence Treatments, When: Previous treatment

Condition(s) Of Previous Treatment: Voluntary

Previous Treatment, When?: 1990

Methadone Treatment: No

Denies History Of Abuse/Dependence: No

Longest Time Of Being Drug/Alcohol Free: 6 months

Approximately When Was Period of Sobriety: incarceration

Participation in AA/NA//Rational Recovery: Past

Was The Longest Period Of Sobriety During Institutionalization: Yes

Family History Of Drug/Alcohol Problems: Unknown

Gambling Frequency: None

Legal Problems

Legal Problems: Yes

Convictions: Yes

Specific Convictions: Violent felony, Other (specify)

Other conviction(s) Comments:

theft and forgery

Convicted As: An adult

Sentence(s) Included: Prison

Current Status: No current problems

Does Patient Have A Payee: No

Guardian: No

Legal Documents On File: Yes

Does Patient Have An Advanced Directive: No

Advanced Directive Given To Client: Yes

Legal Problem Comments:

Angela was admitted to the Stein Hospital Forensic Unit for treatment to competency and evaluation for competency.

Strengths and Weaknesses

Patient Is In Good Health With No Limitations Or Restrictions: No

Patient Demonstrates The Ability To Focus And Concentrate: Yes

Patient Maintains Physical Appearance And Hygenic: Yes

Patient Demonstrates Ability To Cooperate With The Interview: Yes

Patient Is Oriented To Reality: Yes

Patient Views Him/HerSelf As Important/Deserving: Yes

Patient Is Able To Identify Strengths Related To Leisure Involvement: No

Patient States Suicidal Ideation: No

Patient Expresses Affect Appropriate For The Setting: Yes

Patient Is Able To Express Needs and Emotions: Yes

Patient Has A Good Employment History: No

Demonstrates Insight And Motivation For Treatment By Actively Participating In Treatment: Weakness

Is Compliant With Medication: Weakness

Demonstrates Intelligence And/Or Verbal Skills As Evidenced By Capacity To Learn And Integrate Treatment Strategies: Weakness

Patient Possesses Good Physical And Dental Health: Weakness

Is Free From Drug Or Alcohol Abuse/Dependence: Weakness

Demonstrates Positive Social Coping Skills: Weakness

Has Strong Social Support System: Strength

Knows Community Resources And Services: Weakness

Has Stable Housing: Strength

Has Employable Work Skills: Weakness

Is Financially Stable: Weakness

Preferred Learning Methods: Multi-methods

Educational Needs: Physical/Sexual Abuse, Drugs and/or Alcohol, Medication Compliance, Health Education, Social Interaction Skills

Readiness To Acquire Skills Through Learning: Medication Clinic, Service Coordination, Counseling

Barriers To Learning: Mental/Physical Challenge, Depression, Psychosis, Disorganization, Beliefs/Values, Psychosocial Stressors, Medical

Ability To Learn: Below Average

Psychosocial Needs

Psychiatric Needs: Yes

If Yes, Describe:

Evaluation for competency, mental health treatment upon diagnosis

Medical Needs: Yes

If Yes, Describe:

Refer to H&P

Substance Abuse Needs: Yes

If Yes, Describe Substance Abuse Detail:

aftercare treatment for history of polysubstance abuse

Financial And Housing Needs: Yes

If Yes, Describe:

was on SSDI prior to arrest need reinstatement

High Risk Psychological Problems: Financial, Relationships, Limited education, Social problems, Medical illness, Drug/Alcohol

High Risk Psychological Problems Comments:

Plan of care by psychiatrist is identified in psychiatric evaluation. Nursing plan is identified in nursing assessment. Social work plan is identified and includes patient being educated about her current charges and court proceedings, and will monitor legal status.

Is Client Being Discharged Out Of State: No

Discharge Living Arrangement: Incarceration

Psychosocial Needs Comments:

Treatment team to coordinate discharge plans for Angela per Clark County Court order. Barriers to discharge: stabilization, psychiatric treatment, and evaluations. Cynthia Gad, MHC II

Discharge Appointment

Discharge Appointment :

RECOMMENDATION
The treatment team to coordinate discharge plan for Angela per CCDC. Barriers to discharge: competency, psychiatric treatment, evaluations and stabilization. Based on psychosocial assessment and psychiatric evaluation it is recommended that Angela be discharged to Clark County upon determination of competency. It is recommended that Angela receive aftercare services with SNAMHS or an appropriate outpatient provider upon resolution of her criminal case. Cynthia Gad, MHC II

NEVADA ADULT MENTAL HEALTH SERVICES

Medication Reconciliation Report

Current Medications

Client: THOMAS,ANGELA COLLEEN Patient ID: 240414

Episode: 7 - STEIN Forensic Inpatient Adult Admit: 11/10/2016 Disch:

Date of Birt 1974 **Address:** 2217 KAPLAN WAY APT #2 1401 N LAMB BLVD #244 Las Vegas , NV 89106

10/9/2017

Allergies

Environmental Allergies	Food Allergies	Other Allergies
No:	No:	No:

Comments:

ROUTINE MEDICATIONS (Psych)

Medication	Dose	Frequency	Route
Seroquel	100mg	Q Bedtime	Oral

Comments: psychosis

AS-NEEDED MEDICATIONS (Psych)

Medication	Dose	Frequency	Route

NEVADA ADULT MENTAL HEALTH SERVICES

Medication Reconciliation Report

Current Medications

Client: THOMAS,ANGELA COLLEEN Patient ID: 240414

Episode: 7 - STEIN Forensic Inpatient Adult Admit: 11/10/2016 Disch:

Date of Birth: 1974 **Address:** 2217 KAPLAN WAY APT #2 1401 N LAMB BLVD #244 Las Vegas , NV 89106

10/9/2017

DISCONTINUED MEDICATIONS (Psych)

Medication	Dose	Frequency	Route
Abilify Comment: for psychosis	10mg	Q Day	Oral
Cogentin Comment: for EPS	1 mg	As Needed Twice a Day	Oral
Cogentin Comment: for EPS	1.5 mg	BID	Oral
Hydroxyzine Comment: for anxiety	25 mg	As Needed Every 6 Hours	Oral
Hydroxyzine Comment: for anxiety	50 mg	As Needed Every 6 Hours	Oral
Latuda Comment: psychosis	40 mg	Q AM	Oral
Seroquel Comment: PSYCHOSIS	200MG	BID	Oral
Seroquel Comment: psychosis	200mg	Every Day - 8AM	Oral
Seroquel Comment: Psychosis	200mg	Q Bedtime	Oral
Seroquel Comment: psychosis	300mg	Q AM	Oral
Seroquel Comment: psychosis	400mg	Q Bedtime	Oral
Seroquel Comment: psychosis	600mg	Q Bedtime	Oral
Thorazine Comment: Psychosis/Insomnia	100 mg	BID	Oral
Trazodone Comment: insomnia	100mg	As Needed Bedtime	Oral
Trazodone Comment: INSOMNIA	200 MG	Q Bedtime	Oral

NEVADA ADULT MENTAL HEALTH SERVICES

Medication Reconciliation Report

Current Medications

Client: THOMAS,ANGELA COLLEEN Patient ID: 240414

Episode: 7 - STEIN Forensic Inpatient Adult Admit: 11/10/2016 Disch:

Date of Birth: 1974 **Address:** 2217 KAPLAN WAY APT #2 1401 N LAMB BLVD #244 Las Vegas , NV 89106

10/9/2017

Trazodone Comment: Insomnia	50mg	As Needed Bedtime	Oral
Zyprexa Comment: for psychosis	10 mg	Q Bedtime	Oral

NEVADA ADULT MENTAL HEALTH SERVICES

Medication Reconciliation Report

Current Medications

Client: THOMAS,ANGELA COLLEEN Patient ID: 240414

Episode: 7 - STEIN Forensic Inpatient Adult Admit: 11/10/2016 Disch:

Date of Birth 974 **Address:** 2217 KAPLAN WAY APT #2 1401 N LAMB BLVD #244 Las Vegas , NV 89106

10/9/2017

ROUTINE MEDICATIONS (Non-Psych)

Medication	Dose	Frequency	Route
Diflucan Comments: after the Doxycycline and Flagyl are completed for possible yeast(due on 01/21/17)	150 mg Q day x 1	Other Unlisted	Oral
Dilantin Comments: seizures	ER 100 mg	Q AM	Oral
Dilantin Comments: seizure disorder	ER 200 mg	Q Bedtime	Oral
Doxy-cyclin Comments: x 2 days for vaginitis	100 mg	Twice A Day - 8am and 9pm	Oral
Flagyl Comments: x 2 days for vaginitis	500 mg	Twice A Day - 8am and 9pm	Oral
Hydrochlorothiazide Comments: for hypertension (hold is SBP is less than or equal to 100 mmHg	25 mg	Q Day	Oral
Keppra Comments: seizure disorder	500 mg	Twice A Day - 8am and 9pm	Oral
Neurontin Comments: pain	600mg	BID	Oral

AS-NEEDED MEDICATIONS (Non-Psych)

Medication	Dose	Frequency	Route
Albuterol Comments: for SOB	90 MCG (2 puffs)	As Needed Every 6 Hours	Inhaled

NEVADA ADULT MENTAL HEALTH SERVICES

Medication Reconciliation Report

Current Medications

Client: THOMAS,ANGELA COLLEEN Patient ID: 240414

Episode: 7 - STEIN Forensic Inpatient Adult Admit: 11/10/2016 Disch:

Date of Birth: 1974 **Address:** 2217 KAPLAN WAY APT #2 1401 N LAMB BLVD #244 Las Vegas , NV 89106

10/9/2017

DISCONTINUED MEDICATIONS (Non-Psych)

Medication	Dose	Frequency	Route
Analgesic Cream	apply TID PRN	Other Unlisted	

Comments: KNEE PAIN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 02/11/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:06 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 60 Svc Code: 103 Date of Group Svc: 01/18/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 02/11/2017

Note: LATE ENTRY- DATE OF SERVICE 1/18/17
Name: Angela Thomas 240414
Age: 43 /74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Abilify 10 QD/ Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE,"like Latuda, my attitude is clear. Feels "much better. No S/Sx of SS crisis.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4à 6.7

MSE:
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good ", euthymic, full. No PDW/SI/HI.
Thought process /content: Denies Del/AH/VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.Transfer to CCDC 1/19/17- Found competent by panel.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 02/11/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:05 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 60 Svc Code: 103 Date of Group Svc: 01/16/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 02/11/2017

Note: LATE ENTRY- DATE OF SERVICE 1/16/17
Name: Angela Thomas 240414
Age: 43 '74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
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Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Abilify 10 QD/ Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Requests Vistaril at 1500. QTc 441. No c/o.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4à 6.7

MSE:
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good ", euthymic, full. No PDW/SI/HI.
Thought process /content: Denies Del/AH/VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.Transfer to CCDC 1/17/17- Found competent by panel.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/19/2017

Written by: SN - HILDA DIAS, PN II at 02:46 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/19/2017
Note: D= NURSING NOTE; PT DISCHARGED TO CCDC ON 1/19/16 AT 1435
A=DISCHARGED TO CCDC WITH ALL PROPERTY ACCOUNTED FOR AND SIGNED FOR NO MEDICATION ON TRANSFER PT HAS NORMAL AFFECT VERBALIZES UNDERSTANDING OF TRANSFER INSTRUCTIONS.
P=DISCHARGE AS PER PLAN OF TREATMENT PT ESCORTED TO THE INTAKE UNIT WITH FORENSIC TEC IN ATTENDANCE AND HANDED OVER TO METRO PT WAS PUT IN SHACKLES AND WAS TRANSPORTED WITH METRO VAN AT 1435 WITH ALL PROPERTY AND REQUIRED PAPER WORK.

Written by: SN - JESSIE JOHNSON, PN II at 06:27 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/19/2017
Note: D-Angela is a 42 year old female admitted for Schizoaffective Bipolar type. She is on q 15 monitoring for seizure and fall precautions. She was visible in the evening interacting with peers and playing cards with peers. Has a brighter affect. Groomed in street clothes with good hygiene. Able to verbalize needs.
A-Alert, coherent, calm and polite. Mood "Good" and affect is brighter. Denies any symptoms at this time. Insight and judgement improved. Responding well to the treatment. Speech with normal tone. Medication compliant and denies any side effects at this time.Client has dilantin level to be drawn this AM and also has an order to be transferred to CCDC. She slept well during this shift. Denies any complaints.
P-Continue monitoring for safety/fall and seizure precautions. No seizure activity noted at this shift. Continue current treatment plan. Review goals with her. Monitor for changes in behavior and for effects of medications. Provide safe environment.
Jessie Johnson PNII
1/19/17

Date Written: 01/18/2017

Written by: SN - EDNA HERNANDEZ, PN II at 04:28 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/18/2017
Note: D: Angela is a 42 year old female, currently treated for Schizoaffective Bipolar Disorder. Patient is alert, oriented x 3, ambulates with steady gait, good eye contact, clear speech, fair hygiene, able to do ADL's. Patient took scheduled morning medications, meals and snacks. Patient is visible, watching tv in the dayroom, social with select peers, cooperative, reports good mood, fair affect, good insight/judgment. Patient denies auditory/visual hallucination, denies self-harm, denies SI, HI intent or plan.
A: Patient is compliant with medication and diet regimen. Medication teachings provided, and the risk of combining non-prescription medications and alcohol with treatment regime discussed. Provided education on symptom management. Patient shows progress towards meeting treatment plan goals.
P: Continue q 15 min. monitoring for seizure/fall risk precauton per MD order. Continue treatment plan as ordered. Monitor changes in behavior, evaluate effectiveness of medications, observe for adverse/side effects of medications. Provide daily interactions with patient. Provide patient a safe, therapeutic, non-threatening environment. EHernandez PNII 01/18/17

Written by: SN - JAMES KANDLIK,PN III at 12:14 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/18/2017
Note: D Ms. Thomas attended treatment team today. She reported her mood and attitude as "good." She denied bothersome symptoms of her mental illness and reported doing well on Latuda. She had pleasant polite interaction during team
A altered thought content (stable)
P continue to assess, encourage ongoing participation, education
James C Kandlik RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/18/2017

Written by: SN - JESSIE JOHNSON, PN II at 06:19 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/18/2017
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q15 monitoring for safety. Groomed in street clothes with good hygiene. Showered this evening and Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV and playing cards with peers. Interacting with peers appropriately making jokes. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift. She is on kepra for seizures.

A-Alert, coherent. Reports her mood is good. Her affect was brighter. Denies suicidal or homicidal ideations at this time. Not responding to internal stimuli. Good insight and fair judgement. Medication compliant and denies any side effects. Rested in her room with eyes closed for 7 hrs. No behavioral problem noted at this time.

P- Continue to monitor for safety and suicidal prevention. Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
1/18/17

Date Written: 01/17/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:37 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 180 Svc Code: 229 Date of Group Svc: 01/17/2017
Note: Submitted Competency Evaluation Report to Medical Records today.

Written by: SN - SULEKHA POLAKI, PN II at 02:21 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/17/2017
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is placed on q 15 mi ns observations for seizures and fall risk as per protocol. Alert and oriented to time, place, name, & situation. Participated in group activities. Visible in day area/unit watching TV, interactive with staff & peers. Has a blunted affect. Gait is steady. Able to do ADLs by herself with no assistance from staff. Follows staff instructions and cooperative with daily routines. States that she feels better and that her arms are feeling good Vistaril 50 mg po given at 0749 for anxiety effective. Dilantin level done today. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ, possible yeast infection and is being treated with flagyl and doxy.
A: Speaks clearly, coherent, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: ST - GREGORY BROWN, CONTRACT PSYCH at 11:14 AM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 150 Svc Code: 229 Date of Group Svc: 01/17/2017
Note: outside consultant evaluation submitted.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/17/2017

Written by: SN - TRAN LAI, PN I at 05:18 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/17/2017

Note: D-ANGELA IS A 42 YEAR OLD FEMALE DIAGNOSED WITH SCHIZOAFFECTIVE BIPOLAR DISORDER. RECEIVED PATIENT LYING ON HER BED SLEEPING WELL. PATIENT IS BREATHING NORMALLY AND NOT IN ANY FORM OF DISTRESS.

A- SHE REMAINED IN HER ROOM MOST PART OF NIGHT. NO COMPLAINTS RECEIVED DURING THIS SHIFT. MONITORED HER EVERY 15 MINUTES FOR SAFETY DURING NIGHT SHIFT.

P-CONTINUE CURRENT TREATMENT PLAN AND REVIEW GOALS WITH CLIENT. CONTINUE MONITORING FOR SAFETY, CHANGES IN BEHAVIOR AND FOR EFFECTS OF MEDICATIONS. PROVIDE SAFE THERAPEUTIC ENVIRONMENT. EDUCATE CLIENT ON MEDICATION COMPLIANCE, SYMPTOM MANAGEMENT AND RISKS OF COMBINING DRUG AND ALCOHOL WITH PRESCRIPTION MEDICATION.

TRAN LAI RN 1/17/2017

Date Written: 01/16/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 09:58 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 01/14/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

Note: LATE ENTRY- DATE OF SERVICE 1/14/17
Name: Angela Thomas 240414
Age: 43 /74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Abilify 10 QD/ Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, AE- "restless" d/t Abilify. Denies AE c/o wrt Geodon ("would rather be on Geodon"). Dr. Khan switched Geodon to Abilify likely d/t QTc concerns. Visible, interactive, no pain c/o. Seen by other 2 comp evaluators.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE: Seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good ", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses paranoia & AH ("Shimone") yesterday but not today; denies VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

3.Change Abilify to Latuda 40 mg QAM.
4.12 lead EKG. Cardiac hx: mild murmur (?d/t patent foramen ovale).
5.I found pt. competent today- performance was sharp procedurally.
Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 09:57 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 01/11/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

Note: LATE ENTRY- DATE OF SERVICE 1/11/17
Name: Angela Thomas 240414
Age: 4: '74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. c/o calf pain and leg discoloration. On Rx for vaginitis. Some att'n seeking. Dr. Divalay will evaluate for competence today.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE: Seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "not doing good, hurting a bit.", dysphoric, sl. constricted. No PDW/SI/HI.
Thought process /content: Endorses paranoia and return of AH ("Shimone back") denies VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.Add Geodon 60 BID.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/16/2017

4.I will evaluate for competency this week.
Daniel Sussman, MD, Esq.

Written by: SN - CONCEPCION CALVELO, PN II at 01:44 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/16/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,VISIBLE/INTERACTING WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALMER TODAY,DENIES SI/HI.MOOD AND AFFECT IMPROVING.FAIR GROOMING,POOR INSIGHT.NOT AGITATED.T 98.0,P 77,R 18,BP 123/88.ON DILANTIN,KEPPRA,HCTZ,DOXICYCLINE,FLAGYL,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH SCHIZOAFFECTIVE DOS/RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Written by: SN - DONNA MAGUEFLOR, PN II at 05:09 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/16/2017
Note: D> Receive Mrs. Angela Thomas in day room at 1900. After, change of shift report was given, introductions were made with Mrs. Angela Thomas. No aggression, outburst, agitation or behavior issues to note during this nurse shift on stein g-h. Mrs. Angela Thomas was med compliant and received all scheduled QHS medications. PRN medications given during this nurse shift on stein g-h are Tylenol 650 mg po and vistaril 50 mg po prn. Mrs. Angela Thomas stayed quiet in the room after lights out. Affect was blunt. Mood was appropriate.
Observe Mrs. Angela Thomas with the following behavior: quiet, calm, cooperative and keeps to self.
Denies SI/HI/AVH.
Note Mrs. Angela Thomas is a fall risk. Mrs. Angela Thomas wearing non skid socks and all items were removed from the floor to prevent any falls.
Able to do all ADL's and move all extremities without difficulty. Clear lung sounds bilaterally/respirations were even and unlabored. No apparent physical distress/discomfort noted. No additional complaint/concern noted when asked. Steady Gait.
A>
Has been provided throughout the day on education on symptom management, medication and alcohol/drug interactions. Environmental rounds were done for Mrs. Angela Thomas safety. Daily implementation of treatment plan. Mrs. Angela Thomas was encourage to verbalize needs/concerns about care.
P> Continue to monitor for Q15 for observation and safety per MD order. Continue treatment plan. Monitor changes in behavior/effectiveness of medication. Will provide daily interaction. Will redirect as needed. Will help Mrs. Angela Thomas to become more goal oriented and competent. Provide a safe and therapeutic environment. Endorsed to incoming nurse for continuity of care.
~Donna Joy Abram, RN 01.16.2017

Date Written: 01/15/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/15/2017

Written by: SN - CONCEPCION CALVELO, PN II at 02:52 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/15/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,VISIBLE/INTERACTING WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.ANXIOUS,ASKING FOR THE LATUDA WHICH WAS ORDERED TODAY.A LITTLE HYPER,ASKED FOR VISTARIL,DENIES SI/HI.NOT AGITATED.NOT NAUSEOUS,ATE BREAKFAST AND LUNCH,MOOD IMPROVING.POOR INSIGHT.ON DILANTIN,KEPPRA,DOXICYCLINE,FLAGYL,HCTZ FOR MEDICAL PROBLEMS.
A..ADMITTED WITH SCHIZOAFFECTIVE DOS.RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15OBSERVATION ORDER PER MD FOR FALL/SEIZURE PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.VISTARIL PRN MED WITH GOOD RESULT.EKG DONE,PLACED IN MEDICAL BOARD AND PSYCHE BOARD FOR EVALUATION.

Written by: SN - DONNA MAGUEFLOR, PN II at 05:07 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/15/2017
Note: D> Receive Ms. Angela Thomas in room, laying on bed with eyes closed at 2300. No aggression, outburst, agitation or behavior issues to note during this nurse shift on Stein G-H. No scheduled medications given but PRN medications given during this nurse shift was at 0050, some Tylenol 650 mg po prn for migrane and Zofran 4 mg po prn for nausea. Ms. Angela Thomas stayed quiet in the room. Came out for bathroom breaks zero times. 24 hour chart checks done. Stayed in room all night.
Note Ms. Angela Thomas is a fall risk. Ms. Angela Thomas wearing non skid socks and all items were removed from the floor to prevent any falls.
Able to do all ADL's and move all extremities without difficulty. Clear lung sounds bilaterally/respirations were even and unlabored. No apparent physical distress/discomfort noted. No additional complaint/concern noted when asked. Steady Gait.
A>
Has been provided throughout the day on education on symptom management, medication and alcohol/drug interactions. Environmental rounds were done for Ms. Angela Thomas safety. Daily implementation of treatment plan. Ms. Angela Thomas was encourage to verbalize needs/concerns about care.
P> Continue to monitor for Q15 for observation and safety per MD order. Continue treatment plan. Monitor changes in behavior/effectiveness of medication. Will provide daily interaction. Will redirect as needed. Will help Ms. Angela Thomas to become more goal oriented and competent. Provide a safe and therapeutic environment. Endorsed to incoming nurse for continuity of care.
~Donna Joy Abram, RN 01.15.2017

Date Written: 01/14/2017

Written by: SN - NYA TROKPAO, PN II at 09:51 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/14/2017
Note: D>> Angela is a 42 yo, admitted with diagnosis of schizoaffective of bipolar disorder. At start of 3p shift, client is awake and alert. Client is visible on unit. Interactive with staff and peers. Makes needs known. Denies auditory/visual hallucinations. Scheduled for 12 lead EKG later tomorrow. Abilify discontinued and started on Latuda 40 mg po for psychosis. At 8p, snacks were offered as scheduled. The following medications were administered: Doxycycline 100 mg po for vaginitis, Flagyl 500 mg po for vaginitis, Dilantin ER 200 mg po for seizures, Seroquel 600 mg po for psychosis, Trazodone 200mg po for insomnia, Keppra 500 mg po for seizure d/o, Neurontin 600 mg po for pain, and PRN Vistaril 50 mg po for anxiety. Medications effective. Client is presently resting well in room. Respirations unlabored and within normal range. Client in no acute distress at this time. No issues during shift.
A>> Altered thoughts/mood.
P>> Q15 min observation for safety. Provide a safe and therapeutic environment. Administer medications as scheduled. Continue current treatment plan.
Nya Trokpao PNII

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/14/2017

Written by: SN - JOSEFINA DAZA, PN III at 10:18 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/14/2017
Note: D. ANGELA IS A 42 YEAR OLD FEMALE PATIENT, ADMITTED IN THE UNIT WITH AXIS 1- SCHIZOAFFECTIVE DISORDER. PATIENT IS VISIBLE IN THE UNIT, QUIET ANS CALM. PATIENT IS MEAL AND MEDICATION COMPLIANT. B/P- 124/88. A. NO DELUSIONAL THOUGHT VERBALIZED TO MORNING. P. CONTINUE WITH Q 15 OBSERVATION FOR SEIZURE AND FALL PRECAUTION, NO FALL OR SEIZURE NOTED AT THIS TIME. MEDICATE AS PRESCRIBED BY MD. CONTINUE WITH CURRENT TREATMENT PLAN AND MEDICATE AS PRESCRIBED BY MD. MONITOR EFFICACY OF MEDICATIONS, SIDE EFFECTS IF ANY, CHANGE IN BEHAVIOR OR MOOD AND REPORT WILL BE GIVEN TO INCOMING SHIFT FOR CONTINUITY OF CARE. JDAZA,PN11

Written by: SN - REYNALDO GO, CONTRACT RN at 12:31 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/14/2017
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is on 15 observation. She still on seizure and fall precaution. No seizure or fall reported. No prn was given or requested on my shift. Patient has no behavioral and medical issues noted/reported.
A-She was sleeping with unlabored nor in any form of distress noted. No complaints at this time.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of care- Reynaldo M Go Rn 01/14/17

Date Written: 01/13/2017

Written by: SN - SULEKHA POLAKI, PN II at 08:24 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/13/2017
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15mins observations for seizures and fall risk as per protocol. Alert and oriented to time, place, name, & situation. Visible in day area/unit watching TV in the day room, interactive with staff & peers. Stated that she is hearing voices telling her this morning to assault one of the forensics but stated that she will not do it. At about 1700 it was reported by the MHT that she pulled the patient's rights bulletins from the walls and threw them in the trash can. She was delusional and made statements such as "Angela is a bitch." and says that her name is Shannon and that she is not Angela .Offered her PRN's she at first declined but later asked for them. Vistaril 50 mg po given at 1745which was effective. She went back to her room and slept for some time, took her night medications and stated that she feels better now. Gait is steady. Able to do ADLs by herself with no assistance from staff. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ.
A: Speaks clearly, euthymic, social, and appropriate. Has a brighter affect. Denies SI-HI-stated that she hears voices. No changes with current medication.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/13/2017

Written by: SN - HILDA DIAS, PN II at 11:10 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/13/2017
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS INTERACTION WITH STAFF AND PEERS WATCHING TV SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DID TAKE TYLENOL FOR PAIN AND VISTARIL FOR ANXIETY

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT FLAT FAIR GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Written by: SN - ELMER PASCUA, PN II at 12:59 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/12/2017
Note: D: Angela is on q 15 observation for safety r/t fall/seizure risk. She is visible on the unit, social and interacting well with peers and staff. Bright, "good" mood, making jokes and laughing with peers and staff. Pleasant, polite, calm and cooperative. Appears kempt, good grooming, showered in the evening. No inappropriate behavior. No aggression or disruptive behavior.
A: Medication compliant. Requested for PRN Tylenol 650 mg for c/o migraine given at 2005, effective. No reported/noted side/effects from medications. Encouraged to continue compliance with treatment regimen. No seizure-like activity. No fall episode. Maintained on fall/seizure precaution. Environmental rounds done to ensure no pointed/sharp objects on Angela's surroundings to prevent potential injury. Reviewed and implemented treatment plan. In her room sleeping as of writing, in no acute distress.
P: Continue on Q 15 observation for safety as ordered. Provide safe and therapeutic environment. Administer medications, evaluate efficacy, monitor for adverse/side effects notifying MD if any. Continue with treatment plan. Continue to monitor for changes in mood and behavior. Endorse to incoming shift for continuity of care. E. Pascua, PN II

Date Written: 01/12/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/12/2017

Written by: SN - HILDA DIAS, PN II at 11:29 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/12/2017
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS WATCHING TV SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT FLAT FAIR GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 01/11/2017

Written by: SN - REYNALDO GO, CONTRACT RN at 11:00 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/11/2017
Note: D- Angela T. is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV, social,happy,interacting with peers. She was seen dancing with music with peer in the dayroom. Patient denies AH/VH. Patient is pleasant, polite, cooperative and medication compliant.
A- She had no behavioral and medical issue at this time. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 01/011/17

Written by: SN - SULEKHA POLAKI, PN II at 03:58 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/11/2017
Note: Progress notes:
D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. Patient is on q 15 mins observations for seizure and fall precautions. She took all her po medications without any difficulty. She ate all her meals and snacks. Grooming and hygiene is fair. Eye contact is fair. Speech is clear and coherent. Ambulates with steady gait. C/o discoloration on her right leg seen by the MD no new orders given. Denies SI/HI/VH/AH. Seen playing table games with selective peers on the unit. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB, history of sickle cell anemia. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care.
SPolaki 1/11/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/11/2017

Written by: SN - JOHN ILDEFONZO, PN III at 02:35 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/11/2017
Note: 1/11/2017

Treatment team meeting
D: Angela is a 42-year-old female. She attended treatment team. She stated, "She's back." "Shemoan" the hallucination she has. She reported visual and auditory hallucinations. She was able to identify herself, the date, her location, and situation. She did not report any medication side effects. She spoke in an even tone and made direct eye contact during the meeting. Angela agreed to try an additional antipsychotic for her continuing psychotic symptoms.

A: Progressing toward treatment goals as evidenced by compliance, cooperation, and willingness to try other methods of treatment.

P: Continue Q15 observation as ordered. Assess for psychotic symptoms including perceptual disturbances.
J. Ildefonzo, RN

Written by: SN - MINERVA BALDRIAS, PN II at 06:35 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/11/2017
Note: D: ANGELA, IS A 52 YEAR OLD, FEMALE. ASSESSED AS A FALL RISK RELATED TO HX OF FALL DUE TO SEIZURE DISORDER. AT THE START OF THE NIGHT SHIFT DURING INITIAL ROUNDS WITH FORENSIC SPECIALIST AND NURSING STAFF OBSERVED ANGELA, IN HER ROOM LYING ON BED RESTING QUIETLY WITH EYES CLOSED RESPIRATION EVEN, UNLABORED BREATHING, NO S/SX OF RESPIRATORY DISTRESS NOTED.
A: DAILY IMPLEMENTATION OF TREATMENT PLAN PROVIDED. PER MD'S ORDER PLACED ANGELA, ON Q 15 OBSERVATION FOR FALL AND SEIZURE PRECAUTION TO ENSURE FOR SAFETY. ENVIRONMENTAL ROUNDS CONDUCTED TO CHECK FOR SAFETY BY ELIMINATING OR REMOVED ENVIRONMENTAL HAZARDS IN HER ROOM. CONTINUE TO PROVIDE TO ANGELA, A SAFE, QUIET AND THERAPEUTIC ENVIRONMENT, CONTUSIVE TO REST/SLEEP PATTERNS. NURSING INTERVENTION EFFECTIVE ANGELA'S ROOM IS FREE OF CLUTTER AND FREE FROM POINTED OR SHARP OBJECTS TO PREVENT POTENTIAL INJURY. UP FOR BATHROOM USED AT 0330 WITH STEADY GAIT. COOPERATIVE WITH FIRST MORNING URINE COLLECTED AS ORDERED, NO C/O PAIN OR ANY DISCOMFORT. ANGELA, SLEPT WELL MOST OF THE TIME DURING THE NIGHT. NO REPORT OF SEIZURE ACTIVITY AND NO REPORT OF INJURY RELATED TO FALL AT THIS TIME.
P: CONTINUE Q 15 OBSERVATION FOR SAFETY. CONTINUE TO DOCUMENT AND COMPLETE FALL RISK ASSESSMENT EVERY 7 DAYS ON SUNDAY. CONTINUE TREATMENT PLAN AS ORDERED, PROVIDE INTERACTIONS, AND REVIEW GOALS OF THE TREATMENT PLAN WITH HER DAILY. CONTINUE TO PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT. ENDORSED TO INCOMING NURSING STAFF FOR CONTINUITY OF CARE. -- M.BALDRIAS, PN II.

Date Written: 01/10/2017

Written by: SN - SULEKHA POLAKI, PN II at 09:48 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/10/2017
Note: Progress notes:

D- Angela T is a 42 year old female diagnosed with schizoaffective Bipolar disorder. She is on q 15 mins observations as per the protocol for Seizures /Fall risk. Compliant with medications, meals and snacks. No PRNs needed or requested. Eating and drinking well. Seen in the day room, interacting with selective peers, playing table games. Denies any medical problems at present.
A-Denies AH and VH, SI and HI. Affect is normal and mood is euthymic. AAOx4, clear and coherent to speech. Hygiene is fair, well-nourished. Insight and judgement is fair.
P- To continue to monitor medication and treatment effectiveness. Ensure no access to objects which may be used to hurt self or others. Will provide education regarding alcohol and drug interaction with medications weekly, and educate regarding management of symptoms. Will monitor for any changes in mood or mental status, monitor for reality orientation, and continue to provide a safe and therapeutic environment. Will endorse to incoming nurse. SPolaki RN.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/10/2017

Written by: SN - SULEKHA POLAKI, PN II at 01:31 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/10/2017
Note: Progess notes:
D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is placed on q 15 mins observations for seizures and fall risk as per protocol. Alert and oriented to time, place, name, & situation in and out of her room. Visible in day area/unit watching TV in the day room, interactive with staff & peers. Gait is steady. Attended group activities. Able to do ADLs by herself with no assistance from staff. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. New orders: Urine for GC/Chlamydia tomorrow 1st urine in the morning, then after collecting the urine Doxy 100 mg p o BID x 10 days, Flagyl 500 mg po BID x 10 days to be started for Vaginitis. After the course is completed Diflucan 150mg po to be given for 1 day for possible yeast infection Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ., possible yeast infection.
A: Speaks clearly, coherent, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - JESSIE JOHNSON, PN II at 06:01 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/10/2017
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q15 monitoring for safety. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV and playing cards with peers. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift. She is on kepra for seizures.

A-Alert, coherent. Reports her mood is good. Her affect was brighter. Denies suicidal or homicidal ideations at this time. Not responding to internal stimuli. Fair insight and fair judgement. Medication compliant and denies any side effects. Rested in her room with eyes closed for 7.5 hrs. No behavioral problem noted at this time.

P- Continue to monitor for safety and suicidal prevention. Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
1/10/17

Date Written: 01/09/2017

Written by: SN - CONCEPCION CALVELO, PN II at 03:13 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/09/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,INTERACTING/VISIBLE IN THE UNIT,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALM AND COOPERATIVE TODAY.NO CRYING EPISODE.MOOD AND AFFECT STABLE.DENIES SI/HI.POOR INSIGHT.T 99.4,P 79,R 18,BP 127/87.NO SEIZURES NOTED.ONKEPPRA,DILANTIN,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.
A..ADMITTED WITH BIPOLAR DOS/RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SAFETY,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.VISTARIL PRN MED GIVEN WITH GOOD RESULT.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/09/2017

Written by: SN - JAMES LIAO, NURSE I at 06:05 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/08/2017
Note: D Angela T. is a 42 year-old female admitted on 11/10/16 and diagnosed with schizoaffective bipolar disorder. At 2300 she was sleeping in her room with no signs of distress noted. She slept through most of this shift, no issues noted. Angela is on q15 minutes monitoring for seizure and fall precaution. No falls or injuries sustained during this shift.
A Angela slept through most of this overnight shift, no behavioral problems noted. Will educate regarding meds, interactions with drugs/alcohol, and symptom management. Continue to implement treatment plan daily.
P Continue to monitor as per ordered. Continue to implement treatment plan daily. Will continue to monitor for med efficacy and side effects, and changes in behavior and mental status. Endorsed to oncoming shift nurse for continuity of care.

Date Written: 01/08/2017

Written by: SN - CONCEPCION CALVELO, PN II at 08:30 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/08/2017
Note: D...ANGELA IS VISIBLE IN THE UNIT,WATCHING TV IN THE DAYROOM,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALM @ THIS TIME,NO CRYING EPISODE,NOT ARGUING WITH A FEMALE PEER.DENIES SI/HI.MOOD IMPROVED.NO SEIZURES NOTED.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SAFETY/SEIZURE/FALL PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

A..ADMITTED WITH SCHIZOPFFECTIVE DOS/RESTORE COMPETENCY.

Written by: SN - CONCEPCION CALVELO, PN II at 02:09 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/08/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,IRRITABLE,UPSET WITH A FEMALE PEER WHEN SHE LEFT HER CLOTHES IN THE RESTROOM,SHE COMPLAINED THAT IT "SMELLS" AND IT MADE HER NAUSEOUS.SHE WAS CRYING AFTER WHEN SHE TALKED WITH THE FORENSICS.I WANT TO TRANSFER TO ANOTHER UNIT.SHE IS VISIBLE IN THE UNIT,ENTITLED,LABILE AFFECT AND MOOD,DENIES SI/HI.POOR INSIGHT.T 98.1,P82,R 16,BP 119/76.0N DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH BIPOLAR DOS/RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.VISTARIL AND ZOFRAN PRN MEDS GIVEN WITH EFFECTIVE RESULT.
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Date Written: 01/07/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/07/2017

Written by: SN - NYA TROKPAO, PN II at 10:16 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/07/2017
Note: D>> Angela is a 42 yo, admitted with diagnosis of schizoaffective bipolar disorder. At start of 3p shift, client is awake and alert. Client is visible on unit. Cal, quiet and polite. Makes needs known and follows redirection. Good hygiene with independent ADLs. Good eye contact with steady gait. At 8p, snacks were offered as scheduled. The following medications were administered: Dilantin ER 200 mg po for seizures, Seroquel 600 mg po for psychosis, Trazodone 200 mg po for insomnia, Keppra 500 mg po for seizure d/o, Neurontin 600 mg po for pain, and PRN Vistaril 50 mg po for anxiety. Medications effective. Client is presently resting well in room. Respirations unlabored and within normal range. Client in no acute distress at this time. No issues during shift.
A>> Altered thoughts/mood.
P>> Q15 min observation for safety. Provide a safe and therapeutic environment. Administer medications as scheduled. Continue current treatment plan.
Nya Trokpao PNII

Written by: SN - JUAN MANLANGIT, RN at 12:45 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/07/2017
Note: D> Angela is a 42 year old female admitted with the dx of schizoaffective disorder. Received Angela sitting on the sofa in the dayroom watching television. Angela is calm, with a blunted affect and manages appropriate eye contact. She describes her mood as "better" and she was seen socializing with peers. She denied pain or discomfort but requested she wanted some Vistaril for her anxiety. She spent most of the day watching television and discussing news with her peers. She has been appropriate with her interactions. She is medication and meal compliant. She denied SI, HI and AH. She stated that she "feels safer, I was pretty different last week".
A> Treatment plan implemented. Scheduled medication given and tolerated. PRN medication given for anxiety with positive effect. Encouraged Angela to continue medicaiton compliance and participate in group activities when available. Fall precautions in place and reinfoced. Encouraged Angela to verbalize concerns to staff and voice out her questions during treatment team.
P> On Q15 observation for fall and seizure risk precautions per policy. To continue to maintain a safe and therapeutic environment. To continue to monitor mood, behavior and physical status. To continue to monitor mood, behavior and physical status.
-J. Manlangit 1/7/17

Date Written: 01/06/2017

Written by: SN - REYNALDO GO, CONTRACT RN at 11:22 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/06/2017
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is on 15 observation. She still on seizure and fall precaution. No seizure or fall reported. She was lying in bed for the majority of the shift.
A-No behavioral or medical problems reported. She slept most of the night.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment.
Endorsed to incoming nurse for continuity of care- Reynaldo M Go Rn 01/06/17

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/06/2017

Written by: SN - SULEKHA POLAKI, PN II at 06:00 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/06/2017
Note: Progress Notes:

D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15 mins observations for seizures and fall risk as per protocol. Alert and oriented to time, place, name, & situation. Visible in day area/unit watching TV in the day room, interactive with selective peers. Gait is steady. Able to do ADLs by herself with no assistance from staff. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. No report of any diarrhea or vomiting today. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ.
A: Speaks clearly, coherent social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - HILDA DIAS, PN II at 11:34 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/06/2017
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR DISORDER

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER PT HAS BEEN ISOLATIVE IN HER ROOM FOR MOST OF THE SHIFT BUT VISIBLE DURING MEAL TIME PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS LINEAR FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 01/05/2017

Written by: SN - REYNALDO GO, CONTRACT RN at 11:02 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/05/2017
Note: D- Angela T. is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV, social, interacting with peers. Patient denies AH/VH. Patient is pleasant, polite, cooperative and medication compliant. She is for NPO x 12 hours for vomiting and diarrhea and she is for KUB to R/O ileus. She is ambulatory with steady gait and able to make needs known. At
A- At 2015 radiology technician came and KUB was done. She was cooperative during procedure. At 2100 KUB result came in thru fax and called Dr. Iroha and informed him about the KUB result. He ordered to discontinue NPO order, noted and carried out. At 2100 HS medication and snack were given She had no behavioral and medical issue at this time. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.)During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 01/05/17

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:51 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 01/05/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

Note LATE ENTRY- DATE OF SERVICE 1/5/17
Name: Angela Thomas 240414
Age: 4: /74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Emesis this AM, pending medical eval. No psychosis. Still feels in SS crisis and feels emesis attributable to that, h/o "transfusions (pRBC) help a lot."
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE:
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses mild paranoia; denies AH/VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.C/S Medical t/c transfusion.
4.Referred for competency.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:50 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 01/04/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

Note: LATE ENTRY- DATE OF SERVICE 1/4/17
Name: Angela Thomas 240414
Age: 43 '74
Admit Date: 11/10/16
LP Tests: Pre-test 47% à post-test 87% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Required 1:1 until 1/3 b/c SI/HI. HI was toward new male peer: "He's Charles Manson, I'm going to kill him. I will kill myself before going to bed. (Male pt. was agitated but not directly bothering her). No longer afraid of that pt. Still with SS crisis c/o. 87% on posttest.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE: Seen in Tx Team.
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR..
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: "good", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses mild paranoia; denies AH/VH/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.^ Seroquel to 300, 600.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/05/2017

4.Refer for competency.
Daniel Sussman, MD, Esq.

Written by: SN - HILDA DIAS, PN II at 12:00 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/05/2017
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR DISORDER

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER PT HAS BEEN ISOLATIVE IN HER ROOM FOR MOST OF THE SHIFT BUT VISIBLE DURING MEAL TIME PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES AT 0745 PT HAD FOUL SMELLING VOMITING STATES SHE IS NOT FEELING GOOD CALLED MEDICAL DOCTOR DID V/S 122/90 P=108 R= 16,TEMP= 97.9 ACCK CHECK 109 PT WAS PUT ON LIQUID DIET LATER AT 1100 PT STATED SHE STILL WAS NOT FEELING GOOD GAVE ZOFRAN AND MAALOX PT ON MEDICAL BOARD OR RE ASSESS.

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS LINEAR FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Written by: SN - REYNALDO GO, CONTRACT RN at 12:07 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/05/2017
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is on 15 observation. She still on seizure and fall precaution. No seizure or fall reported. No prn was given or requested. Patient has no behavioral and medical issues noted/reported.
A. On rounds she was sleeping with unlabored nor in any form of distress noted. No complaints at this time.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of care- Reynaldo M Go Rn 12/05/17

Appended by SN - REYNALDO GO, CONTRACT RN on 01/05/2017 @ 12:17 AM
Above progress notes supposedly dated 01/05/17.

Date Written: 01/04/2017

Written by: SN - MARY PAUAL, PN I at 08:24 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/04/2017
Note: D Angela is a 42 y/o female patient being treated for Schizoaffective Bipolar Disorder. She is visible out at the dayroom and is cooperative with group activities. She denies hallucinations, denies suicidal / homicidal ideations. Her treatment plan was reviewed and implemented. Monitored behavior and evaluate effectiveness of medications.

A - Angela received medication education, educated on effects of drugs and alcohol, educated on symptom management, encouraged participation in activities, primary problem addressed Psychosis. Angela is stable. She is pleasant, polite and cooperative with staff.

P - Keep an open approach of visibility and approachability yet distance as to respect personal space and privacy. Continue to monitor as prescribed by physicians per safety protocol. Initiate contact and rapport to show genuine interest in patient's thoughts and feelings, monitor for isolative behavior and divert attention to the therapeutic milieu.

MPAUAL RN 01/04/17

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/04/2017

Written by: SN - JACQUELYNN DAKAKE, PN III at 12:40 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/04/2017
Note: Treatment team note 1/4/17:

D- Angela attended treatment team this morning. She presented as calm, cooperative and polite. Bright affect. Good eye contact. Organized/linear thought process. Answers legal competency questions appropriately and without needing prompts. She reports some paranoia. Denies side effects to current medications. Good insight/judgement. Denies thoughts of harming self or others. Denies auditory/visual hallucinations. Angela scored an 87 on the post test, and is considered ready for evaluations.

A- Seen by treatment team. No changes to observation level. Seroquel dosage to be determined by attending psychiatrist. Encouraged to continue reviewing competency materials. Encouraged to attend allied therapy groups. Provided positive reinforcement for improved behaviors.

P- Staff will continue with current plan of care. Treatment team will continue to meet with Angela weekly and will monitor for progress toward treatment plan goals.

JDAKAKE PNIII

Written by: SN - JESSIE JOHNSON, PN II at 06:30 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/04/2017
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q15 monitoring for safety.Has a brighter affect. Smiling appropriately. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV and playing cards with peers. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "GOOD". Her affect was brighter. Denies suicidal or homicidal ideations at this time. Reports hearing voices on and off. Poor insight and fair judgement. Medication compliant and denies any side effects. Rested in her room with eyes closed for 7.5 hrs. No behavioral problem noted at this time.

P- Continue to monitor for safety and suicidal prevention. Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
1/4/17

Date Written: 01/03/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:16 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/24/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Note: LATE ENTRY- DATE OF SERVICE 12/24/16
Name: Angela Thomas 240414
Age: 4 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Argument w male peer re: TV channel. ^ Seroquel helped w halluc. c/o insomnia.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE:
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses AH (telling her to have altercation)/ Endorses mild VH/TH (bugs), mild paranoia. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.f/u Labs: Fe Panel, CBC w Diff.
4.Add CPZ 100 HS (pt. request, helped in past)- advised pt. of orthostasis risk in conjunction w Seroquel.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs
Date Written: 01/03/2017

Daniel Sussm

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:15 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/19/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Note: LATE ENTRY- DATE OF SERVICE 12/19/16
Name: Angela Thomas 240414
Age: 43 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

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PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Still feels she is having SS crisis- "hurt really bad".
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE: Seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses mild AH/VH/TH (bugs), mild paranoia. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.f/u Labs: Fe Panel, CBC w Diff.
4.^ Seroquel 300, 500.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:13 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/17/2016
Note: LATE ENTRY- DATE OF SERVICE 12/17/16
Name: Angela Thomas 240414
Age: 4 /74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Feels she is having SS crisis for first time in 2 y (unable to lift arms, pain in BUE and shoulders, dyspnea)
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8. v PTN 3.5

MSE:
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " Little anxious", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses VH (bugs), mild paranoia. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.Labs: Fe Panel, CBC w Diff.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:12 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/14/2016
Note: LATE ENTRY- DATE OF SERVICE 12/14/16
Name: Angela Thomas 240414
Age: 4: 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE, occas takes PRN for anxiety and insomnia. No behaviors, selectively interactive, Had anxiety attack downstairs. c/o mild depression for 5 days. Participates in activities
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8. v PTN 3.5

MSE: Seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " Pretty standoffish", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses VH (bugs), mild paranoia. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.Zoloft 50 QAM.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:10 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/12/2016
Note: LATE ENTRY- DATE OF SERVICE 12/12/16
Name: Angela Thomas 240414
Age: 4 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN/ Trazadone 50 HS P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE, Trazadone "helps a little w DFA".
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8. v PTN 3.5

MSE:
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses AH, VH (bugs), mild paranoia. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis and response to ^ Seroquel, anxiety.
3.^ Trazadone 100 mg HS PRN.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:08 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/07/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Note: LATE ENTRY- DATE OF SERVICE 12/7/16
Name: Angela Thomas 240414
Age: 43 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. c/o insomnia 1h/HS ("just at Stein")
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8.

MSE: Seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses VH (animals) mild paranoia (believed somebody in room @ HS); denies AH. Denies being invisible. No formal thought disorder.
Insight: poor-fair Judgment: fair Impulse Control: fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis and response to ^ Seroquel, anxiety.
3.Trazadone 50 mg HS PRN.
4.May go off unit.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:06 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/26/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Note: LATE ENTRY- DATE OF SERVICE 12/26/16
Name: ^ ela Thomas 240414
Age: 43 74
Admit Date: 11/10/16
LP Tests: Pre-test 47% / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations: AR 5/16/15m Info 12/10/15: Attempted to use a Nordstrom credit account w/o permission.
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 300, 500 / Vistaril 50 Q6 PRN/ Trazadone 100 HS P/ Zoloft 50 AM/ Cogentin 1 Q6P

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Pharmacy held CPZ d/t potential ^ QTc w Seroquel. Feels ready for LP post-test.
LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenob 11.5. Hg A1C 5.8. v PTN 3.5à 4.

MSE: Seen in Tx Team.
General: Alert, cooperative, attentive, good Eye Contact, sl. PMR..
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: Pretty down", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses frequent VH; denies AH/del/SI/PDW/HI. No formal thought disorder.
Insight: fair Judgment: good Impulse Control: good
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.

PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, depression, insomnia, anxiety.
3.D/C CPZ.
4.^ Trazadone 200 HS PRN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/03/2017

Daniel Sussman, MD, Esq.

Written by: SN - SULEKHA POLAKI, PN II at 03:08 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/03/2017
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. Patient was endorsed as having 1:1 observations. She was off 1:1 and placed on q 15 mins observations per protocol for seizures and fall precautions as per the orders of Dr Khan. She took all her po medications without any difficulty. She ate all her meals and snacks. Grooming and hygiene is fair. Eye contact is fair. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI/VH stated that she hears voices but was unable to describe them. Seen playing table games with selective peers on the unit, listening to music with the head phones on. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB, history of sickle cell anemia. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care.
SPolaki RN.

Written by: SN - JESSIE JOHNSON, PN II at 06:57 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/03/2017
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on 1:1 monitoring for suicide precautions. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV and playing cards with peers. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "I am feeling much better today". Her affect was brighter. Denies suicidal or homicidal ideations at this time. Reported to one of the staff member that she was afraid of one of the peers in the unit and also stated "I like him because he sings well". Also addressing the staff who is on 1:1 as :baby sitters". Reports hearing voices on and off. Poor insight and fair judgement. Medication compliant and denies any side effects. Rested in her room with eyes closed for 7.5 hrs. No behavioral problem noted at this time.

P- Continue to monitor 1:1 for safety and suicidal prevention. Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
1/3/17

Date Written: 01/02/2017

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/02/2017

Written by: SN - CONCEPCION CALVELO, PN II at 05:42 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/02/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,SLEEPS IN THE ROOM,ISOLATES HERSELF.MINIMAL INTERACTION WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALM.COOPERATIVE.DENIES SI/HI.NO PLAN.FAIR GROOMING.MOOD AND AFFECT QUIET.POOR INSIGHT.SINGING AND DANCING IN KARAOKE.T 98.5,P 67,R 18,BP 130/89.ON DILANTIN,KEPPRA,HCTZ.NEURONTIN FOR MEDICAL PROBLEMS.
A..ADMITTED WITH SCHIZOAFFECTIVE,BIPOLAR DOS,RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE 1:1 OBSERVATION ORDER PER MD FOR SI/SAFETY,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Date Written: 01/01/2017

Written by: SN - VIRGINIA MACASERO, PN II at 09:54 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/01/2017
Note: D: RECEIVED PATIENT UP AND ABOUT IN THE ASSIGNED ROOM MINIMALLY INTERACTING WITH NURSING STAFF, BREATHING IS EVEN AND UNLABORED, PT. DID NOT EXHIBIT ANY BEHAVIORAL PROBLEMS AT THIS TIME, PT. DENIES SI, HI, AH AND VH AT THIS TIME. PLEASE REFER TO M.A.R. MEDICATION ADMINISTRATION RECORDS FOR 1ST DOSES OF MEDICATIONS, ROUTINE MEDICATIONS AND PRN MEDICATIONS ORDERED BY MD. PT. DID NOT VERBALIZE ANY PHYSICAL COMPLAINTS AT THIS TIME. PT. IS ALERT, ORIENTED X3, AMBULATORY, WITH GOOD EYE CONTACT, INDEPENDENT WITH ADL'S, COMPLIANT WITH BOTH MEDICATIONS AND MEALS.
A: RISK FOR INJURY TO SELF RELATED TO SUICIDAL IDEATION.
P: NURSING STAFF TO CONTINUE OBSERVATION PER MD ORDERED FOR SAFETY. CONTINUE TREATMENT PLAN AS ORDERED. MONITOR FOR CHANGES IN BEHAVIOR AND EVALUATE THE EFFECTIVENESS OF MEDICATIONS, OBSERVE FOR ADVERSE OR SIDE EFFECTS OF MEDICATIONS AND EDUCATE ON THE INTERACTIONS WITH ALCOHOL WHEN TAKING PRESCRIBED MEDICATIONS AND SYMPTOM MANAGEMENT. WILL PROVIDE NON SKID SOCKS IF ORDERED BY MD FOR FALL PRECAUTIONS AND ASSESS WEEKLY PT. FOR CONTINUED FALL RISK PRECAUTIONS AND NURSING STAFF TO CONTINUE TO DO ENVIRONMENTAL ROUNDS FOR SAFETY. WILL PROVIDE DAILY INTERACTIONS WITH PATIENT AND REVIEW GOALS OF THE TREATMENT PLAN. REFER TO PSYCHIATRIST OR MEDICAL MD ACCORDINGLY OF ANY UNUSUAL CHANGES NOTED AS SOON AS POSSIBLE WITHIN THIS INPATIENT HOSPITALIZATION.
V.MACASERO,PN2 1/1/17.

Written by: SN - CONCEPCION CALVELO, PN II at 02:58 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 01/01/2017
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,WITHDRAWN,MINIMAL INTERACTION WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SCARED OF A MALE PEER.STAYS IN ROOM.STILL WITH SI.TO HURT SELF.NO PLAN.MOOD AND AFFECT QUIET.POOR INSIGHT.POOR GROOMING.NOT AGITATED.T 97.9,P 76,R 18,BP 121/79. ON DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.
A..ADMITTED WITH SCHIZOAFFECTIVE /RESTORE COMPETENCY TO FACE TRIAL.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE 1:1 OBSERVATION ORDER PER MD FOR SAFETY,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 01/01/2017

Written by: SN - AMANDA KING, PSYCHIATRIC RESIDENT at 01:03 PM Note Type: Resident
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 103 Date of Group Svc: 01/01/2017
Note: 1:1 observation note

Subjective

This is a 42 yo F with a diagnosis of PTSD, schizoaffective disorder bipolar type who is on a 1:1 observation due to suicidal & homicidal ideation. This morning patient has no complaints and she denies SI/HI/AVH. Per nursing staff, patient was having homicidal ideation towards another patient stating that "he's Charles Manson, I'm going to kill him." No other acute events overnight.

Objective:
Appearance/behavior: 42 yo F, appears stated age; poor grooming and hygiene. Fair eye contact.
Speech: clear
Mood: "okay"
Affect: flat
TC: denies SI/HI/AVH.
TP: linear
Judgment: poor
Insight: poor
Impulse control: poor

Assessment:
PTSD
schizoaffective disorder

Plan:
-Continue on 1:1 observation for safety. Monitor for any behavioral changes
-Continue treatment as per previous orders.
-Continue to monitor for improvement, medication side effects and efficacy
-Will discuss with on-call attending physician, Dr. Gallofin.

Amanda King, D.O.
PGY-1

Co-signed by SN - LEO GALLOFIN, MD on 01/03/2017 @ 02:47 PM
Agree with resident assessment and plan. Leo Gallofn, MD

Date Written: 12/31/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/31/2016

Written by: SN - JUAN MANLANGIT, RN at 06:03 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/31/2016

Note: D> Angela is a 43 year old male admitted with the dx of schizoaffective disorder. Received Angela laying down in her room. She is currently on a 1:1 observation due to suicidal ideation. Per shift report she was seen to be writing a suicide note. When asked if she continues to SI and HI. She refused to answer the question. Angela appeared to have a depressed affect. She had poor eye contact and appeared distracted during the conversations. She refused to go out of her room initially and said she wanted to stay in her room. When the writer asked Angela how she is feeling today she said: "I don't know". She denied pain or discomfort. However when asked if she feels safe in the unit she stated: "No, I don't". When asked what made her not feel safe she stated: "that new guy is loud and he I don't like him around." Per shift report it appeared she started to have SI after a peer was yelling in the dayroom. She was already offered to transfer to a different unit but she refused. Treatment team was already informed. Later in the evening she went out of her room moved past her 1:1 making her way to her peer's room". She was stopped by staff and was escorted back to her room. Upon conversation she stated that: "I need to kill him, he's Charles Manson, and he's evil."

A> Treatment plan implemented. Scheduled medication given and tolerated. Reassured Angela of her safety in the unit. Offered her PRN medications for anxiety, which she took (Vistaril 50 mg PO at 1735). Reminded Angela of her progress during hospital stay. Informed Angela that such threats are not taken lightly by staff and for her and her peer's safety. Reported to charge nurse regarding Angela's rather far different behavior from last week. Reminded her that if she had concerns to tell staff and staff would assist her to the best of their ability. Encouraged Angela to take her medications. Reminded her that she does have medication she takes for seizure and it is important for her to maintain these medications. Reviewed her current medication list and she verbalized that she "does need to take her anti-seizure drugs". Placed her on the psychiatric board for continued SI. Reminded staff to maintain 1:1 at all times and to report to the nurse or forensic staff if she verbalize suicidal ideations. Seizure and fall risk precautions in place and reinforced.

P> On 1:1 observation due to thoughts of self-harming. To continue to monitor mood, behavior and physical status. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness. To report to treatment team on changes in mood or behavior. To recommend to treatment team to transfer Angela for her safety.

-J. Manlangit 12-31-2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/31/2016

Written by: SN - IRAJ SIDDIQI, PSYCHIATRIC RESIDENT at 12:29 PM Note Type: Resident
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 103 Date of Group Svc: 12/31/2016
Note: 1:1 observation note

Subjective

This is a 42 yo F with a diagnosis of PTSD, schizoaffective disorder bipolar type who is on a 1:1 observation due to suicidal ideation. This morning patient has no complaints and she denies SI/HI/AVH. Per nursing staff, patient felt that another patient on the unit was going to kill her yesterday. No other acute events overnight.

Objective:
Appearance/behavior: 42 yo F, appears stated age; poor grooming and hygiene. Fair eye contact.
Speech: clear
Mood: "okay"
Affect: flat
TC: denies SI/HI/AVH.
TP: linear
Judgment: poor
Insight: poor
Impulse control: poor

Assessment:
PTSD
schizoaffective disorder

Plan:
-Continue on 1:1 observation for safety. Monitor for any behavioral changes
-Continue treatment as per previous orders.
-Continue to monitor for improvement, medication side effects and efficacy
-Will discuss with on-call attending physician, Dr. Gallofin.

Iraj Siddiqi, M.D.
PGY-1

Co-signed by SN - LEO GALLOFIN, MD on 01/03/2017 @ 11:26 AM
Agree with resident assessment and plan. Leo Gallofn, MD

Written by: SN - REYNALDO GO, CONTRACT RN at 12:06 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/31/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is on 1:1 observation as she voiced of suicidal intent. She still on seizure and fall precaution. No seizure or fall reported. No prn was given or requested. Patient has no behavioral and medical issues noted/reported.
A. On rounds she was sleeping with unlabored nor in any form of distress noted. No complaints at this time.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment.
Endorsed to incoming nurse for continuity of care- Reynaldo M Go Rn 12/31/16

Date Written: 12/30/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/30/2016

Written by: SN - SULEKHA POLAKI, PN II at 08:47 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/30/2016
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions .C/o anxiety at 1740 Vistaril 50 mg po given effective. Was seen in her room writing letters to the Dr stating that she will commit suicide today before going to bed at night, asked her to explain why she feeling suicidal she says" That guy Charles Manson is going to kill me." He is a patient on this unit. We offered to move her to the other side (H unit) and she still says that she will be killed over there too. It was difficult to redirect her. Called the Dr and he advised to place the patient on 1:1 observations for safety, and no shifting of rooms or beds. At 1910 patient was placed on 1:1 observations. At first she refused her po medications stating "I don't want to sleep", but later took them. She had her meals and snacks without any difficulty. Grooming and hygiene is fair. Eye contact is fair. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB, history of sickle cell anemia. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care.
SPolaki RN

Written by: SN - HILDA DIAS, PN II at 12:40 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/30/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER PT HAS BEEN ISOLATIVE IN HER ROOM FOR MOST OF THE SHIFT BUT VISIBLE DURING MEAL TIME PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES PT DENIED ANY PAIN TODAY

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/29/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:15 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/29/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. She is social, interacting with peers. Patient denies AH/VH. Patient is pleasant, polite, cooperative and medication compliant.
A- She had no behavioral and medical issue. No prn given or requested. She was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/29/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/29/2016

Written by: SN - HILDA DIAS, PN II at 01:27 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/29/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES PT TOOK TYLENOL FOR PAIN

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/28/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:03 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/28/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV, social, interacting with peers. Patient denies AH/VH. Patient is pleasant, polite, cooperative and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- She had no behavioral and medical issue. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/28/16

Written by: SN - SULEKHA POLAKI, PN II at 11:09 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/28/2016
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15 mins observations for seizures and fall risk as per protocol. Alert and oriented to time, place, name, & situation. Visible in day area/unit watching TV in the day room, participated in group activities, interactive with staff & peers. Participated in group activities. Gait is steady. Able to do ADLs by herself with no assistance from staff. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ. Today B/P was 110/77, HR 71/min.
A: Speaks clearly, euthymic, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/28/2016

Written by: SN - JUSTIN DEL PUERTO, PN I at 05:45 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/27/2016
Note: D>ANGELA T. IS A 42 Y/O FEMALE ADMITTED TO STEIN ON 11/10/16 FROM CCDC FOR COMPETENCY EVALUATION TO STAND TRIAL. SHE IS PLACED ON Q15 OBSERVATIONS FOR SAFETY AND HAS MEDICAL HISTORY OF ASTHMA, DM TYPE-II, AND SEIZURE DISORDER. SHE IS CURRENTLY BEING MEDICATED WITH DILANTIN ER, AND KEPRA FOR MANAGEMENT.
A>SCHIZOAFFECTIVE BIPOLAR DISORDER. ANGELA KEPT TO HER ROOM FOR THE ENTIRE SHIFT AND WAS OBSERVED FOR SAFETY DURING Q15 ENVIRONMENTAL ROUNDS. NO INCIDENTS OF FALL OR SEIZURE ACTIVITY NOTED AND NO OTHER BEHAVIORAL PROBLEMS.
P>CONTINUE Q15 OBSERVATIONS. PROMOTE COMPLIANCE WITH MEDICATIONS AND TREATMENT BY ESTABLISHING RAPPORT AND THERAPEUTIC INTERACTIONS. GIVE MEDICATIONS ON SCHEDULE AND OFFER PRN'S FOR SYMPTOM MANAGEMENT. PROVIDE FOR SAFETY AND MONITOR FOR SEIZURE ACTIVITY. FOLLOW TREATMENT PLAN RECOMMENDATIONS DAILY AND ENDORSE CARE TO INCOMING SHIFT FOR CONTINUITY OF TREATMENT.
J. DEL PUERTO, PNII 12/27/16

Date Written: 12/27/2016

Written by: SN - TRAN LAI, PN I at 10:06 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/27/2016
Note: D-ANGELA IS A 42 Y/O FEMALE DIAGNOSES WITH SCHIZOAFFECTIVE D/O. PATIENT IS VISIBLE IN THE DAY ROOM, WATCHING TV, WRITING, CALM, COOPERATIVE WITH UNIT ROUTINE, TOOK SHOWER, INTERACTING WITH SELECTIVE PEER, COOPERATIVE, COHERENT, NO SELF TALKING, NO DELUSION OBSERVED. PATIENT IS ABLE TO ENGAGE TO A NORMAL CONVERSATION WITH RN ABOUT HER LAB RESULTS AND HER MEDICATION. "THAT'S GOOD WHEN EVERYTHING IS NORMAL". EATING AND DRINKING WELL, COMPLIANT WITH MEALS AND MEDICATION. PATIENT IS ON FALL/SZ PRECAUTION
A- PATIENT RECEIVED MEDICATION EDUCATION, EDUCATED ON EFFECTS OF DRUGS AND ALCOHOL, EDUCATED ON SYMPTOM MANAGEMENT, ENCOURAGED PARTICIPATION IN GROUP ACTIVITIES, PRIMARY PROBLEM ADDRESSED
P- NURSING STAFF WILL KEEP AN OPEN APPROACH OF VISIBILITY AND APPROACHABILITY YET DISTANCE AS TO RESPECT PERSONAL SPACE AND PRIVACY. REVIEWED POSITIVE BEHAVIORAL TREATMENT PLAN, TREATMENT PLAN REVIEWED AND IMPLEMENTED, MONITOR BEHAVIOR AND EVALUATE EFFECTIVENESS OF MEDICATIONS. CONTINUE TO MONITOR AS PRESCRIBED BY PHYSICIANS PER SAFETY PROTOCOL, INITIATE. CONTACT AND RAPPORT TO SHOW GENUINE INTEREST IN PATIENT'S THOUGHTS AND FEELINGS, MONITOR FOR ISOLATIVE BEHAVIOR AND DIVERT ATTENTION TO THE THERAPEUTIC MILIEU.
TRAN LAI RN 12/27/16

Written by: SN - JUAN MANLANGIT, RN at 02:42 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/27/2016
Note: D> Angela is a 42 year old female admitted with the dx of schizoaffective disorder. Received Angela lining up for medications in the dayroom. Angela is calm, cooperative and pleasant. She was isolative and withdrawn in the morning. She did go out for meals, medications and activities. She did not spend as much time visible in the dayroom compared to previous days of care for Angela. When asked how she was feeling today she stated: "tired". She does state she felt some "aching pains" and stating that "it's probably from anemia". She described the pain as "tolerable with some Tylenol". She denied SI, HI and AH. She is medication and meal compliant. She does interact appropriately with her peers. She actively participate in group activities. Vital signs were taken this morning BP of 110/74, P 74, RR of 16 and Temp 97.8.
A> Treatment plan implemented. Scheduled medication given and tolerated. PRN medication given for pain (Tylenol 650 mg po) as ordered by the physician. Encouraged Angela to stay out in the dayroom and interact with staff and peers. Acknowledged her ability to use her coping skills in maintaining her mood on stressful situations as well as the ability on verbalizing concerns. Encouraged her to continue participation in group activities. Fall precautions in place and reinforced.
P> On Q15 observation. To continue to monitor mood, behavior and physical status. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness.
-J. Manlangit 12-27-2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/27/2016

Written by: SN - MINERVA BALDRIAS, PN II at 05:49 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/27/2016
Note: D: ANGELA, IS A 42 YEAR OLD, FEMALE. ASSESSED AS A FALL RISK RELATED TO HX OF FALL DUE TO SEIZURE DISORDER. PER REPORT FORENSIC SPECIALIST AND NURSING STAFF CONDUCTED ENVIRONMENTAL ROUNDS TO ENSURE FOR SAFETY. PER PHYSICIAN'S ORDER PLACED ANGELA, ON Q 15 OBSERVATION FOR SEIZURE PRECAUTION AND FALL PRECAUTION.
A: DURING CHANGE OF SHIFT AT 2300 DURING INITIAL ROUND BY FORENSIC SPECIALIST AND NURSING STAFF RECEIVED ANGELA, IN HER ROOM LYING ON BED OBSERVED RESTING WELL WITH EYES CLOSED, RESPIRATION EVEN, NO DIFFICULTY BREATHING, CHEST IS RAISING AND FALLING, NO RESPIRATORY DISTRESS NOTED. DAILY IMPLEMENTATION OF TREATMENT PLAN PROVIDED. CONTINUE TO PROVIDE A SAFE, QUIET AND THERAPEUTIC ENVIRONMENT CONTUSIVE TO REST/SLEEP PATTERNS. NURSING INTERVENTION EFFECTIVE ANGELA'S ROOM IS FREE OF CLUTTER AND FREE FROM POINTED OR SHARP OBJECTS TO PREVENT FOR POTENTIAL INJURY. AT THIS TIME ANGELA, IS IN HER ROOM CONTINUOUSLY RESTING QUIETLY NO S/SX OF RESPIRATORY DISTRESS. NO BEHAVIORAL PROBLEM NOTED, NO EPISODE OF SEIZURE ACTIVITY AND NO REPORT OF INJURY RELATED TO FALL DURING THE NIGHT SHIFT.
P: CONTINUE OBSERVATION FOR SAFETY. CONTINUE TO DOCUMENT AND COMPLETE FALL RISK ASSESSMENT EVERY 7 DAYS ON SUNDAY. CONTINUE TREATMENT PLAN AS ORDERED. WILL PROVIDE INTERACTIONS, AND REVIEW GOALS OF THE TREATMENT PLAN WITH HER DAILY. CONTINUE TO PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT. CONTINUE TO ASSESS MOOD, BEHAVIOR, AND EFFECTIVENESS OF INTERVENTION DAILY FOR CONTINUITY OF CARE. M.BALDRIAS,PN 11.

Date Written: 12/26/2016

Written by: SN - CONCEPCION CALVELO, PN II at 08:37 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/26/2016
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3.VISIBLE/INTERACTING WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.ON ORTHOSTATIC VS,ON STANDING: P 82,BP 115/82,SITTING P 65,BP 117/82,LYING DOWN:P 64,BP 114/78.SHE IS CALM AND COOPERATIVE.DENIES SI/HI.AH AND VH.FAIR GROOMING.MOOD AND AFFECT QUIET.
A..ADMITTED WITH SCHIZOAFFECTIVE DOS./RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P.CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.SEEN BY DR.SUSSMAN TONIGHT.THORAZINE DC'D.

Written by: SN - CONCEPCION CALVELO, PN II at 08:33 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/26/2016
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3.VISIBLE/INTERACTING WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.ON ORTHOSTATIC VS,ON STANDING: P 82,BP 115/82,SITTING P 65,BP 117/82,LYING DOWN:P 64,BP 114/78.SHE IS CALM AND COOPERATIVE.DENIES SI/HI.AH AND VH.FAIR GROOMING.MOOD AND AFFECT QUIET.ON DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH SCHIZOAFFECTIVE DOS./RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.TYLENOL GIVEN WITH GOOD EFFECT.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/26/2016

Written by: SN - JAMES LIAO, NURSE I at 05:36 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/25/2016
Note: D Angela T. is a 42 year-old female admitted on 11/10/16 and diagnosed with schizoaffective bipolar disorder. At 2300 shift change she was visible in the day room watching TV and interacting appropriately with peers. Thorazine 100mg PO qHS was held due to pharmacy flagging it for potential interaction with Seroquel. It was explained to her that the MD will review it in the AM. She verbalized understanding and was compliant for her other HS meds. Requested PRN Trazodone 100mg, administered with good effect. Angela slept for the majority of the overnight shift, no distress noted. She is on q15 minutes monitoring for seizure and fall precaution. No seizure, falls, or injuries sustained during this shift.
A Alert and oriented, Angela is calm, pleasant, and cooperative upon approach. Bright mood with congruent affect. Treatment plan implemented daily.
P Continue to monitor as per ordered. Continue to implement treatment plan daily. Will continue to monitor for med efficacy and side effects, and changes in behavior and mental status. Endorsed to oncoming shift nurse for continuity of care.

Date Written: 12/25/2016

Written by: SN - LINDA BUSSELL, CONTRACTOR, RN at 06:04 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/25/2016
Note: D Angela is a 42 y/o female. She is alert & oriented to person, place and time. Affect is blunted and her mood is guarded, was pleasant upon approach. Her thought content is coherent. She is able to do ADL's alone. Ambulating with steady gait. Isolates in room this A.M. with no interacting with peers, prompted out for medications and meals. Came out form shower with some interaction with selected peer.No behaviors, No PRN's. Denies SI,HI,AH,VH.
A- On fall / seizure precautions, No falls / seizures noted. Medication teachings were reinforced & the risk of combining non-prescription medications & alcohol with her treatment regime were discussed. She is compliant with her medication & diet regimen. Angela was provided an education on symptom management, & she was able to verbalize the importance of medications in recovery. Angela was encouraged to attend groups & interact with others. Daily implementation of treatment plan by: Providing positive reinforcement for even tempered behavior. She has insight on her diagnosis & is cooperative & progressing on her treatment goals.
P- Continue q 15 min observation order per MD for safety. Continue treatment plan as ordered. Monitor for changes in behavior & evaluate the effectiveness of medications. Observe for adverse/side effects of medications. Will provide daily interactions with Angela & review goals of the treatment plan with her. Monitor for falls / seizures. Fall / seizures precautions - Wearing non-skid socks, fall sign/ sticker in place, education provided, environmental rounds, no clutter. Provide a safe and therapeutic environment. Endorsed. L Bussell PN 11 12/25/16.

Written by: SN - MARIA CRUZ, PN II at 05:08 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/25/2016
Note: D>Angela is a 42 yrs. old female patient. On Q 15 min observation for safety. She is alert, oriented, cooperative, stayed most of the time in her room. She is a fall risk R/T seizure disorder. With no episode of fall or seizure this time. Pt. is on anti- seizure medication. Instructed on fall safety teachings. Compliant with her medication. On Ortho BP. Started on Thorazine 100 mg oral at bedtime for psychosis/insomnia. As per pt. she has been taking this medication before. Trazodone 100 mg oral as requested for insomnia at 2000 and effective. She had snacks and was encouraged fluids. No reported SI/HI or AV hallucination, No aggressive behavior noted this time. Slept well during the night. Breathing within normal. No distress noted this time.
A>Angela was educated on her medication. Instructed not to take alcohol with medication and its adverse reaction. Encouraged to verbalized feelings, to focus on the positive and ignore negative behavior. Was provided with education on symptom management. Encouraged to attend groups and participate in token economy. Emphasized the importance of medication compliance and treatment. She is cooperative and agrees to continue with the treatment.
P>Will continue to monitor patient for safety. Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medication, observe for any adverse reaction. Will provide daily interaction, review goals of the treatment plan. Provide a safe and therapeutic environment.

Maria Cruz PN II
12 /24/2016

Date Written: 12/24/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/24/2016

Written by: SN - JAMES LIAO, NURSE I at 06:08 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/23/2016
Note: D Angela T. is a 42 year-old female admitted on 11/10/16 and diagnosed with schizoaffective bipolar disorder. At 2300 shift change she was visible in the day room watching TV and interacting appropriately with peers. She was compliant for her HS meds. Medications taken with good effect, no side effects noted nor reported. Angela slept until 0125, when she woke up and requested PRN Tylenol 650mg for 6/10 generalized body pain. Med had good effect. She is on q15 minutes monitoring for seizure and fall precaution. No seizure, falls, or injuries sustained during this shift.
A Alert and oriented, Angela is calm, pleasant, and cooperative upon approach. Fair mood with blunted affect. Treatment plan implemented daily.
P Continue to monitor as per ordered. Continue to implement treatment plan daily. Will continue to monitor for med efficacy and side effects, and changes in behavior and mental status. Endorsed to oncoming shift nurse for continuity of care.

Date Written: 12/23/2016

Written by: SN - SULEKHA POLAKI, PN II at 06:03 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/23/2016
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15 mins observations for seizures and fall risk as per protocol. Alert and oriented. Visible in day area/unit in watching TV, in and out of her room, playing table games, interactive with staff & peers. Participated in group activities. Gait is steady. Able to do ADLs by herself with no assistance from staff. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ.
A: Speaks clearly, euthymic, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - HILDA DIAS, PN II at 09:23 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/23/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES DENIED ANY PAIN THIS AM

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/23/2016

Written by: SN - TRAN LAI, PN I at 04:32 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/23/2016
Note:

D-ANGELA IS A 42 Y/O FEMALE DIAGNOSES WITH SCHIZOAFFECTIVE D/O. PATIENT IS EATING AND DRINKING WELL, COMPLIANT WITH MEALS AND MEDICATION. PATIENT IS INTERACTING WITH PEER, BRIGHT AFFECT, SOCIAL WITH SELECTIVE PEER, NO SELF TALKING, NO DELUSION NOTED. ON SWING SHIFT, PATIENT HAD VERBAL ALTERCATION WITH A MALE PEER ABOUT THE TV CHANNEL. THE MALE PATIENT WAS MOVED TO H SIDE. PATIENT STATED SHE IS HEARING VOICES " THE VOICE TOLD ME TO HAVE THE ALTERCATION WITH THE GUY". PATIENT IS ON FALL PRECAUTION
A- PATIENT RECEIVED MEDICATION EDUCATION, EDUCATED ON EFFECTS OF DRUGS AND ALCOHOL, EDUCATED ON SYMPTOM MANAGEMENT, ENCOURAGED PARTICIPATION IN GROUP ACTIVITIES, PRIMARY PROBLEM ADDRESSED
P- NURSING STAFF WILL KEEP AN OPEN APPROACH OF VISIBILITY AND APPROACHABILITY YET DISTANCE AS TO RESPECT PERSONAL SPACE AND PRIVACY. REVIEWED POSITIVE BEHAVIORAL TREATMENT PLAN, TREATMENT PLAN REVIEWED AND IMPLEMENTED, MONITOR BEHAVIOR AND EVALUATE EFFECTIVENESS OF MEDICATIONS. CONTINUE TO MONITOR AS PRESCRIBED BY PHYSICIANS PER SAFETY PROTOCOL, INITIATE. CONTACT AND RAPPORT TO SHOW GENUINE INTEREST IN PATIENT'S THOUGHTS AND FEELINGS, MONITOR FOR ISOLATIVE BEHAVIOR AND DIVERT ATTENTION TO THE THERAPEUTIC MILIEU.
TRAN LAI RN 12/23/16

Date Written: 12/22/2016

Written by: SN - HILDA DIAS, PN II at 11:57 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/22/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES PT TOOK TYLENOL; FOR PAIN AND ALBUTEROL FOR SOB

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED BUT HAPPY AT TIMES FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/21/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:45 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/21/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV while interacting with selective peer. Patient denies AH/VH. Patient is pleasant, polite, cooperative and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- At 2010 trazodone 100 mg po prn for insomnia was given and effective. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) He slept most of the night.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/21/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/21/2016

Written by: SN - SULEKHA POLAKI, PN II at 10:37 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/21/2016
Note: Progress notes:

D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15 mins observations for seizures and fall risk as per protocol. Alert and oriented. Visible in day area/unit in watching TV, in and out of her room, playing table games, interactive with staff & peers. Participated in group activities. Gait is steady. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Vistaril 50 mg po given at 0745 for anxiety effective. Tylenol 650 mg po given for body pains at 0745 effective. Medical issues: Seizures and is on Dilantin & Keppra, History of Hypertension and is treated with HCTZ. Today's B/P is 121/80, HR 64/min.
A: Speaks clearly, euthymic, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - JESSIE JOHNSON, PN II at 06:27 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/21/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. Angela took a shower this evening. She had a phone call and she was appropriate in the unit. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "Good". Her affect was brighter. Denies suicidal or homicidal ideations. Reports hearing voices"voices screaming in her head", Reports she is paranoid at times and thinks people are talking about her.Poor insight and fair judgement. Medication compliant and denies any side effects. Requested for prn Trazodone 100mg po po at 2010hrs for sleep -effective. Rested in her room for 7.5 hrs.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
12/21/16

Date Written: 12/20/2016

Written by: SN - SULEKHA POLAKI, PN II at 01:00 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/20/2016
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Medications,meals and snacks compliant. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. C/o pain on both shoulders Tylenol 650 mg po given at 8 AM --effective. C/o anxiety at 0800 AM Vistaril 50 mg po given effective. B/P this morning was 102/76, HR 58/min. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB, history of sickle cell anemia .Dilantin level due on 12/24/2016. Redirect able. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/20/2016

Written by: SN - JUAN MANLANGIT, RN at 10:40 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/19/2016
Note: D> Angela is a 42 year old female admitted with the dx of schizoaffective disorder. Received Angela sitting on the sofa in the dayroom interacting with peers. Angela is cooperative and pleasant on approach. She is able to make her needs known. She presents as appearing her stated age, well-groomed and able to maintain acceptable eye contact.
She was seen by the treatment team today. In the treatment team session she stated that she continues to experience auditory hallucinations and paranoia. She described it as she believes people "are constantly talking about her. She agreed on taking an increased dose of her Seroquel to 300 mg PO in the morning and 500 mg PO at night. During the treatment team session Angela was very attentive. Had clear and coherent speech. She was very cooperative during the treatment team session.
She stated that she is currently experiencing pain referring to her pain as "probably from my sickle cell anemia". CBC and iron panel were drawn this morning. She is currently waiting for results. She did ask for PO Tylenol that she states "helps" with her pain. She describes the pain as 7/10 and "uncomfortable" and something she "has felt before".
Medical physician ordered an increase in his current Dilantin regiment to 100 mg PO Q AM and 200 mg PO QHS for seizures. There was also an order to retake the Dilantin level in 5 days (12-24-2016).
There was also order to allow Angela to shave with staff supervision. There was also an order to allow her to have her contact lens case in her room.
Throughout the day she had a bright affect, social and interactive with her peers, she also participated actively during groups. She was very engaged during activities.
A> Treatment plan implemented. Scheduled medication given and tolerated. Carried out physician's order regarding increase in Dilantin and Seroquel. Informed Angela about the recent changes in her medication. She verbalized understanding of the changes.
Acknowledged Angela's participation in group activities and praised her cooperation and active participation in group activities. Reminded Angela to maintain an acceptable distance between her peers when doing group activities.
Fall and seizure precautions in place and reinforced.
P> On Q15 observation. To continue to monitor mood, behavior and physical status. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness. To relay to incoming nurse about the recent changes in her medication as well as care, including the laboratory work to be done on the 24th.
-J. Manlangit 12-19-2016

Written by: SN - JESSIE JOHNSON, PN II at 05:34 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/20/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "I AM UPSET, I HAD TO FINISH MY PHONE CALL EARLY". There was a code on the unit earlier and all clients were asked to stay in their rooms. Her affect was appropriate to content. Denies suicidal or homicidal ideations. Reports hearing voices"voices that scream", No delusional content in thought process. Medication compliant and denies any side effects. Requested for prn Trazodone 100mg po po at 2000hrs for sleep -effective. Rested in her room for 7.5 hrs.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
12/20/16

Date Written: 12/19/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/19/2016

Written by: SN - MINERVA BALDRIAS, PN II at 06:07 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/19/2016

Note: D: ANGELA, IS A 42 YEAR OLD, FEMALE. ASSESSED AS A FALL RISK RELATED TO HX OF FALL DUE TO SEIZURE DISORDER. FORENSIC SPECIALIST AND NURSING STAFF CONDUCTED ENVIRONMENTAL ROUNDS TO ENSURE FOR SAFETY. PER PHYSICIAN'S ORDER PLACED HER ON Q 15 OBSERVATION FOR SEIZURE PRECAUTION AND FALL PRECAUTION.

A: AT 2300 DURING INITIAL ROUND BY FORENSIC SPECIALIST AND NURSING STAFF OBSERVED ANGELA, IN HER ROOM LYING ON BED RESTING WELL WITH EYES CLOSED, RESPIRATION EVEN, NO DIFFICULTY BREATHING, CHEST IS RAISING AND FALLING, NO RESPIRATORY DISTRESS NOTED. DAILY IMPLEMENTATION OF TREATMENT PLAN PROVIDED. CONTINUE TO PROVIDE A SAFE, QUIET AND THERAPEUTIC ENVIRONMENT CONTUSIVE TO REST/SLEEP PATTERNS. NURSING INTERVENTION EFFECTIVE HER ROOM IS FREE OF CLUTTER AND FREE FROM POINTED OR SHARP OBJECTS TO PREVENT FOR POTENTIAL INJURY. AT THIS TIME ANGELA, IS IN HER ROOM CONTINUOUSLY RESTING QUIETLY NOT IN ANY FORM OF DISTRESS. NO BEHAVIORAL PROBLEM NOTED, NO EPISODE OF SEIZURE ACTIVITY AND NO REPORT OF INJURY RELATED TO FALL DURING THE NIGHT SHIFT.

P: CONTINUE OBSERVATION FOR SAFETY. CONTINUE TO DOCUMENT AND COMPLETE FALL RISK ASSESSMENT EVERY 7 DAYS ON SUNDAY. CONTINUE TREATMENT PLAN AS ORDERED. WILL PROVIDE INTERACTIONS, AND REVIEW GOALS OF THE TREATMENT PLAN WITH HER DAILY. CONTINUE TO PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT. CONTINUE TO ASSESS MOOD, BEHAVIOR, AND EFFECTIVENESS OF INTERVENTION DAILY FOR CONTINUITY OF CARE. M.BALDRIAS/PN 11.

Date Written: 12/18/2016

Written by: SN - JOHN KELLER, PN I at 10:46 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/18/2016

Note: D>Angela T. is a 42 year old female admitted for altered thought process, with a diagnosis of schizoaffective and bipolar disorder. Visible in the day area, sitting amongst peers while watching TV with occasional social interaction with peers. Observed pacing in the hallway on occasion, also socializing appropriately with peer while pacing. Flat affect, calm and cooperative during interaction. Speech is clear, thoughts appear rational and organized at this time. Angela denied perceptual disturbances, SI/HI and she stated her mood this evening was, "ok." Appropriate eye contact, gait is steady with good mobility and no seizure noted. Angela's room and the milieu were kept free of clutter and other obstacles on the ground that could pose a fall risk, and Angela was compliant with wearing non-skid foot wear while ambulating. Angela's chart, MAR, and observation paper-work were marked with insignia that indicates her as a fall risk and her room and the milieu were checked for safety at least once an hour. Angela was provided with additional education on fall hazards such as compliance with anti-seizure medications, side effects of medications, maintaining proper hydration and nutrition status, and standing and attempting to ambulate before her body has adjusted to the upright position. Dressed in casual clothing with fair grooming and good hygiene, showered during the evening.

A>Trazodone 100mg PO PRN given per request at 1950, reassessed as effective. Angela is compliant with medications and diet regimen and encouraged to attend groups and to continue to interact with staff and peers. Medication teachings were reinforced, and the risk of combining non-prescription medications and alcohol with treatment regimen were discussed. Angela was provided education on symptom management and was able to articulate the importance of the medications in recovery. Fair insight on diagnosis, cooperative and progressing on treatment goals.

P> Continue treatment plan as ordered. Continue Q 15 minute observation order and seizure/fall precautions per physician for safety. Monitor for changes in behavior and evaluate the effectiveness of medications while observing for adverse reactions and side effects. Provide daily interactions with Angela, and review goals of the treatment plan. JKeller RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/18/2016

Written by: SN - IMELDA SANTOS, PN II at 10:51 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/18/2016
Note: PROGRESS NOTES
D ANGELA CAME IN FOR SCHIZOAFFECTIVE BIPOLAR DO.ISOLATIVE MOST OF TIME.THOUGHT PROCESS COHERENT. ORIENTED X 3.GOOD INSIGHT.COOPERATIVE WITH MEDS AND MEALS.NO ABNORMAL MOVEMENTS SEEN.STATES SHE IS HEARING VOICES.DENIES PARANOIA.NO DELUSIONAL THOUGHTS.DENIES SIDE EFECTS FROM MEDS.
A SPEECH IS CLEAR, SPONTANEOUS.GOOD EYE CONTACT.GOOD PERSONAL HYGIENE. EDUCATION ON MEDS ACTIONS,INTERACTIONS WITH FOOD,ALCOHOL WAS DISCUSSED.PT VERBALIZES UNDERSTANDING.PT SYMPTOM MNGT DISCUSSED.CALM AND COOPERATIVE WITH MEDS AND MEALS.REINFORCEMENT OF THE TREATMENT TEAM DONE.ANGELA HAS INSIGHT ON HER DIAGNOSIS AND IS COOPERATIVE AND PROGRESSING ON HER TREATMENT GOALS.
P FALL RISK ASSESMENT EVERY SUNDAY. CONTINUE TO CARRY OUT TREATMENT PLAN, CONTINUE TO ADMINISTER MEDICATIONS AS ORDERED, MONITOR Q 15 FOR SAFETY, MONITOR FOR REALITY ORIENTATION. CONTINUE TO PROVIDE A SAFE AND THERAPEUTIC ENVIRONMENT.MAY CLIP NAILS /ELECTRIC RAZOR/MAY GO OFF UNIT.
ISANTOS PN11

Written by: SN - HUGO PEREDO, NURSE I at 06:46 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 25 Svc Code: 229 Date of Group Svc: 12/18/2016
Note: D: Angela is a 42 years old female who was admitted for Schizoaffective Bipolar D/O and is currently on Q 15 observation as a safety measure. Angela is being compliant with her scheduled medications. Angela received Tylenol 650 mg PO PRN for generalized pain during this shift. Angela received education about her medication dose, therapeutic effects, and possible side effects of medication. Angela verbalized understanding about information provided.

A: Angela presents altered thought process that put her at risk for harm to self and others. Angela spent the night lying in bed sleeping during most of the shift. When she was in the dayroom, Angela was quiet, calm and cooperative, and did not exhibit any aggressive behaviors toward staff or other patients. Angela did not verbalize any pain, discomfort, medical condition, SI, HI, VH, or AH at this time.

P: Angela will continue to be monitored Q15 minutes. Medications will be administered as ordered and PRN. Effectiveness of medications will be assessed, and side effects will also be monitored, if any. Treatment plan will be implemented as ordered. Angela will not be allowed to have access to objects that could be used to harm self or others. Angela will be monitored for changes in mood and mental status, as well as for reality orientation. Angela will be provided with a safe and therapeutic environment. H. E. Peredo, RN (PN1) 12/18/16

Date Written: 12/17/2016

Written by: SN - BRENDA PABAIRA, PN II at 08:36 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/17/2016
Note: D Angela T. is a 42 year old female admitted for Schizoaffective Bipolar D/O, patient is on Q 15 minutes observation, she is on seizure and fall precaution, she is in her room laying down in bed at the beginning of the shift, she came out at dinner time, she ate her dinner with good appetite, she is interactive with staff and peers, she watched TV, she denies AH/VH/SI/HI, she is alert, oriented x 3, bit delusional, she took her scheduled PO medications, she has good hygiene, patient showered during the shift, she is independent with ADLs, she is cooperative and follows directions from staff, she is able to verbalize her needs, no report of fall or seizure activity noted during the shift.
A Angela is calm, no aggressive behavior observed, no gestures to hurt self or others, she is medication and meal compliant, she was given Trazodone 100 mg PO per request for Insomnia, she was provided education about medications, alcohol and drug interactions, symptom management, and importance of compliance with her plan of care.
P Nursing staff will continue to monitor for safety, will provide a safe and therapeutic milieu, give medications as ordered for stabilization of symptoms, observe for medication effects and adverse reactions, will observe and report significant changes in mood and behavior, will give report to incoming shift for continuity of care. BPabaira RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/17/2016

Written by: SN - SULEKHA POLAKI, PN II at 11:23 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/17/2016
Note: Progress notes:

D: Angela T is visible and interactive in the unit, appears well kempt. Diagnosed with Schizoaffective Bipolar D/O. Denies SI/HI, denies hallucinations, she is eating and drinking well, compliant with all her po medications. Gait is steady, speech is clear, and with good eye contact. C/o anxiety at 0800 Vistaril 50 mg po given effective. Tylenol 650 mg po given at 8AM for bilateral shoulder painseffective. Medical issues: HTN, and is being treated with HCTZ, Seizures and is on Keppra, Dilantin, Neurontin. History of Asthma and is on Albuterol puffs. History of sickle cell anemia. Education given on medication effects and side effects, on alcohol and drug interaction, and on symptoms management.

A: Alert and oriented, cooperative, affect is blunted. Mood is appropriate. Watching TV. Able to state needs. Insight and judgement is fair.

P: On q 15 mins observations for SZ/fall risk. Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Date Written: 12/16/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 11:17 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/16/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No seizure or fall reported. Patient has no behavioral and medical issues noted/reported. Complained of left shoulder pain, x-ray was ordered to r/o arthritis/ dislocation and a chest x-ray came up normal per report. No prn was given or requested. She slept most of the night Patient was lying on bed comfortably without any sign of discomfort.

A. On rounds she was sleeping with unlabored nor in any form of distress noted. No complaints at this time.

P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of car- Reynaldo M Go Rn 12/16/16

Written by: SN - SULEKHA POLAKI, PN II at 06:05 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/16/2016
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. It was reported that Angela was c/o pain in both arms, chest x ray was done and it was negative. X ray of both arms were done at 1600 hrs results were both within normal limits, placed on the medical board for the MD to assess and treat accordingly. Interactive with peers and staff on the unit. Watches TV on and off. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. C/o pain on both shoulders Tylenol 650mg po given effective. C/o anxiety at 1610 Vistaril 50mg po given effective. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB, history of sickle cell anemia. Redirect able. No seizures or falls noted in this shift.

A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.

P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/16/2016

Written by: SN - HILDA DIAS, PN II at 12:08 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/16/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS AT 0800 PT CAME AND TOOK HER REGULAR AM MEDICATION AT THAT TIME PT STATED THAT SHE HAS LEFT SHOULDER PAIN AND SHE CANNOT LIFT HER LEFT HAND ALL THE WAY UP SHE ALSO STATED THAT IT HURTS TO BREATH AND SAID SHE HAD PNEUMONIA BEFORE TOLD PT THAT SHE WAS PUT ON THE MEDICAL BOARD YESTERDAY AND THE DOCTOR DID NOT WRITE ANY NEW ORDER BUT TOLD TO CONTINUE TYLENOL OR MOTRIN, RN OFFERED TYLENOL TO THE PATIENT SHE STATED IT DOES NOT HELP AND GOT UP SAT WENT TO HER ROOM AND STARTED THROWING THINGS AND HITTING THE WALL CODE WAS CALLED PT CALMED DOWN STATED SHE DID NOT WANT TO GO IN THE SECLUSION ROOM WAS CRYING AND OFFERED TO SIT OUT IN THE DAY ROOM RN CHECKED PTS O2 SATS WAS 90 % MORNING V/S WERE TEP= 97.9,P= 59, RR= 18, B/P= 116/79. RN OFFERED ANXIETY MEDICATION AND PAIN MEDICATION PT AGREED TO TAKE VISTARIL RN GAVE VISTARIL AND ALBUTEROL PUFF AT 0820. RN CALLED MEDICAL DOCTOR PER MEDICAL ORDER GOT STAT CHEST X RAY, EKG AND V/S Q6 AND WAS TOLD TO HAVE THE EVENING SHIFT MD REVIEW AND SEE THE PT.AT 1100 AM RN CALLED MEDICAL DOCTOR AGAIN AND WENT OVER THE RESULTS AS PT WAS STILL HAVING SHOULDER AND PAIN WHILE BREATHING TOLD DR THAT PT HAS H/O SICKLE CELL DISEASES AND MAY BE IN CRISES RN WAS CONCERNED PER MEDICAL PT DID NOT SEEM IMMEDIATE NEED FOR ANY INTERVENTION AT THIS TIME SINCE RESULTS WERE NORMAL FORM THE CHEST R RAY AND EKG AND PT IS ABLE TO WALK TALK NO FEVER AND INSTRUCTED TO MAKE THE PM SHIFT MD SEE THE PATIENT HOUSE SUPERVISOR WAS MADE AWARE OF THE SITUATION.

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN. PT HAS H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/15/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:18 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/15/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV while interacting with selective peer. Patient denies AH/VH, "I heard your voice" per patient. Patient is pleasant, polite, cooperative and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- At 2010 trazodone 100 mg po prn for insomnia was given and effective. During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status. Reynaldo M Go RN - 12/15/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/15/2016

Written by: SN - HILDA DIAS, PN II at 09:05 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/15/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES DENIED ANY PAIN THIS AM BUT IS ON MEDICAL BOARD FOR MD REVIEW

A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANY SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/14/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:18 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/14/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. She was visible in the dayroom watched tv, interacting with peers and staff. She had couple of telephone calls. She was pleasant and cooperative. Denies ah/vh but stated that she still have pain,"I think I have nerve pain in my shoulder" per patient.
A- She was placed on medical board for MD to assess her in a.m. At 2015 trazodone 100 mg po prn for insomnia was given and effective. She slept most of the night. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.)
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/14/16

Written by: SN - CHERYL MILNE, PN II at 03:52 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/14/2016
Note: SN STEIN POD G
D--ANGELA HAS BEEN VISIBLE ON THE UNIT, COOPERATIVE WITH UNIT MILIEU. SHE PARTICIPATED IN COMPETENCE RESTORATION GROUP AND RT., ALSO TREATMENT TEAM. AFTER LUNCH SHE REQUESTED MEDICATION FOR ANXIETY AND TYLENOL FOR GENERALIZED PAIN FROM VIGOROUS WORK OUT EARLIER. SHE IS DIAGNOSED WITH SCHIZOAFFECTIVE D/O, NO SI OR HI VERBALIZED.
A--COOPERATIVE WITH PLAN OF CARE
P--CONTINUE TO MONITOR BEHAVIOR, RESPONSE TO MEDS. ENCOURAGE PARTICIPATION IN GROUPS, ACTIVITIES; BUILD UPON COPING SKILLS. CHERYL MILNE RN II

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/14/2016

Written by: SN - JOHN ILDEFONZO, PN III at 12:56 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/14/2016
Note: 12/14/16

Treatment team meeting
D: Angela is a 42-year-old female. She's been compliant with her medications this week. She reported having some visual hallucinations this week. No agitation reported, but anxiety was reported this week. She attended treatment team. She was pleasant and made direct eye contact during the meeting. She was alert and oriented x4.

A: Progressing toward treatment team goals as evidenced by insight to mental illness, medication compliance, and willingness to cooperate with the treatment team.

P: Continue q15 minute observation for safety. Observe for changes in behavior indicating worsening internal stimuli. Encourage participation in groups.
J. Ildefonzo, RN

Written by: SN - JESSIE JOHNSON, PN II at 05:53 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/14/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. Groomed in street clothes with fair hygiene. Takes care of her hygiene. Eating and drinking good. She was in the day area visible and watching TV. Interacting with peers. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "Good" and affect is brighter. Denies suicidal or homicidal ideations. Not responding to internal speech. Reports " They sprayed my room, so no bugs". No delusional content in thought process. Medication compliant and denies any side effects. Requested for prn Trazodone 100mg po po at 2000hrs for sleep -effective. Rested in her room for 7.5 hrs.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
12/14/16

Date Written: 12/13/2016

Written by: SN - CHERYL MILNE, PN II at 04:31 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/13/2016
Note: SN STEIN G POD

D--ANGELA HAS BEEN VISIBLE ON THE UNIT. SHE HAD A PHONE CALL THIS MORNING, SHE HAS BEEN COMPLIANT WITH UNIT MILIEU, MEALS, MEDS. SHE PARTICIPATED IN RT, SHE REQUESTED VISTARIL THIS AFTERNOON FOR MILD ANXIETY. SHE WAS ASSESSED BY MEDICAL TODAY, RESULTS OF RECENT DILANTIN LEVEL REVIEWED, EXTRA DILANTIN DOSE GIVEN THIS AFTERNOON, EXPLAINED TO HER THAT ANOTHER LEVEL WILL BE CHECKED IN THE MORNING-SHE IS AGREEABLE. ANGELA IS DIAGNOSED WITH SCHIZOAFFECTIVE BIPOLAR D/O, NO SI OR HI VERBALIZED.
A--COOPERATIVE WITH PLAN OF CARE
P--CONTINUE TO MONITOR BEHAVIOR, RESPONSE TO MEDS, ENCOURAGE PARTICIPATION IN GROUPS, ACTIVITIES; BUILD UPON COPING SKILLS. CHERYL MILNE RN II

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/13/2016

Written by: SN - JESSIE JOHNSON, PN II at 06:02 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/13/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. She was in the day area visible and watching TV. Interacting with peers. Groomed in street clothes, fair hygiene. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "Good" and affect is brighter. Denies suicidal or homicidal ideations. Not responding to internal speech. Stated " there is bug everywhere" and refused to enter her room stating "Bugs inside the room. Staff sprayed the floor cleaner spray in her room and then she entered her room. No bugs were observed on the floor of her room. No delusional content in thought process. Medication compliant and denies any side effects. Requested for prn Trazodone 100mg po po at 2000hrs for sleep -effective.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
12/13/16

Date Written: 12/12/2016

Written by: SN - CONCEPCION CALVELO, PN II at 11:42 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/12/2016
Note: D... ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,VISIBLE/INTERACTING WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.CALM AND COOPERATIVE.NO OUTBURST. DENIES SI/HI.POOR INSIGHT.MOOD AND AFFECT STABLE. T 98.2,P 62,R 2,BP 120/80.ON DILANTIN,KEEPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.
A.. ADMITTED WITH SCHIZOAFFECTIVE DOS/RESTORE COMPETENCY. MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SAFETY,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Written by: SN - NYA TROKPAO, PN II at 05:23 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/12/2016
Note: D>> Angela is a 42 yo, admitted with diagnosis of schizoaffective bipolar disorder. At start of 11p shift, client is isolative and withdrawn. Client is presently resting well in room. Respirations unlabored and within normal range. Client in no acute distress at this time. No issue during shift.
A>> Altered thoughts/mood.
P>> Q15 min observation for safety. Provide a safe and therapeutic environment. Administer medications as scheduled. Continue current treatment plan.
Nya Trokpao PNII

Date Written: 12/11/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/11/2016

Written by: SN - TRAN LAI, PN I at 05:40 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/11/2016
Note: D-ANGELA IS A 42 Y/O FEMALE DIAGNOSES WITH SCHIZOAFFECTIVE D/O. PATIENT IS CALM, QUIET, KEPT TO SELF, PLEASANT IN APPROACH, INTERACTING WITH SELECTIVE STAFF, MADE EYE CONTACT, GOOD HYGIENE, APPROPRIATE, DENIES AH/VH, EATING AND DRINKING WELL, COMPLIANT WITH MEALS AND MEDICATION. PATIENT IS ON FALL PRECAUTION. FALL RISK REASSESSMENT IS DONE. 3RD DOSE OF TWINRIX VACCINE GIVEN ON LD TODAY.
A- PATIENT RECEIVED MEDICATION EDUCATION, EDUCATED ON EFFECTS OF DRUGS AND ALCOHOL, EDUCATED ON SYMPTOM MANAGEMENT, ENCOURAGED PARTICIPATION IN GROUP ACTIVITIES, PRIMARY PROBLEM ADDRESSED
P- NURSING STAFF WILL KEEP AN OPEN APPROACH OF VISIBILITY AND APPROACHABILITY YET DISTANCE AS TO RESPECT PERSONAL SPACE AND PRIVACY. REVIEWED POSITIVE BEHAVIORAL TREATMENT PLAN, TREATMENT PLAN REVIEWED AND IMPLEMENTED, MONITOR BEHAVIOR AND EVALUATE EFFECTIVENESS OF MEDICATIONS. CONTINUE TO MONITOR AS PRESCRIBED BY PHYSICIANS PER SAFETY PROTOCOL, INITIATE. CONTACT AND RAPPORT TO SHOW GENUINE INTEREST IN PATIENT'S THOUGHTS AND FEELINGS, MONITOR FOR ISOLATIVE BEHAVIOR AND DIVERT ATTENTION TO THE THERAPEUTIC MILIEU.
TRAN LAI RN 12/11/16

Date Written: 12/10/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:59 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/10/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral issues, she was seen played table card in the dayroom with staff. She is interactive, alert, calm and pleasant. She is ambulatory with steady gait. Able to make needs known.
A- At 2020 Trazodone 50 mg po prn for insomnia was given with positive result. . She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) No behavioral nor medical issues noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/10/16

Written by: SN - TRAN LAI, PN I at 04:55 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/10/2016
Note: D-ANGELA IS A 42 Y/O FEMALE DIAGNOSES WITH SCHIZOAFFECTIVE D/O. PATIENT IS VISIBLE IN THE DAY ROOM, SELECTIVELY INTERACTING WITH STAFF, ALERT, ORIENTED, APPROPRIATE, DENIES AH/VH, EATING AND DRINKING WELL, CALM, COOPERATIVE, COMPLIANT WITH MEDICATION, NO BEHAVIOR ISSUE. PATIENT IS ON FALL PRECAUTION
A- PATIENT RECEIVED MEDICATION EDUCATION, EDUCATED ON EFFECTS OF DRUGS AND ALCOHOL, EDUCATED ON SYMPTOM MANAGEMENT, ENCOURAGED PARTICIPATION IN GROUP ACTIVITIES, PRIMARY PROBLEM ADDRESSED
P- NURSING STAFF WILL KEEP AN OPEN APPROACH OF VISIBILITY AND APPROACHABILITY YET DISTANCE AS TO RESPECT PERSONAL SPACE AND PRIVACY. REVIEWED POSITIVE BEHAVIORAL TREATMENT PLAN, TREATMENT PLAN REVIEWED AND IMPLEMENTED, MONITOR BEHAVIOR AND EVALUATE EFFECTIVENESS OF MEDICATIONS. CONTINUE TO MONITOR AS PRESCRIBED BY PHYSICIANS PER SAFETY PROTOCOL, INITIATE. CONTACT AND RAPPORT TO SHOW GENUINE INTEREST IN PATIENT'S THOUGHTS AND FEELINGS, MONITOR FOR ISOLATIVE BEHAVIOR AND DIVERT ATTENTION TO THE THERAPEUTIC MILIEU.
TRAN LAI RN 12/10/16

Written by: SN - REYNALDO GO, CONTRACT RN at 12:50 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/10/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure and fall precaution. No seizure or fall reported. Patient has no behavioral and medical issues noted/ reported. No prn was given or requested. She slept most of the night Patient was lying on bed comfortably without any sign of discomfort.
A. On rounds she was sleeping with unlabored nor in any form of distress noted. No complaints at this time.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of car- Reynaldo M Go Rn 12/10/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/09/2016

Written by: SN - SULEKHA POLAKI, PN II at 09:42 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/09/2016
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Interactive with peers and staff on the unit. Watches TV on and off. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH, stated that she is depressed. Trazodone 50 mg po q HS for Insomnia at 1904 --effective. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care.
SPolaki RN

Written by: SN - HILDA DIAS, PN II at 11:47 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/09/2016
Note: PROBLEM =SCHIZOAFFECTIVE BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/09/2016

Written by: SN - MINERVA BALDRIAS, PN II at 06:15 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/08/2016
Note: D: ANGELA, IS A 42 YEAR OLD, FEMALE. ASSESSED AS A FALL RISK RELATED TO HX OF FALL DUE TO SEIZURE DISORDER. ALERT AND ORIENTED X 4. BRIGHT AFFECT. GOOD MOOD AS STATED "FINE." PLEASANT UPON APPROACH, INTERACTING WELL WITH PEERS AND STAFF. MAINTAINED GOOD EYE CONTACT DURING CONVERSATION CLEAR SPEECH NORMAL RATE, TONE AND VOLUME. INDEPENDENT TO DO ACTIVITIES OF DAILY LIVING ATE 100% OF HER SNACK, NO SHOWER DURING THE EVENING SHIFT ASKED IF WANT TO BE WOKEN UP AT 0615 TO TAKE A SHOWER SHE STATED "YES" AND REQUESTED TO BE FIRST TO SHOWER.
A: ANGELA, STAYS IN THE DAYROOM DURING THE EVENING SHIFT WATCHING TELEVISION. SHE DENIES AUDITORY AND VISUAL HALLUCINATION. NO REPORT OF SUICIDAL IDEATION, HOMICIDAL IDEATION AND DELUSIONAL IDEATION. SHE REQUESTED PRN MEDICATION FOR ANXIETY AND FOR SLEEP. TOOK SCHEDULE MEDICATIONS WITH PRN VISTARIL 50 MG PO PRN FOR ANXIETY AND TRAZODONE 50 MG PO PRN GIVEN FOR INSOMNIA AT 2020 PER HER REQUEST. REASSESSED AS EFFECTIVE NO EVIDENCE OF ANXIETY AND SLEEPING WITH EYES CLOSED AT 2120. MEDICATION EDUCATION AND EDUCATION ON SYMPTOMS MANAGEMENT WERE DISCUSSED. SHE WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY. DAILY IMPLEMENTATION OF TREATMENT PLAN PROVIDED ANGELA, IS ON FALL AND SEIZURE PRECAUTION AS ORDERED. ENVIRONMENTAL ROUNDS CONDUCTED TO ENSURE FOR SAFETY BY ELIMINATING OR REMOVED ENVIRONMENTAL HAZARDS IN HER ROOM. NURSING STAFF ADMINISTERED SEIZURE MEDICATIONS AND MONITOR SIDE EFFECT. NURSING INTERVENTION EFFECTIVE ANGELA, IS ON Q 15 OBSERVATION FOR FALL PRECAUTION DUE TO SEIZURE DISORDER AS MD ORDERED FOR SAFETY. HER ROOM IS FREE FROM POINTED OR SHARP OBJECTS TO PREVENT POTENTIAL INJURY. NO REPORT OF SIDE EFFECT/ADVERSE REACTIONS OF MEDICATIONS OBSERVED. ANGELA, HAS GOOD INSIGHT ON HER DIAGNOSIS AND IS COOPERATIVE AND PROGRESSING ON HER TREATMENT GOALS. AT THIS TIME ANGELA, IS RESTING WELL WITH EYES CLOSED, RESPIRATION EVEN, UNLABORED BREATHING, NO RESPIRATORY DISTRESS, NO EPISODE OF SEIZURE ACTIVITY, NO REPORT OF INJURY RELATED TO FALL, AND NO BEHAVIORAL PROBLEM NOTED DURING THE NIGHT SHIFT.
P: CONTINUE Q 15 OBSERVATION FOR SAFETY. CONTINUE TO DOCUMENT AND COMPLETE FALL RISK ASSESSMENT EVERY 7 DAYS ON SUNDAY. CONTINUE TREATMENT PLAN AS ORDERED. MONITOR FOR CHANGES IN BEHAVIOR AND EVALUATE THE EFFECTIVENESS OF MEDICATIONS, OBSERVE FOR ADVERSE/SIDE EFFECT OF MEDICATIONS. WILL PROVIDE INTERACTIONS, AND REVIEW GOALS OF THE TREATMENT PLAN WITH HER DAILY. CONTINUE TO PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT. ENDORSED TO INCOMING NURSING STAFF FOR CONTINUITY OF CARE. M.BALDRIAS,PN II.

Date Written: 12/08/2016

Written by: SN - HILDA DIAS, PN II at 11:02 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/08/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES PT WAS UP SAT IN AM WHEN SHE WAS TOLD TO CHANGE HER CLOTHS TO DIFFERENT ONCE

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 12/07/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/07/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 11:46 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/07/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV while interacting with peer and staff. Patient denies AH/VH, "nope I don't see or hear anything" per patient. Patient is pleasant, polite and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- At 2005 Vistaril 50 mg po prn for anxiety and trazodone 50 mg po prn for insomnia was given both effective. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.)During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/08/16

Written by: SN - SULEKHA POLAKI, PN II at 04:08 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/07/2016
Note: Progress notes:
D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Interactive with peers and staff on the unit. Watches TV. Participates in group activities. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. Attended treatment team today and the new orders were: Trazodone 50 mg po q HS for Insomnia. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - MA TERESA FERNANDEZ, PN II at 05:57 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/07/2016
Note: D. ANGELA T. IS A 42 Y/O AFRICAN AMERICAN FEMALE ADMITTED 11/10/16 WITH A HISTORY OF SCHIZOAFFECTIVE DISORDER. ANGELA WAS IN HER ROOM,LYING DOWN,NOT IN ANY DISTRESS.SHE RESTED MOST OF THE SHIFT,SHE DID NOT HAVE ANY COMPLAINTS,NO SUICIDAL OR HOMICIDAL THOUGHTS,NO VISUAL/AUDITORY HALLUCINATIONS,AGITATION,AGGRESSION,SEIZURE OR FALL.
A.CALM,QUIET ,APPROPRIATE AND NO BEHAVIORAL ISSUES.RN STAFF WILL CONTINUE TO CARRY OUT HER PLAN OF CRE AND FALL PREVENTION PROTOCOL DAILY AND HER FALL ASSESSMENT WEEKLY.
P. CONTINUE OBSERVATION PER MD ORDER FOR FALL AND SEIZURE RISK,ASSISTED WITH HER NEEDS,ADMINISTERED HER MEDICATIONS AND PROVIDED HIM WITH A SAFE,SECURE AND HEALTHY ENVIRONMENT,CONTINUE TO MONITOR FOR CHANGES IN MOOD AND BEHAVIOR AMD ASSESS FOR ANY MEDICATION SIDE EFFECTS,ADVERSE REACTIONS AND EFFECTIVENESS.

Date Written: 12/06/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:57 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 12/05/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Note: LATE ENTRY- DATE OF SERVICE 12/5/16
Name: Angela Thomas 240414
Age: 4 /74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200, 400 / Vistaril 50 Q6 PRN

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Visible, interactive.

LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8.

MSE:
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses mild AH, VH ("able to tune them out), mild paranoia. Denies being invisible. No formal thought disorder.
Insight: poor-fair Judgment: fair Impulse Control: fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis and response to ^ Seroquel, anxiety.
3.f/u LP pretest- takes this week.

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:57 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 11/30/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Note: LATE ENTRY- DATE OF SERVICE 11/30/16
Name: Angela Thomas 240414
Age: 43 /74
Admit Date: 11/10/16
LP Tests: / Commit Date.
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine, h/o meth x 1 mo distant past
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ. last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200 BID / Vistaril 50 Q6 PRN

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Keeps to self. No issues except fibromyalgia pain that cuases insomnia (Gabapentin helps).

LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8

MSE: : seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " OK", euthymic, full. No PDW/SI/HI.
Thought process /content: Endorses AHm VH (little animals), paranoia. Denies being invisible. No formal thought disorder.
Insight: poor-fair Judgment: fair Impulse Control. fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, anxiety.
3.f/u LP pretest- takes in 1 week.
4.^ Seroquel 200, 400.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Daniel Sussman, MD, Esq.

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:56 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc. 11/28/2016
Note: LATE ENTRY- DATE OF SERVICE 11/28/16
Name: Angela Thomas 240414
Age: 43 /74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G3

HPI IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning) àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids / edu: Spec Ed some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE.
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200 BID / Vistaril 50 Q6 PRN

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Request ^ Neurontin for pain.

LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8.

MSE: unassessable due to somnolence while in bed.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Monitor for psychosis, anxiety.
3.f/u LP pretest.
Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:55 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 11/23/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Note: LATE ENTRY- DATE OF SERVICE 11/23/16
Name: Angela Thomas 240414
Age: 43 74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200 BID

UPDATE PER STAFF/CHART/Pt.: RxC, No AE, ^ Seroquel helped. Polite, Still anxious at times- Vistaril helps. Participates in groups. Will start LP 11/28. .

LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8.

MSE: seen in Tx Team
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " good", euthymic, full. No PDW/SI/HI.
Thought process /content: Diminished AH/no VH/vague paranoia. No formal thought disorder.
Insight: poor-fair Judgment: fair Impulse Control: fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.^ Seroquel 200 BID.
3.^ Vistaril 50 Q6 PRN.
4.
Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 05:54 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 11/21/2016
Note: LATE ENTRY- DATE OF SERVICE 11/23/16
Name: Angela Thomas 240414
Age: 43 74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another. / 5/31/16 PCS (Meth)
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. Slagle (9/3) & Dr. Harder (9/2) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: Bipolar d/o, Schizoaff
Dr. Perlotto (9/11) found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx: BPI w Psychosis, Schizoaffedtive, Borderline P.D., PTSD, h/o ADHD, Cocaine Use in Rem, THC Use D/O

PSYCHOTROPIC Rx and Allergies: Seroquel 200 HS/ ^Cogentin 1.5 BID.

UPDATE PER STAFF/CHART/Pt.: RxC, No AE. Requests to D/C Cogentin. Calm. Goal directed to start LP classes.

LABS: Admit labs WNL x CO2 34. CXR- mild LLL infiltrate c L effusion, PPD- neg. Phenobarb 11.5. Hg A1C 5.8.

MSE:
General: Alert, cooperative, attentive, good Eye Contact, mild rocking of torso.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " Secluded", euthymic, , mildly anxious, full. No PDW/SI/HI.
Thought process /content: Endorses mild AH/VH/paranoia. No formal thought disorder.
Insight: poor-fair Judgment: fair Impulse Control: fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.^ Seroquel 200 BID.
3.D/C Cogentin
4.Refer to LP classes.
Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/06/2016

Written by: SN - SULEKHA POLAKI, PN II at 02:45 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/06/2016
Note: Progress notes:

D: Angela T is 42 year old female diagnosed with Schizoaffective Bipolar disorder. She is on q 15 mins observations for seizures and fall risk. Alert /oriented x 4. Visible in day area/unit watching TV, playing table games, interactive with staff & peers. Participated in group activities. Gait is steady. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin, Keppra, History of Hypertension and is treated with HCTZ. Today's B/P is 113/81, HR 71/min.

A: Speaks clearly, euthymic, social, and appropriate. Has a brighter affect. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.

P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - JESSIE JOHNSON, PN II at 06:06 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/06/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. She was in the day area visible and watching TV. Interacting with peers and singing along with TV show. Groomed in street clothes, fair hygiene. Able to verbalize needs. Monitored for safety during night time. No seizure/fall noted in this shift.

A-Alert, coherent. Mood is "Good" and affect is brighter. Denies suicida or homicidal ideations. Not responding to internal speech. No delusional content in thought process. Medication compliant and denies any side effects. Requested for prn Vistaril 50mg po at 2000hrs -effective.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
12/6/16

Date Written: 12/05/2016

Written by: SN - JUAN MANLANGIT, RN at 04:46 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/05/2016
Note: D> Angela is a 42 year old female admitted with the dx of schizoaffective bipolar disorder. Received Angela sitting on the sofa in the dayroom. She is calm, cooperative and polite. She was concerned about her current dosage of Neurontin. She stated that to manage her pain she was previously taking a higher dosage. She is currently on the board for her concerns. She participates in group activities. She participate in legal process group this morning. She interacts appropriately with her peers. There arose a concern about her currently clothing. She willingly surrendered her clothing to staff and switched it out with a different set of pants in her property. She denies SI and HI at this time.

A> Treatment plan implemented. Scheduled medication given and tolerated. Medical physician ordered an increase in her Neurontin to 600 mg PO BID for pain. Order carried out and informed Angela of the change in her medication. Angela was visibly happy about the change in the medication. She was also given nail clipping privileges. Encouraged Angela to continue compliant and cooperative behavior. Seizure precautions in place and reinforced.

P> On Q15 observation for seizure and fall risk. To continue to monitor mood, behavior and physical status. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness.

-J. Manlangit 12-5-2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/05/2016

Written by: SN - JAMES LIAO, NURSE I at 06:02 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/04/2016
Note: D Angela T. is a 42 year-old female admitted on 11/10/16 and diagnosed with schizoaffective bipolar disorder. At 1900 shift change she was visible in the day room watching TV and interacting appropriately with peers. She was compliant for her HS meds, and requested PRN Vistaril 50mg. Medications taken with good effect, no side effects noted nor reported. Angela slept through this shift, no issues noted. She is on q15 minutes monitoring for seizure and fall precaution. No seizure, falls, or injuries sustained during this shift.
A Alert and oriented, Angela is calm, pleasant, and cooperative upon approach. Fair mood with blunted affect. No self-harm behavior noted during this shift. As per shift report, Angela is on medical board for concerns regarding her Neurotin dosing. Treatment plan implemented daily.
P Continue to monitor as per ordered. Continue to implement treatment plan daily. Will continue to monitor for med efficacy and side effects, and changes in behavior and mental status. Endorsed to oncoming shift nurse for continuity of care.

Date Written: 12/04/2016

Written by: SN - CONCEPCION CALVELO, PN II at 04:19 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/04/2016
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,VISIBLE/INTERACTING WITH PEERS IN THE UNIT,MED COMPLIANT WITH NO SIDE EFFECTS NOTED. PLEASANT AND COOPERATIVE,DENIES SI/HI.NOT AGITATED,NOT HPERMANIC.POOR INSIGHT.DID NOT SHOWER TODAY. T 98.0.P 77,R 18,BP 128/86.ON DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH BIPOLAR DOS/RESTORE COMPEMEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE OBSERVATION ORDER PER MD FOR SAFETY,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.
TENCY.

Written by: SN - HUGO PEREDO, NURSE I at 06:30 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/04/2016
Note: D: Angela is a 42 years old female who was admitted for Schizoaffective Bipolar D/O and is currently on Q 15 observation as a safety measure. Angela is being compliant with her scheduled medications. Angela received no PRN medications during this shift. Angela received education about her PRN medication doses, therapeutic effects, and possible side effects. Angela was encouraged to report any worsening in medical or psychiatric conditions, and to request her PRN medication if needed. Angela verbalized understanding about information provided, but denied any need for PRNs at this time. No behavior that may have required PRN medication was observed during the shift.

A: Angela presents altered thought process that put her at risk for harm to self and others. Angela spent the night lying in bed sleeping during most of the shift. When she was in the dayroom, Angela was quiet, calm and cooperative, and did not exhibit any aggressive behaviors toward staff or other patients. Angela did not verbalize any pain, discomfort, medical condition, SI, HI, VH, or AH at this time.

P: Angela will continue to be monitored Q15 minutes. Medications will be administered as ordered and PRN. Effectiveness of medications will be assessed, and side effects will also be monitored, if any. Treatment plan will be implemented as ordered. Angela will not be allowed to have access to objects that could be used to harm self or others. Angela will be monitored for changes in mood and mental status, as well as for reality orientation. Angela will be provided with a safe and therapeutic environment. H. E. Peredo, RN (PN1) 12/04/16

Date Written: 12/03/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/03/2016

Written by: SN - SULEKHA POLAKI, PN II at 03:38 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/03/2016
Note: Progress notes:

D: Angela T. is a 42 year old female client, admitted and diagnosed with Schizoaffective Bipolar Disorder. She is on Q 15 monitoring for seizures & fall precautions. Eating and drinking well. She took her po medications with no side effects reported. She watched TV, interacts with peers, sociable, and approachable. Makes needs known. Insight and judgement is fair. C/o pain on left shoulder and neck Tylenol 650 mg po given at 0828 AM effective.

A: Alert and oriented to time, place and situation. Behavior and mood appropriate. She has been medication compliant. No behavior issues with peers and staff/ No agitations noted. Denies suicidal homicidal thoughts.

P: Provide safe, supportive and non-threatening milieu. Implement current plan of care. Administer medication as ordered, monitor effectiveness, side effects and behavior changes. Review goals of the treatment plan, medication effects and side effects and importance of compliance to medication for recovery. Encouraged verbalized thoughts, feelings and concerns. Safety and comfort maintained. Endorsed to incoming shift for continuity of care. SPolaki RN

Written by: SN - REYNALDO GO, CONTRACT RN at 12:27 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/03/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of schizoaffective bipolar disorder. She is Q 15 observation for seizure/fall precaution. No seizure or fall reported. Patient was lying on bed comfortably without any sign of discomfort.She slept most of the night

A-No complaints at this time. No prn was given or requested. No behavioral issue noted.

P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of car- Reynaldo M Go Rn 12/03/16

Date Written: 12/02/2016

Written by: SN - SULEKHA POLAKI, PN II at 09:22 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/02/2016
Note: Progress notes:

D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Interactive with peers and staff on the unit. Watches TV. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. Vistaril 50mg po given at 1917 for anxiety effective. C/o generalized body pains at 1955 Motrin 600 mg po given effective. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. No seizures or falls noted in this shift.

A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.

P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/02/2016

Written by: SN - HILDA DIAS, PN II at 10:48 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/02/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES PT DOES TAKE PART IN UNIT GROUP ACTIVITIES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT BLUNTED FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Written by: SN - REYNALDO GO, CONTRACT RN at 12:22 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/02/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV while interacting with peer and staff. Patient denies audio hallucination but positive of visual hallucination "an animal running across" per patient. Patient is pleasant, polite and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- At 2025 Vistaril 50 mg po prn for anxiety was given and effective. At 2100 patient seen went to her room resting. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.)During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/02/16

Date Written: 12/01/2016

Written by: SN - HILDA DIAS, PN II at 01:54 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/01/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE IN AND OUT OF HER ROOM PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS MOSTLY ISOLATIVE SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT FLAT FAIR GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED FAIR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 12/01/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 01:25 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 12/01/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV, playing table game while interacting with peer and staff. Patient denied hearing voices. Patient is pleasant, polite and medication compliant.
A- At 2030 vistaril 50 mg po prn for anxiety was given and effective. Patient seen went to her room resting. During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 12/01/16

Date Written: 11/30/2016

Written by: SN - SULEKHA POLAKI, PN II at 04:24 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/30/2016
Note: Progress notes:
D: Angela T is a 42 year old female admitted for schizoaffective Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. She is seen interacting with staff and peers on the unit and watching TV. Playing table games. Grooming and hygiene is fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. She requested for increase in Neurontin but the medical Dr denied it until proven otherwise. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. Seen by treatment team today and the MD increased the Seroquel to 200 mg po q AM and 400 mg po q HS for psychosis. No seizures or falls noted in this shift. No seizures noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care.
SPolaki RN

Written by: SN - JACQUELYNN DAKAKE, PN III at 12:41 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/30/2016
Note: Treatment team note 11/30/16:
D- Angela attended treatment team. Calm, cooperative and polite behavior. Attentive during interaction. Organized thought process. Speech is normal rate, tone, rhythm and coherent. Denies auditory hallucinations. Reports some visual hallucinations of "little animals". She also reports some paranoia. Reports mood as "Ok". Affect is appropriate. Denies side effects to current medications. Reports she is sleeping not so good at night due to waking up frequently from fibromyalgia pains. Good insight/judgment.
A- Seen by treatment team. No changes to observation level at this time. Seroquel dosages to be adjusted and determined by attending psychiatrist. Encouraged to attend allied therapy groups as well as competency restoration classes. Encouraged to continue complying with medications. Implemented interventions outlined in treatment plan.
P- Staff will continue with current plan of care. Treatment team will continue to meet weekly with Angela and will monitor for progress toward treatment plan goals.
JDAKAKE PNIII

Written by: SN - MA TERESA FERNANDEZ, PN II at 06:04 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/30/2016
Note: D. ANGELA T.IS A 42 Y/O AFRICAN AMERICAN FEMALE ADMITTED 11/10/16.ANGELA WAS IN HER ROOM,LYING DOWN,NOT IN ANY DISTRESS.SHE RESTED MOST OF THE SHIFT.SHE WAS UP AT 0145,USED THE BATHROOM AND ASKED FOR MEDICATION FOR BODY PAINS AND WENT BACK TO BED.SHE DID NOT HAVE ANY SUICIDAL OR HOMICIDAL THOUGHTS,NO AH/VH/AGITATION,AGGRESSION,SEIZURE OR FALL,
A. CALM,QUIET AND APPROPRIATE,NO BEHAVIORAL ISSUES.RN STAFF WILL CONTINUE TO CARRY OUT HER PLAN OF CARE DAILY.
P. CONTINUE OBSERVATION PER MD ORDER FOR FALL AND SEIZURE RISK,ASSISTED WITH HER NEEDS,ADMINISTERED HER MEDICATIONS-TYLENOL 650 MG PO-EFFECTIVE AND PROVIDED HER WITH A SAFE,SECURE AND HEALTHY ENVIRONMENT,CONTINUE TO MONITOR FOR MOOD AND BEHAVIOR CHANGES AND ASSESS FOR MEDICATION SIDE EFFECTS AND EFFECTIVENESS,ENDORSE TO INCOMING STAFF FOR CONTINUITY OF CARE..

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/29/2016

Written by: SN - TERESITA CASTRO, PN II at 09:06 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/29/2016
Note: D: Angela T. is a 42 year old female client, admitted and diagnosed with Bipolar Disorder. She is on continuous Q 15 monitoring for seizure fall precaution. He lined up for dinner, eating and drinking well. She took her evening medications with no side effects reported. She watched TV, interacts with peers, sociable, and approachable. No complaints made. She has good personal hygiene.
A: Alert and oriented. Behavior and mood appropriate. She has been medication compliant. No behavior issues with peers and staff/ No agitations noted. Denies suicidal homicidal thoughts.
P: Provide safe, supportive and non-threatening milieu. Implement current plan of care. Administer medication as ordered, monitor effectiveness, side effects and behavior changes. Review goals, medication effects and side effects and importance of compliance to medication for recovery. Encouraged verbalized thoughts, feelings and concerns. Safety and comfort maintained. Endorsed to incoming shift for continuity of care. Tess Castro RN 11/29/16

Written by: SN - JUAN MANLANGIT, RN at 10:32 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/29/2016
Note: D> Angela is a 42 year old female admitted with the dx of bipolar disorder. Received Angela lining up for medications in the dayroom. Angela is calm, cooperative and pleasant. She appears disheveled but she maintains an acceptable level of cleanliness and hygiene. She is able to do her ADLs independently. She is able to maintain appropriate eye contact and can communicate in a calm and clear manner. She denies SI and HI. She is medication and meal compliant. She denies pain or discomfort. She currently denies concerns about her medication or treatment.
A> Treatment plan implemented. Seizure precautions in place and reinforced. Encouraged Angela to continue cooperation with treatment and medication. Encouraged Angela to verbalize concerns to staff members or the treatment team. Medication education given regarding Seroquel. Reviewed Angela's understanding of the medication. Patient pamphlet provided. Clarified questions Angela had regarding the frequency of her medication (BID) as well as the dosage (200 mg PO).
P> On Q15 observation due to seizure and fall precautions. To continue to monitor medication and treatment effectiveness. To continue to provide a safe and therapeutic environment. To continue to monitor mood, behavior and physical status.
-J. Manlangit 11-29-2016

Written by: SN - FAITH BELTRAN, RN at 06:02 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 30 Svc Code: 229 Date of Group Svc: 11/28/2016
Note: D> Assumed care at 2330. Angela is a 42 y/o female diagnosed with Bipolar Disorder. She appeared to be sleeping during rounds, eyes closed with even and unlabored breathing. She is able to state needs for snacks/medications and use of bathroom. Neither seizure nor fall was reported during the shift. Tylenol 650mg PO given for right arm pain and was effective upon reassessment.
A>Altered Thought Process. No behavioral issues. No complaints at this time. Not in any form of distress.
P> Continue to monitor her per protocol. Monitor for changes in behavior and evaluate effectiveness of medications, observe for adverse/side effects of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of care. FBLustre

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Date Written: 11/28/2016

Written by: SN - CONCEPCION CALVELO, PN II at 09:07 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/28/2016
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,IN AND OUT OF ROOM,MINIMAL INTERACTION WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALM AND COOPERATIVE,DENIES SI/HI.MOOD AND AFFECT CALM.NOT HYPERACTIVE.POOR INSIGHT.NOT AGRESSIVE.ON DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH BIPOLAR DOS/RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC.,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/28/2016

Written by: SN - CONCEPCION CALVELO, PN II at 11:23 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/28/2016
Note: D...ANGELA IS A 42 YEAR OLD FEMALE,ALERT,ORIENTED X3,IN AND OUT OF ROOM,MINIMAL INTERACTION WITH PEERS,MED COMPLIANT WITH NO SIDE EFFECTS NOTED.SHE IS CALM AND COOPERATIVE,DENIES SI/HI.MOOD AND AFFECT CALM.NOT HYPERACTIVE.POOR INSIGHT.NOT AGRESSIVE.T 97.7,P 60,R 18,BP123/87.ON DILANTIN,KEPPRA,HCTZ,NEURONTIN FOR MEDICAL PROBLEMS.NO SEIZURES NOTED.
A..ADMITTED WITH BIPOLAR DOS/RESTORE COMPETENCY.MEDICATION TEACHINGS WERE REINFORCED,THE RISK OF COMBINING NON PRESCRIPTION MEDICATIONS AND ALCOHOL WITH HER TREATMENT REGIMEN WAS DISCUSSED,PROVIDED AN EDUCATION ON SYMPTOM MANAGEMENT,AND WAS ABLE TO VERBALIZE THE IMPORTANCE OF MEDICATIONS IN RECOVERY.PT TO CONTINUE TO INTERACT WITH OTHERS. TREATMENT PLAN IMPLIMENTED DAILY.
P&CONTINUE Q 15 OBSERVATION ORDER PER MD FOR SEIZURE/FALL PREC.,CONTINUE RX PLAN AS ORDERED,MONITOR FOR CHANGES IN BEHAVIOR ,EVALUATE THE EFFECTIVENESS OF MEDICATIONS,OBSERVE FOR ADVERSE/SIDE EFFECTS OF MEDICATIONS..WILL PROVIDE DAILY INTERACTIONS WITH PT AND REVIEW GOALS OF THE TREATMENT PLAN WITH HIM.PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT.

Written by: SN - MINERVA BALDRIAS, PN II at 05:08 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/28/2016
Note: D: ANGELA, IS A 42 YEAR OLD, FEMALE. ASSESSED AS A FALL RISK RELATED TO HX OF FALL DUE TO SEIZURE DISORDER. FORENSIC SPECIALIST AND MHT STAFF CONDUCTED ENVIRONMENTAL ROUNDS TO ENSURE FOR SAFETY. PER PHYSICIAN'S ORDER PLACED ANGELA, ON Q 15 OBSERVATION FOR SEIZURE PRECAUTION AND FALL PRECAUTION.
A: AT 2300 DURING INITIAL ROUND BY FORENSIC SPECIALIST AND NURSING STAFF OBSERVED ANGELA, IN HER ROOM LYING ON BED RESTING WELL WITH EYES CLOSED, RESPIRATION EVEN, UNLABORED BREATHING, CHEST IS RAISING AND FALLING, NO RESPIRATORY DISTRESS NOTED. DAILY IMPLEMENTATION OF TREATMENT PLAN PROVIDED. CONTINUE TO PROVIDE A SAFE, QUIET AND THERAPEUTIC ENVIRONMENT CONTUSIVE TO REST/SLEEP PATTERNS. NURSING INTERVENTION EFFECTIVE ANGELA'S ROOM IS FREE OF CLUTTER AND FREE FROM POINTED OR SHARP OBJECTS TO PREVENT FOR POTENTIAL INJURY. AT THIS TIME ANGELA, IS IN HER ROOM CONTINUOUSLY RESTING QUIETLY NOT IN ANY FORM OF DISTRESS. NO BEHAVIORAL PROBLEM NOTED, NO EPISODE OF SEIZURE ACTIVITY AND NO REPORT OF INJURY RELATED TO FALL DURING THE NIGHT SHIFT.
P: CONTINUE OBSERVATION FOR SAFETY. CONTINUE TO DOCUMENT AND COMPLETE FALL RISK ASSESSMENT EVERY 7 DAYS ON SUNDAY. CONTINUE TREATMENT PLAN AS ORDERED. WILL PROVIDE INTERACTIONS, AND REVIEW GOALS OF THE TREATMENT PLAN WITH HER DAILY. CONTINUE TO PROVIDE SAFE AND THERAPEUTIC ENVIRONMENT. CONTINUE TO ASSESS MOOD, BEHAVIOR, AND EFFECTIVENESS OF INTERVENTION DAILY FOR CONTINUITY OF CARE. M.BALDRIAS/PN 11.

Date Written: 11/27/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/27/2016

Written by: SN - JOHN KELLER, PN I at 10:49 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/27/2016
Note: D>Angela T. is a 42 year old female admitted for altered thought process, with a diagnosis of bipolar disorder. Flat, guarded affect, calm and cooperative during interaction. Isolative and withdrawn in her room for the majority of the evening, visible for ADL's and HS medications. Keeps to herself while visible, not observed initiating interaction with peers, but Angela will initiate appropriate interaction with staff to have need met. Speech is clear, thoughts appear rational and organized at this time. Angela denied perceptual disturbances, SI/HI, and she stated her mood was, "pretty good, anxious sometimes." Good eye contact, gait milieu were kept well lighted and free of clutter and other obstacles on the floor that could pose a fall risk. Angela's room, chart, MAR, and monitoring documents were marked with insignia to designate her as a fall risk, and the milieu and her room were checked for safety at least once every hour. Angela was provided additional education on fall hazards such as compliance with anti-seizure medication, medication side effects, maintaining proper hydration and nutrition, and standing and attempting to ambulate before her body has adjusted to the upright position. Dressed in casual clothing with fair grooming and good hygiene, showered during the evening. Vistaril 50mg PO PRN given per request at 2009 for anxiety, reassessed as effective.

A>Vistaril 50mg PO PRN given per request at 2009 for anxiety, reassessed as effective. Angela is compliant with medications and diet regimen and encouraged to attend groups and to continue to interact with staff and peers. Able to care for herself and perform independent ADL's. Medication teachings were reinforced, and the risk of combining non-prescription medications and alcohol with treatment regimen were discussed. Angela was provided education on symptom management and was able to articulate the importance of the medications in recovery. Fair insight on diagnosis, cooperative and progressing on treatment goals.
P> Continue treatment plan as ordered. Continue Q 15 minute observation order and seizure/fall precaution per physician for safety. Monitor for changes in behavior and evaluate the effectiveness of medications while observing for adverse reactions and side effects. Provide daily interactions with Angela, and review goals of the treatment plan. JKeller RN

Written by: SN - IMELDA SANTOS, PN II at 12:05 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/27/2016
Note: PROGRESS NOTES
D ANGELA CAME IN FOR BIPOLAR DO.ISOLATIVE MOST OF TIME.THOUGHT PROCESS COHERENT. ORIENTED X 3.GOOD INSIGHT.COOPERATIVE WITH MEDS AND MEALS.NO ABNORMAL MOVEMENTS SEEN.STATES SHE IS HEARING VOICES.DENIES PARANOIA.NO DELUSIONAL THOUGHTS.DENIES SIDE EFECTS FROM MEDS.
A PARTICIPATED IN THE TOKEN ECONOMY. LETTING STAFF TO SIGN HER POINTS SHEET.SPEECH IS CLEAR, SPONTANEOUS. GOOD EYE CONTACT.GOOD PERSONAL HYGIENE. EDUCATION ON MEDS ACTIONS,INTERACTIONS WITH FOOD,ALCOHOL WAS DISCUSSED.PT VERBALIZES UNDERSTANDING.PT SYMPTOM MNGT DISCUSSED.CALM AND COOPERATIVE WITH MEDS AND MEALS.REINFORCEMENT OF THE TREATMENT TEAM DONE.ANGELA HAS INSIGHT ON HER DIAGNOSIS AND IS COOPERATIVE AND PROGRESSING ON HER TREATMENT GOALS.
P FALL RISK ASSESMENT EVERY SUNDAY. CONTINUE TO CARRY OUT TREATMENT PLAN, CONTINUE TO ADMINISTER MEDICATIONS AS ORDERED, MONITOR Q 15 FOR SAFETY, MONITOR FOR REALITY ORIENTATION. CONTINUE TO PROVIDE A SAFE AND THERAPEUTIC ENVIRONMENT.
ISANTOS PN11

Date Written: 11/26/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:09 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/26/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. No falls or seizure observed. Patient has no behavioral issues, she was seen in the dayroom watching TV and interacting with peer and staff. Patient denied hearing voices. Patient is pleasant, polite and medication compliant. At 1945 patient complained of headache. She is ambulatory with steady gait and able to make needs known.
A- At 1950 Motrin 600 mg prn for headache and vistaril 50 mg po prn for anxiety was given and both effective. At 2100 patient seen went to her room resting. During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/26/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/26/2016

Written by: SN - KARL RONQUILLO, NURSE I at 09:46 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/26/2016
Note: D-Angela is a 42 year old female diagnosed with Bipolar disorder. Angela was mostly in her room during the day. She was out for meals, medications, and snacks. She is interactive with select peers and staff. She is mostly in her room during the day. Blood pressure and heart rate is to be monitored daily: BP 128/89 HR 65, Routine blood pressure medications given as ordered. She is on q15 observation for seizure and fall precautions. No falls or seizures during the shift.

A-Angela is observed to be calm and cooperative. Her affect is normal and her mood is euthymic. Hygiene is fair. Gait is steady, Non-skid footwear provided. Able to move all four extremities. She is medication compliant. She has been educated about symptom management and current medications (including any potential alcohol and drug interactions.) Bipolar disorder appropriate mood, no behavioral problems.

P- Will continue to monitor for q15 observation. Will provide an environment free from clutter for ambulation. Will provide non-skid footwear for safety. To continue to monitor medication and treatment effectiveness. Ensure no access to objects which may be used to hurt self or others. Will provide education regarding alcohol and drug interaction with medications weekly, and educate regarding management of symptoms. Will monitor for any changes in mood or mental status, monitor for reality orientation, and continue to provide a safe and therapeutic environment. K.Ronquillo, PN I

Written by: SN - REYNALDO GO, CONTRACT RN at 12:15 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 14 Svc Code: 229 Date of Group Svc: 11/26/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral and medical issues noted/ reported. No complaints at this time. No prn was given or requested. Patient was lying on bed comfortably without any sign of discomfort.
A- She slept most of the night. On rounds she was sleeping with unlabored nor in any form of distress noted.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of car- Reynaldo M Go Rn 11/26/16

Date Written: 11/25/2016

Written by: SN - SULEKHA POLAKI, PN II at 09:42 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/25/2016
Note: Progress notes:
D: Angela T is a 42 year old female admitted for Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Interacting with staff and peers. Watching TV. Grooming and hygiene fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. Vistaril 50mg po given at 1930 for anxietyeffective. Medical issues Seizures and is on Dilantin, Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/25/2016

Written by: SN - HILDA DIAS, PN II at 02:14 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/25/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS MOSTLY ISOLATIVE SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT FLAT UNKEPT GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED POOR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Written by: SN - JOHN ILDEFONZO, PN III at 11:51 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/25/2016
Note: LATE ENTRY
11/23/16
TREATMENT PLAN MEETING
D: Angela is a 42-year-old female. Angela was compliant with medications this week. She attended treatment team. She reported hearing voices still and feeling paranoid. She stated that she's "not sure" what she's paranoid about, but she didn't feel safe. She was unable to sit still during the meeting. She reported feeling anxious. She signed her treatment plan. She will start legal process class this Monda.

A: Progressing toward treatment team goals as evidenced by enthusiasm to start legal process classes.

P: encourage to participate in groups. Observe for distress from psychotic symptoms.
J. Ildefonzo, RN

Written by: SN - ELMER PASCUA, PN II at 05:11 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/24/2016
Note: D: Angela is on Q 15 observation for safety r/t fall/seizure risk. Pleasant, polite, appropriate. Cooperative, follows unit rules and staff instructions. Appropriate mood and affect, good eye contact. Denies complaints at this time. No behavioral problems presented/noted. Does not exhibit harmful behavior towards self or others.
A: Compliant with treatment and diet regimen. Vistaril 50 mg PRN for anxiety given at 2030 per request, effective. No noted/reported side effects/adverse reactions from medications. No falls. No seizure-like activity noted. Maintained on fall/seizure precaution. Environmental rounds performed to ensure no pointed or sharp objects on Angela's surroundings to prevent potential injury. Reviewed and implemented treatment plan. Encouraged to continue compliance with treatment regimen. Sleeping in her room as of writing, not in any form of distress.
P: Continue on Q 15 observation for safety. Provide safe and therapeutic environment. Continue with treatment plan. Administer medications, evaluate efficacy, monitor for side effects/adverse reactions and notify MD if any. Continue to monitor for changes in mood and behavior. Endorse to incoming shift for continuity of care. E. Pascua, PN II

Date Written: 11/24/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/24/2016

Written by: SN - HILDA DIAS, PN II at 02:17 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/24/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS MOSTLY ISOLATIVE SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT FLAT UNKEPT GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH/AH THOUGHT PROCESS OCCUPIED POOR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Written by: SN - JESSIE JOHNSON, PN II at 06:04 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/24/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. She was in her room resting with eyes closed.
A-Angela stayed in her room most night appears to be sleeping. breathing even and unlabored. Not in distress. No complaints received during this shift. Monitored for safety during night time. No seizure/fall noted in this shift.

P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
11/24/16

Date Written: 11/23/2016

Written by: SN - ELMER PASCUA, PN II at 10:19 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/23/2016
Note: D: Angela is on Q 15 observation for safety r/t fall/seizure risk. She is visible on the unit, interacting well with peers and staff. Appropriate mood and affect, pleasant on approach, polite and cooperative. Eating and drinking well. Had a phone call with her Mom and she was happy about it. Denies complaints at this time. No aggression or disruptive behavior. She states, "I'm a little anxious."
A: Compliant with treatment and diet regimen. Attended AT group in the afternoon. Vistaril 50 mg PRN for anxiety given at 1940 per request, effective. No noted/reported side effects/adverse reactions from medications. No falls. No seizure-like activity noted. Maintained on fall/seizure precaution. Environmental rounds performed to ensure no pointed or sharp objects on Angela's surroundings to prevent potential injury. Reviewed and implemented treatment plan. Encouraged to continue compliance with treatment regimen and to continue participating in AT groups. In her room laying down as of writing, in no acute distress.
P: Continue on Q 15 observation for safety. Provide safe and therapeutic environment. Continue with treatment plan. Administer medications, evaluate efficacy, monitor for side effects/adverse reactions and notify MD if any. Continue to monitor for changes in mood and behavior. Endorse to incoming shift for continuity of care. E. Pascua, PN II

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/23/2016

Written by: SN - REMIGIO FRANCISCO, PN II at 10:18 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/23/2016
Note:

D-Angela is calm and cooperative, denies harming self and others,takes medications. Able to verbalized needs,follows staff instructions,no medical problem presented.
A-Compliant with treatment regimen. Continue to educate on symptom management,continue to encourage participation in group activities-verbalized understanding. Primary problem addressed-psychosis.
P-Treatment plan reviewed and implemented. Continue to monitor as prescribed by physicians per safety protocol,still on Q 15 minutes observation. Contact and rapport to show genuine interest in patient's thoughts and feelings, monitor for isolative behavior and divert attention to the therapeutic milieu. Keep an open approach of visibility and approachability yet distance as to respect personal space and privacy.
------ R. Francisco,PN2

Written by: SN - ELMER PASCUA, PN II at 03:01 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/22/2016
Note: D: Angela is on Q 15 observation for safety r/t fall/seizure risk. She is visible on the unit, quiet, interactive with peers and staff. Pleasant on approach, polite and cooperative. Mostly blunted, she smiles appropriately when conversing with staff and peers. Appears kempt, showered in the evening. Denies SI/HI. No self/others-directed violence. No aggression or disruptive behavior. She reports she is anxious, offered PRN and she took it.
A: Compliant with medications and meals. PRN analgesic cream administered at 1900 per request for knee/leg pain. Vistaril 25 mg PRN for anxiety given at 1945, effective. No noted/reported side effects/adverse reactions from medications. Encouraged to continue interaction with peers. Encouraged to continue compliance with treatment. No falls. No seizure-like activity noted. Maintained on fall/seizure precaution. Environmental rounds performed to ensure no pointed or sharp objects on Angela's surroundings to prevent potential injury. Reviewed and implemented treatment plan. In her room sleeping as of writing, in no acute distress.
P: Continue on Q 15 observation for safety. Provide safe and therapeutic environment. Continue with treatment plan. Administer medications, evaluate efficacy, monitor for side effects/adverse reactions and notify MD if any. Continue to monitor for changes in mood and behavior. Endorse to incoming shift for continuity of care. E. Pascua, PN II

Date Written: 11/22/2016

Written by: SN - JUAN MANLANGIT, RN at 02:36 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/22/2016
Note: D> Angela is a 42 year old female admitted with the dx of bipolar disorder. Received Angela waiting in queue for her vital signs to be taken. Angela is cooperative and pleasant. She is medication and meal compliant. She verbalized concern regarding her current diet as it is a diabetic diet. She stated that she has never been treated or diagnosed with diabetes. Her previous HbA1c was 5.8%. She denied discomfort or pain. She started with Seroquel on the evening of the 21st of November. She denies experiencing side effects or discomfort with her new medication. She has been compliant with care and has been participating in group activities whenever available. She does not interact with her peers often, however when she does Angela has been appropriate and pleasant.
A> Treatment plan implemented. Scheduled medication given and tolerated. Praised Angela's continued compliance with her medication and treatment. Acknowledged her concerns about her current diet regiment. Placed Angela on the medical board regarding concerns. Encouraged Angela to continue participation in group activities. Educated Angela about her new medication Seroquel. Patient leaflet offered. Explained to Angela the medication's indications and to report side effects or discomfort to staff members or treatment team. Fall risk precautions in place and reinforced.
P> On Q15 observation. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness. To continue to monitor medication and treatment effectiveness. To follow up regarding the possible plan for Angela's concern about her diet.
-J. Manlangit 11-22-2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/22/2016

Written by: SN - JUAN MANLANGIT, RN at 01:27 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/22/2016
Note: D> Angela is a 42 year old female admitted with the dx of bipolar disorder. Received Angela waiting in queue for her vital signs to be taken. Angela is cooperative and pleasant. She is medication and meal compliant. She verbalized concern regarding her current diet as it is a diabetic diet. She stated that she has never been treated or diagnosed with diabetes. Her previous HbA1c was 5.8%. She denied discomfort or pain. She started with Seroquel on the evening of the 21st of November. She denies experiencing side effects or discomfort with her new medication. She has been compliant with care and has been participating in group activities whenever available. She does not interact with her peers often, however when she does Angela has been appropriate and pleasant.
A> Treatment plan implemented. Scheduled medication given and tolerated. Praised Angela's continued compliance with her medication and treatment. Acknowledged her concerns about her current diet regiment. Placed Angela on the medical board regarding concerns. Encouraged Angela to continue participation in group activities. Educated Angela about her new medication Seroquel. Patient leaflet offered. Explained to Angela the medication's indications and to report side effects or discomfort to staff members or treatment team. Fall risk precautions in place and reinforced.
P> On Q15 observation. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness. To continue to monitor medication and treatment effectiveness. To follow up regarding the possible plan for Angela's concern about her diet.
-J. Manlangit 11-22-2016

Written by: SN - JESSIE JOHNSON, PN II at 06:12 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/22/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. She was visible in the day area but interacts minimally with peers. watching TV. Groomed in green scrub with fair hygiene. Eating and drinking well. Able to verbalize needs.
A-Alert,calm and cooperative. Polite on approach and verbalizes needs.Reports mood is "ok". Affect is slightly blunted. Denies suicidal/homicidal thoughts, depression or anxiety. Reports hearing voices on and off. Insight poor, judgement fair. Thought process is loose. Speech is clear with normal rate and rhythm. Medication compliant. Seen by Dr Sussman and new orders received. Cogentin was discontinued and seroquel is increased to 200mg PO BID. Educated on medication compliance, symptom management and risks of combing alcohol and drugs with prescription medications.
P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
11/22/16

Date Written: 11/21/2016

Written by: SN - JUAN MANLANGIT, RN at 06:31 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/21/2016
Note: D> Angela is a 42 year old female admitted with the dx of bipolar disorder. Received Angela laying down in the dayroom. Angela is calm, guarded and pleasant. She is able to make her needs known. She denies currently experiencing SI and HI. She claim she was treated for bipolar disorder previously "in the state". She was able to recall her previous psychiatric hospital admissions. She claims that she "got in trouble" because she "wasn't taking her medications and was very manic". She was able to maintain appropriate eye contact. In the unit she participates in group activities actively. She is meal and medication compliant. She denies side effects or adverse effects with her medication.
A> Treatment plan implemented. Gave a formal introduction with Angela. Therapeutic relationship. Scheduled medication given and tolerated. Encouraged Angela to continue participation in group activities. Reoriented Angela to the unit. Gave Angela a brief overview on what to expect on the unit this coming week. Reminded Angela of her treatment team schedule. She stated that she does participate actively in her treatment team. Seizure precautions in place and reinforced. She denies remembering the last time she had a seizure.
P> On Q15 observation for seizure and fall precautions. To continue to monitor mood, behavior and physical status. To continue to provide a safe and therapeutic environment. To continue to monitor medication and treatment effectiveness.
-J. Manlangit 11-21-2016

Date Written: 11/20/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/20/2016

Written by: SN - VIRGINIA MACASERO, PN II at 10:58 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/20/2016
Note: D: RECEIVED PATIENT UP AND ABOUT IN THE UNIT IN THE DAY AREA WATCHING TELEVISION AND MINIMALLY INTERACTING WITH BOTH SELECT PEERS AND NURSING STAFF, BREATHING IS EVEN AND UNLABORED, PT. DID NOT EXHIBIT ANY BEHAVIORAL PROBLEMS AT THIS TIME, BUT PT. NOTED TO BE GUARDED BUT PLEASANT UPON APPROACH AND COOPERATIVE. PT. DENIES SI, HI, AH AND VH AT THIS TIME. PLEASE REFER TO M.A.R. MEDICATION ADMINISTRATION RECORDS FOR 1ST DOSES OF MEDICATIONS, ROUTINE MEDICATIONS AND PRN MEDICATIONS ORDERED BY MD. PT. DID NOT VERBALIZE ANY PHYSICAL COMPLAINTS AT THIS TIME. PT. IS ALERT, ORIENTED X3, AMBULATORY, WITH GOOD EYE CONTACT, INDEPENDENT WITH ADL'S, COMPLIANT WITH BOTH MEDICATIONS AND MEALS.
A: ALTERED THOUGHT PROCESS RELATED TO AUDITORY HALLUCINATIONS.
P: NURSING STAFF TO CONTINUE OBSERVATION PER MD ORDERED FOR SAFETY. CONTINUE TREATMENT PLAN AS ORDERED. MONITOR FOR CHANGES IN BEHAVIOR AND EVALUATE THE EFFECTIVENESS OF MEDICATIONS, OBSERVE FOR ADVERSE OR SIDE EFFECTS OF MEDICATIONS AND EDUCATE ON THE INTERACTIONS WITH ALCOHOL WHEN TAKING PRESCRIBED MEDICATIONS AND SYMPTOM MANAGEMENT. WILL PROVIDE NON SKID SOCKS IF ORDERED BY MD FOR FALL PRECAUTIONS AND ASSESS WEEKLY PT. FOR CONTINUED FALL RISK PRECAUTIONS AND NURSING STAFF TO CONTINUE TO DO ENVIRONMENTAL ROUNDS FOR SAFETY. WILL PROVIDE DAILY INTERACTIONS WITH PATIENT AND REVIEW GOALS OF THE TREATMENT PLAN. REFER TO PSYCHIATRIST OR MEDICAL MD ACCORDINGLY OF ANY UNUSUAL CHANGES NOTED AS SOON AS POSSIBLE WITHIN THIS INPATIENT HOSPITALIZATION.
V.MACASERO,PN2 11/20/16.

Written by: SN - REMIGIO FRANCISCO, PN II at 10:51 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/20/2016
Note:
D-Alert and oriented to time,place,person,and situation,ambulatory. Denies harming self and others,takes medications.
A-Continue to educate on symptom management, encouraged participation in group activities, primary problem addressed-psychosis.
P-Treatment plan reviewed and implemented, monitor behavior and evaluate effectiveness of medications. Continue to monitor as prescribed by physicians per safety protocol,still on Q 15 minutes observation. Contact and rapport to show genuine interest in patient's thoughts and feelings, monitor for isolative behavior and divert attention to the therapeutic milieu. Keep an open approach of visibility and approachability yet distance as to respect personal space and privacy.
----- R. Francisco,PN2

Date Written: 11/19/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:05 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/19/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution Patient has no behavioral issues, she was seen in the dayroom watching TV and interacting with peer and staff. Patient denied hearing voices. Patient is pleasant, polite, showered and medication compliant. At 1955 patient complained of left knee pain "can I have the cream for my knee pain" per patient. She is ambulatory with steady gait and able to make needs known.
A- At 2000 analgesic cream prn for her left knee pain was given and effective. During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/19/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/19/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 07:55 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 11/16/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/19/2016

Note: LATE ENTRY- DATE OF SERVICE 11/16/16
Name: Angela Thomas 240414
Age: 4: /74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G3

HPI: IPE Dr. Castillo, CC AH/VH. AH is girl's voice h/o freq t/out day, VH of same girl. Paranoia ("cameras everywhere", feels watched). c/o low mood/conc/sleep (5h Q3d). Manias lasting up to 1 wk (irritable/angrhy, rapid th/speech, no sleep, ^ GDA (cleaning). àZyprexa 10 HS started

Psych Hx: i/o: x7, longest 11 m / PDx- Bipolar, PTSD, Personality Disorders, Panic, anxiety/ Suic: 10 attempts, most recent cut wrist 12 y ago, + SIB (hitting head, cutting, clenching teeth until they fall out) / PRx: CPZ, Haldol, and Seroquel effective. Risperdal (lact), Trazadone, Benadryl, Remeron, Buspar/ Abuse: sexually/phys/mental abused at 5, phys. Abused by ex-BF until 1 y ago. / FHx: F and sis Schizophrenia, sis suic att. / CD: THC QD to DOA, st 5. Rehab '94 cocaine; h/o meth x 1 mo distant past.
Social: Raised in DE, moved to LV 1989 , recently living w M in apt. Married 1996, H on death row, no kids. / edu: Spec Ed, some college/ occ: last worked 97 at Taco Bell / Legal: >30 arrests ("few convictions"), prison 1999-2008 manslaughter.

LEGAL POSTURE:
Charges : (1) Burglary, (2) Obtaining/ Using Personal Info of Another.
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx:
Dr. found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx:

PSYCHOTROPIC Rx and Allergies: Zyprexa 10 HS.

UPDATE PER STAFF/CHART/Pt.: RxC, AE- stiffness, difficulty raising arms. Still difficult to raise arms even with Cogentin, but it does help w bruxism. Mild tremors this AM. Vistaril PRN helped. Requests to go back on Seroquel as up to 200 mg helped in past w/o EPS. c/o AH (same female since child, telling her she is ready to go). Withdrawn, laughing to self, will engage upon approach. Wrote letter c/o stiffness, agitation and feels invisible. No behavior problems.

LABS: Admit labs WNL. CXR, PPD- neg

MSE: Seen in Tx team.
General: Alert, cooperative, attentive, good Eye Contact, fidgeting leg.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " Little depressed", euthymic, constricted. + passive death wishes ("don't want to be around.") No SI/HI.
Thought process /content: Endorses AH (non-worrisome commands). "I'm invisible, nobody sees me." No formal thought disorder except mild thought blocking.
Insight: poor-fair Judgment: fair Impulse Control: fair
Cognition: Alert and Oriented x 4 Intelligence: mildly below average per educ and reasoning.

DSM5 Diagnosis:
309.81PTSD
295.70 Schizoaffective Disorder, Bipolar type
305.00THC Use Disorder, Severe.
SSA, DM2, Epilepsy, Asthma, PNA, HTN, c/o h/o CA with hyster.
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Change Zyprexa to Seroquel 100 HS x 1 d à 200 HS.
3.Change and increase Cogentin to 1.5 BID routine.
Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/19/2016

Written by: SN - SULEKHA POLAKI, PN II at 03:29 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/19/2016
Note: Progress notes:
D: Angela T is a 42 year old female admitted for Bipolar Disorder. She is on 15 mins observations per protocol for seizures and fall precautions. Interacting with staff and peers. Watching TV. Grooming and hygiene fair. Good eye contact. Speech is clear and coherent. Ambulates with steady gait. Denies SI/HI AH/VH. B/P at 8 AM was 127/87. C/o pain on right kneeAnalgesic cream applied at 8AMeffective. Medical issues Seizures and is on Dilantin,History of Hypertension and is on HCTZ .Albuterol Inhaler for SOB. Redirect able. No seizures or falls noted in this shift.
A: Medication teaching reinforced & the risk of combining non-prescription medications and alcohol with his treatment regime were discussed. Educated on symptom management, & the importance of medication in recovery.
P: Continue treatment plan as ordered. Monitor for changes in behavior and evaluate the effectiveness of medications, observe for adverse/side effects of medications. Will provide daily interactions with patient and will review goals of the treatment plan. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - REYNALDO GO, CONTRACT RN at 12:42 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/19/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral and medical issues reported or noted and medication compliant. On rounds she was sleeping with unlabored nor in any form of distress noted. Patient was lying on bed comfortably without any sign of discomfort.
A- She slept most of the night. No complaints at this time. No prn was given or requested.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of car- Reynaldo M Go Rn 11/19/16

Date Written: 11/18/2016

Written by: SN - SULEKHA POLAKI, PN II at 10:08 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/18/2016
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with bipolar disorder. She is on q 15mins observations for seizures and fall risk. Alert, oriented to time, and place. Visible in day area/unit watching TV, playing table games, interactive with staff & peers. Participated in group activities. Gait is steady. C/o pain in right kneeAnalgesic cream applied. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin, Keppra, History of Hypertension and is treated with HCTZ. B/P 127/85.
A: Speaks clearly, euthymic, social, and appropriate. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/18/2016

Written by: SN - AMY VILORIA, PN II at 01:23 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/18/2016
Note: D:Angela is a 42 year old female admitted for Bipolar Disorder. She was in the common area mostly. She is alert,oriented to person,place,time. Has good eye contact. Affect is pleasant. Mood "I'm a little depressed".Speech is clear and spontaneous. Thought content concrete. She denies hallucinations, denies having harmful thoughts towards self nor others. She wears her green hospital scrubs and grooming and hygiene is fair. She moves all extremeties and is ambulating with steady gait, she complains of left knee stiffness and pain, MD ordered Analgesic cream.
A:She is medication compliant and reports no side effects. Reinforced medication education and risks of combining alcohol and non prescription drugs with her prescribed regimen. Encouraged on the compliance with treatment regimen towards a safe discharge. Provided education on the use of coping skills and management of symptoms. She was encouraged to attend group activities and involvement with interactions. She verbalized understanding.
P: Provide a safe,therapeutic environment to Angela while providing supportive therapy. Review treatment plan daily with and update as needed and implement daily as outlined. Evaluate effectiveness and side effects of medications. Initiate and establish a good rapport and encourage her to verbalize feelings and thoughts.Monitor for unusual behavior and divert attention to the therapeutic milieu as needed.Report unusual behavior to MD as needed. Keep an open approach of visibility and approachability while providing respect for privacy. Continue with safety checks per MD order.Will endorse to incoming next shift nurse for continuity of care while addressing her needs . Amy V. RN

Date Written: 11/17/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:54 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/17/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral issues, she was seen in the dayroom watching TV and interacting with peer. She was interactive with staff. Patient denied hearing voices. Patient is pleasant, polite and medication compliant. At 2100 patient complained of left knee pain her name placed on medical board. She is ambulatory with steady gait and able to make needs known.
A- No prn was requested or given at this time. During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/17/16

Written by: SN - HILDA DIAS, PN II at 10:27 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/17/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=ANGELA IS 42 YRS OLD IN FOR BIPOLAR DISORDER HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS MOSTLY ISOLATIVE SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT FLAT UNKEPT GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH BUT STATED SHE STILL HEARS VOICES BUT NOT AS MUCH THOUGHT PROCESS OCCUPIED POOR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 11/16/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/16/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 10:27 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/16/2016

Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral issues, she was seen in the dayroom watching TV. She was interactive with staff. Patient positive of hearing voices "it's time to go" per patient but she did elaborate. Patient is pleasant, polite and medication compliant. She is ambulatory with steady gait and able to make needs known.

A- No prn was requested or given at this time. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) During room check she was sleeping/breathing with no apparent distress or discomfort noted.

P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/16/16

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/16/2016

Written by: ST - DANIEL SUSSMAN, CONTRACT PSYCH at 06:44 PM Note Type: Psychiatrist
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 45 Svc Code: 103 Date of Group Svc: 11/14/2016
Note: LATE ENTRY- DATE OF SERVICE 11/14/16
Name: Angela Thomas 240414
Age: 4 74
Admit Date: 11/10/16
LP Tests: / Commit Date:
Room: G

HPI: Zyprexa 10 HS started

Psych Hx: PDx- Bipolar / PRx: Risperdal, Trazadone, Benadryl, Dilantin
Social:

LEGAL POSTURE:
Charges
Allegations:
Public Defender believes the defendant is unable to: Understand the charges or allegation; Understand the adversarial nature of the legal process; Disclose pertinent facts; Understand the range and nature of the penalties; Display appropriate courtroom behavior; Provide relevant testimony.
Dr. found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx:
Dr. found the patient incompetent based on all 3 Dusky Criteria; not malingering, Dx:

PSYCHOTROPIC Rx and Allergies: Zyprexa 10 HS.

UPDATE PER STAFF/CHART/Pt.: RxC,AE- stiffness, difficulty raising arms. Calm, quiet, sleep WNL

LABS: Admit labs WNL. CXR, PPD- neg

MSE:
General: Alert, cooperative, attentive, good Eye Contact, fidgeting leg.
Speech: Conversant, normal rate/rhythm/volume
Mood/affect: " anxious", euthymic, constricted. No passive death wishes/SI/HI.
Thought process /content: Endorses VH/AH. "I'm invisible, nobody sees me." No formal thought disorder except mild thought blocking.
Insight: Judgment: Impulse Control:
Cognition: Alert and Oriented x 4 Intelligence: average per educ and reasoning.

DSM5 Diagnosis:
SSA,DM2,Epilepsy, Asthma, PNA, HTN
PLAN:
1. Ongoing applicable Rx education re: indications, risks, benefits, side effect profile.
2.Low threshold to ^Zyprexa for delusions

Daniel Sussman, MD, Esq.

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/16/2016

Written by: SN - JOHN ILDEFONZO, PN III at 01:15 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/16/2016
Note: 11/16/16

Treatment team update

D: Angela is a 42-year-old female. Angela attended treatment team. She signed her treatment plan. She spoke quietly and politely during the meeting. She has been compliant with her medication this week. She reported some EPS including mild tremors. Her Cogentin dose was increased and she is to start Seroquel in place of Zyprexa. She reported a history of sexual abuse from her step-grandfather as young as five years old. She reported THC use as early as five years old. She reported having a physically abusive relationship with her last boyfriend. She reported hearing voices. Her friend "Shamone" talks to her telling her to "get away from here" or else she (Shamone) will leave. Doctor Sussman suspects that Angela suffers from PTSD. Angela stated she is looking forward to starting legal process classes to expedite her discharge.

A: Progressing toward treatment team goals as evidenced by medication compliance, cooperation with treatment team, and goal oriented thinking.

P: Observe for medication side effects and medication efficacy. Encourage to participate in groups.
J. Ildefonzo, RN

Written by: SN - SULEKHA POLAKI, PN II at 01:01 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/16/2016
Note: Progress notes:

D: Angela T is 42 year old female diagnosed with bipolar disorder. She is on q 15 mins observations for seizures and fall risk. Alert, oriented to time,and place. Visible in day area/unit, less interactive with staff & peers. Gait is steady with no sign of restrictions. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. C/o anxiety at 0800 AM Vistaril 25 mg po given effective .Tylenol 650 mg po given at 0800 for body painseffective. Med-compliant as prescribed by MD. Seen by treatment team today. Follows staff instructions and cooperative with daily routines. Attended treatment team meeting today and the new orders were Cogentin 1.5mg po BID, Seroquel 100 mg HS for 1 day then Seroquel 200 mg po Hs from tomorrow. Medical issues: Seizures and is on Dilantin, Keppra, History of Hypertension and is treated with HCTZ. B/P 140/86 P 70/min.
A: Speaks clearly, euthymic, social, and appropriate. Denies SI-HI-AH-VH. No changes with current medication. Did not express concerns or complaints during interaction. No alterations in mood or medical problem presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - JESSIE JOHNSON, PN II at 06:00 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/16/2016
Note: D-Angela is a 42 year old female admitted for Bipolar disorder. She is on q 15 monitoring for seizure/fall precautions. She was visible in the day area, watching TV. Groomed in green scrub with fair hygiene. Disheveled look. Interacting appropriately with staff. Eating and drinking well. Able to verbalize needs.
A-Alert,calm and cooperative. Reports mood is "Good". Affect is slightly blunted. Denies suicidal/homicidal thoughts. Reports hearing voices on and off. Insight poor, judgement fair. Thought process is loose. Speech is clear with normal rate and rhythm. Medication compliant. Reports body ache and requested for cogentin 1 mg po for EPS and motrin 600mg po for pain. Educated on medication compliance, symptom management and risks of combing alcohol and drugs with prescription medications.
P-Continue current treatment plan and review goals with client. Monitor for safety/seizure and fall precautions. Staff monitored Angela q 15 minutes for any seizure and fall. Continue monitoring for changes in behavior and for effects of medications. Educate client on fall precautions. Provide safe therapeutic environment.

Jessie Johnson PNII
11/16/16

Date Written: 11/15/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/15/2016

Written by: SN - SULEKHA POLAKI, PN II at 03:28 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/15/2016
Note: Progress notes:
D: Angela T is 42 year old female diagnosed with bipolar disorder. She is on q 15 mins observations for seizures and fall risk. Alert, oriented to time, and place. Today she is less visible in day area/unit, less interactive with staff & peers. Gait is steady with no sign of restrictions. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. C/o anxiety at 1420 Vistaril 25 mg po given effective .Motrin 600 mg po given at 1420 for body painseffective.
Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines. Medical issues: Seizures and is on Dilantin, Keppra, History of Hypertension and is treated with HCTZ.
A: Speaks clearly, euthymic, social, and appropriate. Denies SI-HI-VI but states that she hears voices telling her"You are ready to go".No changes with current medication.Did not express concerns or complaints during interaction. No alterations in mood or medical problems presented during the shift.
P: Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Written by: SN - SHARRIEF SWEAT, PN II at 06:18 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/14/2016
Note: D>PT IS A 42 YEAR OLD FEMALE BEING TREATED FOR BIPOLAR.
A>PT WAS OBSERVED SLEEPING QUIETLY, NO SIGNS OR SYMPTOMS OF DISTRESS.
P>CONTINUE TO MONITOR THE PT Q 15 MINUTES PER DOCTORS ORDER. THE PT TREATMENT PLAN WILL BE IMPLEMENTED DAILY. STAFF WILL CONDUCT ENVIRONMENTAL ROUNDS TO INSURE THE AREA IS SAFE OF ANY OBSTRUCTION. NO BEHAVIORAL PROBLEMS NOTED THIS SHIFT.

SSWEAT PNII

Date Written: 11/14/2016

Written by: SN - JOHN KELLER, PN I at 10:45 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/14/2016
Note: D>Angela T. is a 42 year old female admitted for altered thought process, with a diagnosis of bipolar disorder. Euthymic affect, guarded at times. Visible in the day area several times during the afternoon and evening. Angela was observed laughing and socializing with select peers while watching TV in the day area. Speech is clear, thoughts appear rational and organized at this time. Fair eye contact, gait is steady with good mobility and no seizure activity. Angela's room and the milieu were kept well lighted and free of clutter and other objects on the floor that could be a fall risk, and she was compliant with wearing non-skid foot wear while ambulating. Angela's room, chart, MAR, and other monitoring documents were marked with insignia designating her as a fall risk and her room and the milieu were checked for safety at least once every hour. Angela was provided additional information on potential fall risks such as compliance with anti-seizure medications, maintaining proper hydration and nutrition, medication side effects, and standing and attempting to ambulate before her body has adjusted to the upright position. Dressed in casual clothing, appears unkempt with fair grooming and hygiene. Angela denied perceptual disturbances at this time, and she described her mood as, "Ok, right now."
A>Angela is compliant with medications and diet regimen and encouraged to attend groups and to continue to interact with staff and peers. Able to care for herself and perform independent ADL's. Medication teachings were reinforced, and the risk of combining non-prescription medications and alcohol with treatment regimen were discussed. Angela was provided education on symptom management and was able to articulate the importance of the medications in recovery. Poor insight on diagnosis, cooperative and progressing on treatment goals.
P> Continue treatment plan as ordered. Continue Q 15 minute observation and seizure/fall precaution order per physician for safety. Monitor for changes in behavior and evaluate the effectiveness of medications while observing for adverse reactions and side effects. Provide daily interactions with Angela, and review goals of the treatment plan. JKeller RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/14/2016

Written by: SN - RUTHCHEL DIMAPILIS, PN I at 11:24 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/14/2016
Note: D Angela is isolative in her room today,however,she is visible during meals and bathroom use. She refused to participate in group activities.She has been calm, pleasant on approach and cooperative with staff.Mood is depressed. Affect is blunted.Fair eye contact, speech is clear.She is compliant with her medications,eating her meals and snacks with good appetite.Denied any psychotic symptoms at this time. On fall/seizure precaution, environmental rounds done to ensure safety.
A- Calm and cooperative.No behavioral issues noted .Educated regarding alcohol and drug interaction with medication and symptom management.
P-Continue to monitor every 15 minutes observation for safety. Continue to provide a safe and therapeutic environment.Will administer ordered medications and assess for side effects and effectiveness. Continue treatment plan.Endorsed to incoming nurse for continuity of care. -Rdimapilis PN II

Date Written: 11/13/2016

Written by: SN - VIRGINIA MACASERO, PN II at 10:28 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/13/2016
Note: D: RECEIVED PATIENT UP AND ABOUT IN THE UNIT IN THE DAY AREA WATCHING TELEVISION AND MINIMALLY INTERACTING WITH BOTH SELECT PEERS AND NURSING STAFF, BREATHING IS EVEN AND UNLABORED, PT. DID NOT EXHIBIT ANY BEHAVIORAL PROBLEMS AT THIS TIME, PT. DENIES SI, HI, AH AND VH AT THIS TIME. PLEASE REFER TO M.A.R. MEDICATION ADMINISTRATION RECORDS FOR 1ST DOSES OF MEDICATIONS, ROUTINE MEDICATIONS AND PRN MEDICATIONS ORDERED BY MD. PT. DID NOT VERBALIZE ANY PHYSICAL COMPLAINTS AT THIS TIME. PT. IS ALERT, ORIENTED X3, AMBULATORY, WITH GOOD EYE CONTACT, INDEPENDENT WITH ADL'S, COMPLIANT WITH BOTH MEDICATIONS AND MEALS.
A: ALTERED THOUGHT PROCESS RELATED TO AUDITORY HALLUCINATIONS.
P: NURSING STAFF TO CONTINUE OBSERVATION PER MD ORDERED FOR SAFETY. CONTINUE TREATMENT PLAN AS ORDERED. MONITOR FOR CHANGES IN BEHAVIOR AND EVALUATE THE EFFECTIVENESS OF MEDICATIONS, OBSERVE FOR ADVERSE OR SIDE EFFECTS OF MEDICATIONS AND EDUCATE ON THE INTERACTIONS WITH ALCOHOL WHEN TAKING PRESCRIBED MEDICATIONS AND SYMPTOM MANAGEMENT. WILL PROVIDE NON SKID SOCKS IF ORDERED BY MD FOR FALL PRECAUTIONS AND ASSESS WEEKLY PT. FOR CONTINUED FALL RISK PRECAUTIONS AND NURSING STAFF TO CONTINUE TO DO ENVIRONMENTAL ROUNDS FOR SAFETY. WILL PROVIDE DAILY INTERACTIONS WITH PATIENT AND REVIEW GOALS OF THE TREATMENT PLAN. REFER TO PSYCHIATRIST OR MEDICAL MD ACCORDINGLY OF ANY UNUSUAL CHANGES NOTED AS SOON AS POSSIBLE WITHIN THIS INPATIENT HOSPITALIZATION.
V.MACASERO,PN2 11/13/16.

Written by: SN - REMIGIO FRANCISCO, PN II at 10:04 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/13/2016
Note: D-Angela is alert and oriented to time,place,person,and situation. Ambulatory,no shortness of breath,denies chest pain,appetite is good,no S/S of impending seizures. Denies hallucinations, denies suicidal/ homicidal ideations. Able to verbalized needs,follows staff instructions.
A-Angela received medication education-instructed her not to stop taking her medications-verbalized understanding and cooperation. Educated on effects of drugs and alcohol, educated on symptom management, encouraged participation in group activities, primary problem addressed-psychosis.
P-Treatment plan reviewed and implemented, monitor behavior and evaluate effectiveness of medications. Continue to monitor as prescribed by physicians per safety protocol,on Q 15 minutes observation. Contact and rapport to show genuine interest in patient's thoughts and feelings, monitor for isolative behavior and divert attention to the therapeutic milieu. Keep an open approach of visibility and approachability yet distance as to respect personal space and privacy. Safety maintained.
------ R. Francisco,PN2

Date Written: 11/12/2016

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/12/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:18 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/12/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral issues, she was seen in the dayroom watching TV. She was interactive with staff. She denied hearing voices. Patient is pleasant, polite and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- No prn was requested or given at this time. During room check she was sleeping/breathing with no apparent distress or discomfort noted. No behavioral and medical issues reported/ noted
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/12/16

Written by: SN - MINERVA SALIH-JACOB, NURSE I at 05:26 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/12/2016
Note: >> Angela T. is a 42 year old female visible in the dayroom for meals and snacks. Alert. Response appropriate. Behavior calm. Speech coherent with normal tone and tempo. With good eye contact. Dressed in green scrubs. Hygiene fair. Independent with personal hygiene and able to make needs known. Behavior calm. Client was seen by Dr. Nazemi to verify allergy. Okay to give vaccines as ordered. Flu vaccine given IM to left deltoid and Twinrix #1 given IM to Rt. Deltoid. Tolerated well. Patient on fall/seizure precaution. Compliant with her diet and medication regimen. Ambulatory with steady gait.
A>> Alert. Cooperative. On Q 15 observation. Fall/seizure precaution postings noted on doorway, chart and monitor board. Environmental rounds done to check for clutter and provide wide lighted pathways. Vital signs checked ad follows: B/P=114/78 Temp=98.0 P=76 R=20 and weight=206 lbs.
P>> Staff will initiate contact top establish rapport with respect to privacy. Staff will provide a safe and therapeutic environment. Maintain level of observation. Monitor for behavioral changes and report. Redirect as needed. Monitor and maintain fall precaution. Provide daily interactions and review goals of treatment plan. Administer prescribed medications and monitor effectiveness. Coordinate with treatment team on plan of care. Endorsed to oncoming shift for continuity of care. M. Salih-Jacob Rn

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Written by: SN - REYNALDO GO, CONTRACT RN at 12:15 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/12/2016
Note: D- Took over the care of Angela T. at 2300. She is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. Patient has no behavioral and medical issues reported or noted and medication compliant. On rounds she was sleeping with unlabored nor in any form of distress noted. Patient was lying on bed comfortably without any sign of discomfort.
A- She slept most of the night. No complaints at this time. No prn was given or requested.
P- Continue to monitor her per protocol. Encourage her to be medication compliant. Monitor for changes in behavior and evaluate effectiveness of medications. Continue treatment plan as ordered. Provide safe and therapeutic environment. Endorsed to incoming nurse for continuity of care& Reynaldo M Go Rn 11/12/16

Date Written: 11/11/2016

Written by: SN - SULEKHA POLAKI, PN II at 09:15 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/11/2016
Note: Progress notes:
D Angela T is 42 year old female diagnosed with schizophrenia. She is on q 15 mins observations for seizures and fall risk. Alert, oriented to time, and place. Visible in day area/unit, interacts with staff & peers. Gait is steady with no sign of restrictions. Able to do ADLs by herself with no assistance from staff. Appetite is good, ate her meals. C/o anxiety at 1940 Vistaril 25 mg po giveneffective. Med-compliant as prescribed by MD. Follows staff instructions and cooperative with daily routines.
A Speaks clearly, euthymic, social, and appropriate. Denies SI-HI-AH-VH. No changes with current medication. Twinrix & Flu vaccine held as she stated that she has allergies so placed on the med board for the MD to assess. Did not express concerns or complaints during interaction. No alterations in mood or medical problem(s) presented during the shift.
P Continue observation order per MD for safety. Administer/Encourage treatments and medications as ordered by physician. Implement treatment plan intervention as applicable. Enforce positive behavioral support plan intervention. Assess for medical and psychiatric symptoms, and inform physician of any significant changes. Encourage to participate in group activities and group therapy. Provide safe and therapeutic environment. Will endorse to incoming shift nurse for the continuity of care. SPolaki RN

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/11/2016

Written by: SN - RAZEL ORTIGAS, PN I at 01:41 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/10/2016
Note: H&P completed and electronically submitted by MD to AVATAR on 11/10/2016 at 1519. --R.Ortigas, PNII.

Written by: SN - HILDA DIAS, PN II at 11:53 AM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/11/2016
Note: PROBLEM =BIPOLAR D/O

GOAL =PT WILL BE RESTORED TO COMPETENCY TO STAND TRAIL

D=PT HAS BEEN VISIBLE ON THE UNIT TOOK PART IN MORNING GROUP PT HAS MINIMAL INTERACTION WITH STAFF AND PEERS SHE HAS ALSO BEEN MED COMPLIANT ABLE TO TAKE CARE OF SELF HYGIENE NO S/S OF ANY FALL NOR SEIZURES

A= PT IS AAOX3 SPEECH CLEAR GUARDED EYE CONTACT STEADY GAIT AFFECT FLAT UNKEPT GROOMING MOOD STABLE THOUGHT CONTENT DENIED ANY SI/HI/VH BUT STATED SHE STILL HEARS VOICES STATING THAT THIS IS NOT A SAFE PLACE THOUGHT PROCESS OCCUPIED POOR JUDGEMENT AND INSIGHT ABLE TO MAKE NEEDS KNOWN.PT HAS NO NEW MEDICAL ISSUES AT THIS TIME BUT DOES HAVE H/O ASTHMA DM SICKLE CELL AND SEIZURE PT DENIES ANT SIDE EFFECTS FROM MEDICATION

P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT ON CURRENT MEDICATION INCLUDING ANY POTENTIAL DRUG AND ALCOHOL INTERACTION PT TO CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX PT WILL PROGRESS TOWARDS MEETING TX GOALS HDIAS PN2

Date Written: 11/10/2016

Written by: SN - REYNALDO GO, CONTRACT RN at 09:56 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/10/2016
Note: D- Angela T. is a 42 Y/O female with diagnosis of Bipolar disorder. She is Q 15 observation for seizure and fall precaution. She was a newly admit from CCDC today. Patient has no behavioral issues, she was seen in the dayroom watching TV. She was quiet, keep to self but able to respond question. She have positive hearing voices. When asked what the voices told her "It is not safe here" per patient. She was assured that she is safe here in this facility and not to respond to the voice and she agreed. Patient is pleasant, polite and medication compliant. She is ambulatory with steady gait and able to make needs known.
A- No prn was requested or given at this time. She has been educated about symptom management and current medications (including any potential alcohol and drug interaction.) During room check she was sleeping/breathing with no apparent distress or discomfort noted.
P- Will continue to monitor on Q 15 observation. Will continue to utilize treatment plan. A safe and therapeutic environment will be provided. Will monitor for any changes in mood or mental status.- Reynaldo M Go RN - 11/10/16

Written by: SN - JASON CASTILLO, RESIDENT at 07:16 PM Note Type: Resident
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 60 Svc Code: 100 Date of Group Svc: 11/10/2016
Note: see psych eval

Co-signed by ST - DANIEL SUSSMAN, CONTRACT PSYCH on 11/16/2016 @ 05:30 PM
reviewed

Progress Notes for THOMAS,ANGELA COLLEEN

PATID: 240414 Facility Chart Number: 24 04 14
Entered During the Period: 01/01/2016 - 10/09/2017

Agency: Southern Nevada Adult Mental Health Svcs

Date Written: 11/10/2016

Written by: SN - HILDA DIAS, PN II at 03:11 PM Note Type: Nursing
Episode: 7 - STEIN Forensic Inpatient Adult Duration: 15 Svc Code: 229 Date of Group Svc: 11/10/2016

Note: D=PT IS A 42 YRS OLD FEMALE TR FROM CCDC TO STEIN ON 11/10/16 AT 1430 SHE IS CURRENTLY BEING TREATED FOR BIPOLAR D/O PT WAS ORIENTED TO THE UNIT SNACK WAS GIVEN PT COOPERATED WITH ASSESSMENT HAS BEEN ON THE UNIT VISIBLE FOR MEALS MINIMAL INTERACTING WITH STAFF AND PEERS EATING AND DRINKING WELL INDEPENDENT WITH ADLS WAS SEEN BY MEDICAL AND PSY ON ARRIVAL.
A= PT IS AAOX3 SPEECH CLEAR GOOD EYE CONTACT STEADY GAIT AFFECT FLAT BUT APPROPRIATE TO CONTENT FAIR GROOMING MOOD STABLE DENIED ANY SI/HI/AH/VH AT THIS TIME THOUGHT PROCESS COHERENT ABLE TO MAKE NEEDS KNOWN.PT HAS H/O OF ASTHMA,DM,SEIZURES SICKLE CELL ON MEDS.
P=CONTINUE 15 OBS FOR SAFETY MAINTAIN SAFE AND THERAPEUTIC ENVIRONMENT ENCOURAGE PT TO VERBALIZE NEEDS AND FEELINGS AT TIMES PROVIDE EDUCATION REGARDING SYMPTOM MANAGEMENT CONTINUE GROUP THERAPY AND MEDICATION REGIMEN MONITOR PT FOR ANY CHANGE IN BEHAVIOR AND MOOD SWINGS NURSING STAFF WILL CONTINUE WITH CURRENT PLAN OF TX HDIAS PN2

EXHIBIT 244

EXHIBIT 244

Declaration of Bret O. Whipple

I, Bret O. Whipple, hereby declare as follows:

1. I am an attorney licensed to practice in Nevada since 1996. I was counsel for Marlo Thomas in his state post-conviction proceedings following his 2005 penalty-phase retrial. I remember Marlo as a very pleasant individual to work with.

2. I don't recall how many employees I had at the time of Marlo's case. My firm, the Justice Law Center, was in its early days. I remember that Stephanie Kice assisted me on the case in a limited way. I don't recall Jeb Bond and Mike Mee being involved, but if they were it must have been towards the end.

3. My task was to look only at potential ineffective assistance of counsel claims from Marlo's penalty retrial. His first trial was not part of my post-conviction review.

4. The real issue that stood out to me was Marlo's low IQ. My goal was to find a reasonable and realistic way to get his IQ score below 70 so he would be ineligible for the death penalty under Atkins v. Virginia. My understanding of low IQ is that it is more than just a number, it's an impairment. 70 is a bright line rule but it doesn't have to be. I wanted to present it to the Nevada Supreme Court in a way that they would accept Marlo is ineligible for the death penalty because of his impairment.

5. Atkins was a crucial part of the case and I wanted to make sure it was properly documented and supported by other professionals. I retained Dr. Mack to evaluate Marlo ~~but he didn't give me the IQ number I wanted.~~

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed in Clark County, Nevada, on October 16, 2017.

Bret O. Whipple

EXHIBIT 245

EXHIBIT 245

Declaration of Angela Colleen Thomas

I, Angela Colleen Thomas, hereby declare as follows:

1. I am forty-three years old. I currently reside in Clark County, Nevada. I am the wife of Marlo Thomas. We married on February 6, 1996.

2. Around age fourteen my family relocated from Wilmington, Delaware. My mother moved to Hawthorne, Nevada, and my brother and I went to live with my aunt, Dora Mae Love at 2425 Raymond Avenue, North Las Vegas. We lived two houses down from Marlo's family home. I didn't meet Marlo at that time because he was incarcerated.

3. Marlo and I grew up on the west side, where the gang activity was a carbon copy of the 1988 movie "Colors." There were many rival gangs living across the street from each other. Every block smelled like weed or sherm. If you weren't a drug user, you were a dealer. Marlo was a dealer married to an addict. Although I never saw Marlo use drugs, I smelled sherm and PCP on him many times.

4. There were no banks, fast food, family sit down restaurants, or clothing stores on the west side. The only place to eat was Carey Mini Mart. It sold chicken, hot dogs, fries, etc. People mostly drank 40 oz. beer because it was available at Carey minimart in the Crip/ Gerson territory. The only liquor store, 7 Seas, was located in Blood territory. It sold food also but Crips didn't cross Blood territory without turmoil.

5. Super 8 grocery store was the only available place to purchase groceries until it was burned down during the rioting period. People who could afford it traveled by bus

or car to grocery shop. It caused many people to go without food. We traveled by bus to Discount Mall on Lake Mead and Civic Center when we could afford clothes. Usually bootleggers came around to sell clothes from their vehicles.

6. There were no opportunities unless you traveled outside the west side. People wanted to move away and talked about it, but never left because it was all they knew. They were in their comfort zone and didn't realize another world was out there. The west side was like its' own country. A country within a country. It was third world because everything was condemned. It seemed every other house was a drug house. Crackheads frequently robbed people and homes and vehicles were broken into.

7. Churches stayed full due to neighborhood killings. People were scared to come out of their homes. A group of people standing on a corner made me nervous because it attracted drive-by shootings. One time girls jumped Tabatha Morris as she came out of the beauty shop, and they cut her hair off. Tabatha returned with a group of friends and did a drive-by shooting and an innocent grandmother was killed.

8. Children as young as age twelve were killed. People died in rival gang banging, drive-bys, and at the hands of police officers. I saw approximately four dead bodies and twenty-five people shot. Marlo saw many people shot. He hung out at a house beside the church on MLK and many shootings occurred there.

9. Marlo was comfortable on the west side because it was the only life he knew. He carried a weapon most of the time. When I didn't see Marlo's weapon I asked if he

had it or reminded him to carry it. Carrying a weapon is like carrying an ID. Even today, most males carry weapons, not just drug dealers. Until you live on the west side you don't know life as it is.

10. I was twenty-one when a mutual friend introduced me to Marlo. We became inseparable. Our immaturities and shortcomings attracted us. We shared many things in common: single parent home, childhood bedwetting, fighting, drug use, early age street life, and being the black sheep of the family. Marlo and I loved each other. We wanted to do right but we didn't know how to with so many odds against us.

11. Marlo was irresponsible; moreover, he didn't know how to be responsible. Marlo seemed slow. He never owned a checking account. He did not pay bills, write checks, or purchase money orders. Instead, he paid cash for everything, but he never checked his change. Marlo didn't understand the importance of a receipt and never collected receipts. Marlo couldn't drive a vehicle and never attempted to get a driver's license.

12. It was difficult having an intellectual conversation with Marlo. He had a weak vocabulary, and often couldn't comprehend advanced words. I used slang and Ebonics for Marlo to grasp what I was saying.

13. Marlo kept things bottled up inside and had a hard time expressing his feelings. Sometimes he told me, "I love you" and other times I knew by his small gestures. He showered me with make-up because it was one of my favorite things. He always

purchased the wrong shades but the thought made me happy. Now and then Marlo kissed me for no reason but usually was affectionate only in private.

14. Marlo and I lived for a while with Dora Mae. She obtained jobs for us at McDonald's off Charleston and Decatur. Marlo was assigned to clean tables, mop floors and remove trash, but sometimes he cooked as needed.

15. Transportation was difficult for Marlo. The public transit schedules were limited and sometimes the bus driver hurried through the west side to get out. The bus rides to work were sometimes longer than the hours Marlo worked. Many times, Marlo wanted to work but didn't have the bus fare. Marlo had no family support system in place. When he asked for help or bus money for work his mom, Georgia, nastily replied, "No, I don't have it." He worked at McDonald's about four months before his dismissal.

16. I thought my family was dysfunctional until I met Marlo's family. Georgia never encouraged Marlo or showed him love. There was no family support system in place. My family learned to accept me the way I am and it was easy for them to accept Marlo the way he was. Marlo never showed affection towards his family members but did show it towards my family.

17. Georgia favored Darren, Larry, and then PJ. She didn't care for Marlo. He was treated like the black sheep of the family. Marlo blew it off as if the way the family treated him was nothing new. Marlo's family was judgmental and embarrassed of him. They talked down to Marlo and often told him, "get out my face and leave me

alone." One time Georgia told Marlo he was no good and he was going back to prison or would end up dead.

18. A few times I saw Georgia slap Marlo against his head with her hand. Marlo never hit back, but he tried to restrain her from hitting him. I saw Georgia slap PJ around when he did something wrong. One time Georgia hit PJ against the head with her hand because he ate all the cereal. Another time Georgia and I got into an altercation, and she threatened to stab me with a fork. Marlo always protected me from Georgia.

19. The only time Georgia liked me was when I stocked the refrigerator with groceries, afterwards she went back to being the devil. Georgia was a hoarder and a food addict. She sneaked food to her bedroom and hid it. Her main argument was about food, who ate it or who touched it. Hell was set off if someone touched Georgia's turkey. One time I ate some of Georgia's turkey parts and she got mad.

20. Georgia was a full figured woman and didn't worry about her weight. She locked herself in the bedroom with food and the TV. She came out to go to the bathroom, work, cook, and church. Georgia cooked only for herself. I cooked for Marlo, his brother PJ, cousin Vicki, her son JT, and myself. Georgia didn't clean. The house was in poor condition and looked like a project home with curbside furniture in it.

21. Sometimes I went to church with Georgia. I thought it might bring us closer together and deliver me from drug use, but it didn't happen. The only time I saw a

religious side to Georgia was on Sunday. Monday through Saturday, Georgia was a bitch and an angry woman. She was horrible and mean for no reason.

22. Because we were living in the same household, Marlo decided to share with me that, as a child younger than sixteen, his cousin Vicki had raped him. This was one more thing we had in common.

23. I refer to all of my childhood problems as baggage. I brought a lot of baggage into my marriage with Marlo. I was raped by age five and a drug addict by age twelve. I was raped by over ten men and one woman. I have been diagnosed with a personality disorder, post-traumatic stress disorder, paranoid schizophrenia, and severe depression. I also attempted suicide.

24. I was expelled from school for hitting a teacher with a desk in the first grade. I was teased in school and beaten by my stepdad each time I came home crying. I was sent to juvenile detention for running away, assault, vehicle theft, fighting, and shoplifting.

25. I did not receive the appropriate services for my drug addiction or molestation until ~~my~~ 2002 during my 1999 / incarceration. With the services I received, I have been drug free since ~~2002.~~ March 17, 1999. / I can freely talk about my drug addiction now because I have overcome it and it has become my testimony. If, as a juvenile, I had received the services and help offered while I was incarcerated, I would have been a different person.

26. Marlo loved and believed in me despite my shortcomings. He never left me and tried all he could to help regardless of what his friends said about me. Although Marlo

was damaged and couldn't help himself, he married me in an effort to help me. I needed Marlo and I needed drugs: when I wasn't able to choose between them, he never gave up on me. I believe all of my baggage deeply affected Marlo. I destroyed Marlo's life with my baggage.

27. Marlo sold drugs because working at McDonald's didn't pay the bills. Sometimes I stole his drugs and replaced them with shaved soap. I once stole all of them and ran away to San Bernardino, California. I called Marlo when I was stranded. He got money together for a bus ticket and sent it for me to come home.

28. Marlo couldn't let me go because he knew I loved him as much as he loved me. He had never been in a relationship like we had. Marlo felt nobody in his family loved him. They didn't sit down and talk to Marlo. They looked down on Marlo about the things he did, and no one took the time to show or help him become better.

29. I always denied my drug use to Marlo and respected him enough never to do it in his presence, but he knew deep down I was using. Marlo tried to save my life so many times from drug use. Once he tried to keep me in the house to dry out from drugs but I ran off to Los Angeles and he came out to rescue me. He moved us from Georgia's home on the west side across town to a weekly motel in an attempt to help me get away from drug use. After his dismissal from ~~McDonald's~~ Lone Star / N.J., he relocated us to my hometown, Hawthorne, in hopes of helping me kick my drug addiction in a drug free environment.

30. I strongly influenced Marlo by manipulating him at every opportunity available. I was much more mature than Marlo, and he trusted me. He was in love with me and believed all my lies. I had been hurt so much in my life, I was trying to push him away. All I wanted was Marlo to give up on me and he wouldn't do it.

31. Marlo lost his job at Lone Star because of me. I went to a drug house in our neighborhood and sold my wedding ring for drugs. I told Marlo it was stolen by the people from the drug house when I left it on the sink after washing my hands. Marlo went to confront them and the situation escalated. The police came looking for him and, when Marlo came home, I called them. I was scared he would find out I lied about the ring. Marlo went to jail and lost his job.

32. When we were living in Hawthorne, I pressured Marlo to return to Las Vegas and demanded he get back his job at Lone Star. I promised him I would get clean and remain clean if we returned to Las Vegas and he got his job back. Marlo wanted me free from drugs and would have done anything for that to happen. Marlo didn't know my goal was to return to Vegas for its drug availability. I strongly believe my actions caused Marlo to break.

33. After the incident at the Lone Star, the DA asked me to testify against Marlo. I said no and that I didn't know what happened, so they left me alone. They went after my little brother Kenya who was around fourteen at the time. I was in a meeting with Kenya and his attorney. His attorney kept telling him if he testified against Marlo they would drop murder charges and he would get off on probation. Kenya agreed

and testified in the preliminary but he backed out at the trial and said no. The DA wanted Kenya to paint a horrible picture of Marlo and he couldn't do it because Marlo wasn't like that.

34. Cassie Ragsdale is the first person from Marlo's defense team to ever contact me. If I had been asked to testify at Marlo's original trial in 1997, or his resentencing in 2005, I would have agreed and told the jurors the things in this declaration.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed in Clark County, Nevada, on October 17, 2017.

Angela Colleen Thomas

EXHIBIT 246

EXHIBIT 246

Declaration of Kenya K. Hall

I, Kenya K. Hall, hereby declare as follows:

1. I am thirty-six years old. I currently reside in Clark County, Nevada. I am the brother-in-law of Marlo Thomas. I was around age fourteen when I met Marlo.

2. When I was around seven, my mother moved to Hawthorne, Nevada, and my sister, Angela, and I went to live with my aunt, Dora Mae Love at 2425 Raymond Avenue, North Las Vegas. We lived two houses down from Marlo's family home.

3. The area was known as Crip City. The neighborhood was gang, drug, and crime infested. Everything was abnormal in our environment: people, drugs, rapes, crime, etc. When Marlo and I visited his family members who lived in different gang territories, it was common for us to have guns draw on us. It happened to me a lot; it was everyday life for Marlo. We had to be conscious of colors, streets, and people.

4. Marlo lacked family resources and support. He did not have a good childhood. I am good friends with Larry Thomas, Marlo's oldest brother. Larry told me that, growing up, they experienced physical and emotional abuse.

5. Although Marlo and Angela were troubled people, they were best friends and cared about each other. Angela isn't an easy person to get along with. She is complicated, troubled, and disturbed. Angela had a rough childhood and her past has destroyed

her. Angela was raped by our mother's friend at an early age and later she prostituted.

6. Angela has multiple personalities and she doesn't make good choices. I love Angela because she is my sister, but I don't like her due to her issues. I do as much as possible to protect my children from Angela. There is good in Angela but you can't count on her to make the right humanitarian choices.

7. I was persuaded to testify against Marlo by my attorney and the DA. They tried to make Marlo out to be some horrible person that he was not. They tried to put us against each other. I was young, scared, and vulnerable. My attorney told me if I decided to go to trial Marlo and I would be prosecuted together. If Marlo was found guilty, I would also be found guilty. I did not realize I wasn't eligible for the death penalty because my attorney did not explain it to me.

8. I was terrified during interrogations. I didn't have the mindset to make sound decisions on my part. Eventually I conquered my fears and stood on my faith. I told my attorney I would not testify against Marlo, and was willing to face the consequences. After I refused to testify, the DA offered me another deal, of two years minimum and two to ten years' probation.

9. I talked to Marlo a few times around court and via the jail ventilation system. I was on the seventh floor and Marlo was on the ninth. Marlo encouraged me to take a plea but I didn't. Instead, I told Marlo I was willing to testify on his behalf. No one contacted me about testifying for Marlo.

10. Cassie Ragsdale is the first person from Marlo's defense team to ever contact me. If I had been asked to testify at Marlo's original trial in 1997, or his resentencing in 2005, I would have agreed and told the jurors the things in this declaration.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed in Clark County, Nevada, on October 19th, 2017.

Kenya K. Hall

EXHIBIT 247

EXHIBIT 247

Declaration of Sharyn Brown

I, Sharyn Brown, hereby declare as follows:

1. I am ~~67~~ 73 SB years old. I currently reside in Las Vegas, Nevada. I served as a member of the jury in the 1997 case of State versus Marlo Thomas.

2. The murders committed by the defendant hit very close to home for me. I had eaten at this particular Lone Star Steakhouse on multiple occasions.

3. I remember hearing about the crime at the time it occurred. The news about the crime stuck with me because of the name Marlo Thomas. ~~At first, I was under the impression the late Danny Thomas's daughter, Marlo Thomas, had committed murder.~~ SB Both Danny and his daughter held careers in the film industry. I would later learn it was a completely different Marlo Thomas.

4. In regards to the jury selection process, I remember filling out a jury questionnaire. I felt it adequately gauged a person's ability to serve on a capital trial. I explained to the attorneys that the Marlo Thomas case would not be the first time I served on a capital jury. The prior case took place many years before the Marlo Thomas case. It was the result of a romantic relationship gone bad. ~~Although I voted for death,~~ SB the defendant did not receive the death penalty because the jury was unable to reach a unanimous decision.

5. After serving as a juror on the first capital case, but prior to the Marlo Thomas case, I was robbed and my home was burglarized. I assumed that once the defense attorneys learned about these prior incidents, they would release me due to potential prejudice. I was surprised to be selected as a juror.

6. Being robbed and burglarized were life changing events for me. The burglary occurred after someone followed me home and managed to sneak in through the doggy door. The burglar stole many valuable items, including the keys to one of my vehicles. During the robbery, I was held at gunpoint and duct-taped. After being victimized, I learned that I could easily be targeted. It is because

of this that I do not allow myself to do certain things anymore. I do not go home alone at night, and I do not walk around wearing flashy jewelry.

7. It was somewhat depressing that the defendant did not have very many people to speak on his behalf. I recall the defendant's brother testifying. I believe he was a minister. It was sad that his brother had only one nice thing to say about the defendant, which was the defendant telling his brother not to hang out with him because it would only get him into trouble.

8. Christopher Milan is the first person from the defense team to ever contact me since the trial.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed in Clark County, Nevada, on October 19, 2017.

Sharyn Brown

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CLERK OF THE COURT

DISTRICT COURT
CLARK COUNTY, NEVADA

****

STATE OF NEVADA

vs.

MARLO THOMAS

CASE NO: 96-C136862-1

DEPARTMENT XXIII

NOTICE RESETTING DATE and TIME OF HEARING

Please be advised that the date and time of the Petition for Writ of Habeas Corpus originally set to be heard on December 4, 2017 at 9:30 am has been reset to **January 22, 2018 at 11:00 am.** The hearing will take place at the Regional Justice Center, 200 Lewis Avenue, 12th Floor, Courtroom 12C, Las Vegas, NV 89101.

DATED this 30th day of November, 2017.

HONORABLE STEFANY A. MILEY

By: _____
Carmen Alper
Judicial Executive Assistant

CERTIFICATE OF SERVICE

I hereby certify that on or about the date signed, a copy of this notice was electronically served and/or placed in the attorney's folders maintained by the Clerk of the Court and/or transmitted via facsimile and/or mailed, postage prepaid, by United States mail to the proper parties as follows: Steve Owens, Esq. and Rene L. Valladares, Esq., Joanne L. Diamond, Esq., Benjamin H. McGee, III, Esq., and Randolph M. Fiedler, Esq.

By: _____
Carmen Alper
Judicial Executive Assistant

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STEFANY A. MILEY
DISTRICT JUDGE
DEPARTMENT TWENTY THREE
LAS VEGAS NV 89101-2408

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CLERK OF THE COURT

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DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, vs. MARLO THOMAS, Defendant.	CASE#: 96C136862-1 DEPT. XXIII

BEFORE THE HONORABLE STEFANY A. MILEY, DISTRICT COURT JUDGE

MONDAY, JANUARY 22, 2018

RECORDER'S TRANSCRIPT OF HEARING:
DEFENDANT'S PRO PER PETITION FOR WRIT OF HABEAS CORPUS
(POST-CONVICTION)

APPEARANCES:

For the State: STEVEN S. OWENS, ESQ.
Chief Deputy District Attorney

For the Defendant: DAVID ANTHONY, ESQ.
JOANNE DIAMOND, ESQ.
Deputy Federal Public Defenders

RECORDED BY: MARIA L. GARIBAY, COURT RECORDER

Las Vegas, Nevada, Monday, January 22, 2018

[Case called at 11:04 a.m.]

THE COURT: So counsel, I appreciate your very prompt and very blunt email back, but just a little bit of understanding on our ends, just because things are filed, sometimes the law clerks call because I ask them to because things can't always be seen immediately, so sometime things have been filed and we don't know it. But I appreciate your very curt email back. So let's go ahead and do a briefing schedule.

MR. OWENS: Okay.

THE COURT: So what do you all need?

MR. OWENS: I need 60 days to respond.

THE COURT: Okay.

MS. DIAMOND: And, Your Honor, I'd like 60 days to respond to what presumably will be a motion to dismiss from the State [indiscernible].

THE COURT: Sure. So let's do 60 and then 60.

THE CLERK: All right. So State, March 26th. That'll be May 21st for defense.

MR. OWENS: And I probably need 30 days thereafter for a reply.

THE COURT: Okay.

THE CLERK: That will be June 25th.

THE COURT: Argument.

THE CLERK: July 9th, 11:00 a.m.

THE COURT: Okay. We'll see you then. Thank you.

MR. OWENS: Thanks, Judge.

MS. DIAMOND: Thank you, Your Honor.

MR. ANTHONY: Thank you, Your Honor.

THE RECORDER: Can I get your appearances and bar number?

MR. ANTHONY: Yes, David Anthony, bar number 7978.

MS. DIAMOND: Joanne Diamond, bar number 14139C.

THE COURT: Thank you.

MR. ANTHONY: Thank you.

[Hearing concluded at 11:06 a.m.]

* * * * * *

ATTEST: I do hereby certify that I have truly and correctly transcribed the audio/video recording in the above-entitled case to the best of my ability.

Maria L. Garibay

MARIA L. GARIBAY
Court Recorder/Transcriber

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CLERK OF THE COURT

RSPN
STEVEN B. WOLFSON
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Nevada Bar #001565
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200 Lewis Avenue
Las Vegas, Nevada 89155-2212
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Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- MARLO THOMAS, Defendant.	CASE NO: 96C136862-1 DEPT NO: XXIII

STATE'S RESPONSE TO THIRD PETITION FOR WRIT OF HABEAS CORPUS AND MOTION TO DISMISS

DATE OF HEARING: July 9, 2018
TIME OF HEARING: 11:00 a.m.

COMES NOW, the State of Nevada, by STEVEN B. WOLFSON, Clark County District Attorney, through STEVEN S. OWENS, Chief Deputy District Attorney, and hereby submits the attached Points and Authorities in Response to Marlo Thomas' Petition for Writ of Habeas Corpus.

This Response is made and based upon all the papers and pleadings on file herein, the attached points and authorities in support hereof, and oral argument at the time of hearing, if deemed necessary by this Honorable Court.

POINTS AND AUTHORITIES

STATEMENT OF THE CASE

Petitioner, Marlo Thomas, was convicted of two counts of first degree murder and sentenced to death in 1997 for the early-morning robbery at the Lone Star Steakhouse and the stabbing deaths of two employees who were present during the robbery, Matthew Gianakis

and Carl Dixon. At the first penalty hearing, the jury found six aggravating circumstances and no mitigating circumstances and sentenced Petitioner to death for both murder counts. The Nevada Supreme Court affirmed Petitioner's convictions and sentences of death. Thomas v. State, 114 Nev. 1127, 967 P.2d 1111 (1998). A Petition for Writ of Certiorari was denied on October 4, 1999. Thomas v. Nevada, 528 U.S. 830, 120 S.Ct. 85 (1999). Remittitur issued on October 26, 1999.

Following post-conviction proceedings in 2002, at which trial counsel Lee McMahon and Mark Bailus both testified, the Supreme Court affirmed the convictions but reversed the death sentences for counsel's failure to object to an incorrect instruction on commutation. Thomas v. State, 120 Nev. 37, 83 P.3d 818 (2004). In 2004, David Schieck was appointed for the new penalty hearing at which the jury found the existence of four aggravating circumstances and again sentenced Petitioner to death for both murder counts. The Supreme Court affirmed on the direct appeal. Thomas v. State, 122 Nev. 1361, 148 P.3d 727 (2006). Remittitur issued on January 28, 2008.

On March 6, 2008, Petitioner filed a second post-conviction habeas petition. After the appointment of counsel and supplemental briefing, this Court denied the petition on May 30, 2014. That decision was affirmed in an unpublished Order of Affirmance on July 22, 2016. Remittitur issued on October 20, 2016.

Petitioner next proceeded to federal court where he filed a federal habeas petition on February 14, 2017, and the federal public defender was appointed. See Ex. 1. Without first seeking stay and abeyance, the federal public defender filed the instant third habeas petition in state court on October 20, 2017, to which the State now responds.

ARGUMENT

Given the overwhelming length of this petition and the voluminous exhibits (spanning several thousand pages), the State will set out the framework in which it will address each of Petitioner's claims. First, this petition raises claims related to both the guilt phase and the penalty phase of Petitioner's capital proceedings. Regarding both, the instant petition is successive. Because Petitioner's death sentence was vacated at one point and a second penalty

hearing was held, the petition is successive in different degrees as to the guilt phase and penalty phase. This is the third habeas petition to raise guilt phase claims and the second habeas petition to raise claims related to the second penalty hearing. The vast majority of the claims raised in the instant petition have already been raised on direct appeal or in a previous habeas petition, or should have been raised on direct appeal or in a previous habeas petition. Thus, those claims are either barred under the law of the case, barred under NRS 34.810(2), or have otherwise been waived under NRS 34.810(1)(b)(2).

The instant petition filed on October 20, 2017, is in violation of the one-year time limitation of NRS 34.726, which requires post-conviction petitions to be filed within one year of issuance of remittitur after direct appeal. The Nevada Supreme Court rejected a habeas petition that was filed just two days late, pursuant to the clear and unambiguous mandatory provisions of NRS 34.726. Gonzales v. State, 118 Nev. 590, 53 P.3d 901 (2002). The one year time bar in NRS 34.726 also applies to successive petitions. Pellegrini v. State, 117 Nev. 860, 875, 34 P.3d 519, 529 (2001). Here, the instant post-conviction proceeding was initiated ***18 years*** after issuance of remittitur on October 26, 1999, following direct appeal of the guilty verdict and is barred absent a showing of good cause for the delay—that the delay is not Petitioner's fault, and that dismissal of the petition as untimely will unduly prejudice Petitioner. NRS 34.726(1). It has also been filed more than ***10 years*** after issuance of remittitur on January 28, 2008, following the direct appeal from the new penalty hearing and death verdicts.

Additionally, the instant petition is successive and subject to dismissal under NRS 34.810(1) if the grounds for the petition could have been presented to the trial court or raised in a prior proceeding. The instant petition is Thomas' third attempt at post-conviction relief from his guilty verdict and second attempt from the death verdicts. Dismissal of a successive petition is required if it fails to allege new or different grounds for relief and the prior determination was on the merits or, if new and different grounds are alleged, the failure to assert those grounds in a prior petition constitutes an abuse of the writ. NRS 34.810(2). Thomas has the burden of pleading and proving specific facts that demonstrate good cause for

the failure to present the claim or for presenting the claim again, and actual prejudice. NRS 34.810(3); see also Evans v. State, 117 Nev. 609, 646-647, 29 P.3d 498, 523 (2001) ("A court must dismiss a habeas petition if it presents claims that either were or could have been presented in an earlier proceeding, unless the court finds both cause for failing to present the claims earlier or for raising them again and actual prejudice to the petitioner.").

The State also affirmatively pleads laches under NRS 34.800 because the State is prejudiced in responding to the petition and in its ability to conduct a retrial of Petitioner due to the long passage of time since the guilt phase jury trial in June of 1997. The instant petition has been filed more than ***20 years*** from the original jury trial and more than ***18 years*** from the affirmance of the guilty verdict on direct appeal. It is also filed more than ***12 years*** after the last penalty hearing and more than ***10 years*** from the affirmance on the direct appeal of the death sentences. Because these time periods well-exceed the statutory five years, the State is entitled to a rebuttable presumption of prejudice. NRS 34.800(2). This can only be overcome by a showing that the petition is based upon grounds of which Petitioner could not have had knowledge by the exercise of reasonable diligence before the circumstances prejudicial to the State occurred or by a demonstration that a fundamental miscarriage of justice has occurred. NRS 34.800(1).

Additionally, the Nevada Supreme Court has observed that "petitions that are filed many years after conviction are an unreasonable burden on the criminal justice system. The necessity for a workable system dictates that there must exist a time when a criminal conviction is final." Groesbeck v. Warden, 100 Nev. 259, 261, 679 P.2d 1268, 1269 (1984). In Lozada, the Nevada Supreme Court stated: "Without such limitations on the availability of post-conviction remedies, prisoners could petition for relief in perpetuity and thus abuse post-conviction remedies. In addition, meritless, successive and untimely petitions clog the court system and undermine the finality of convictions." Lozada v. State, 110 Nev. 349, 358, 871 P.2d 944, 950 (1994). The Nevada Supreme Court also recognizes that "[u]nlike initial petitions which certainly require a careful review of the record, successive petitions may be dismissed based solely on the face of the petition." Ford v. Warden, 111 Nev. 872, 882, 901

P.2d 123, 129 (1995). If the claim or allegation was previously available with reasonable diligence, it is an abuse of the writ to wait to assert it in a later petition. McClesky v. Zant, 499 U.S. 467, 497-498 (1991). "Application of the statutory procedural default rules to post-conviction habeas petitions is mandatory." State v. District Court (Riker), 121 Nev. 225, 231, 112 P.3d 1070, 1074 (2005).

This Response is organized in three sections. Section I will discuss guilt phase claims and will be divided into three sections: subsection A will explain why these claims are barred as untimely under NRS 34.726 and how Petitioner has failed to establish good cause to overcome this procedural bar; subsection B will explain why these claims are barred as successive under NRS 34.810(2) and how Petitioner has failed to establish good cause to overcome this procedural bar; and subsection C will explain the State's position in pleading laches pursuant to NRS 34.800(2). Section II will discuss penalty phase claims and will also be divided into three sections, in the same format as Section I. Finally, Section III will discuss the remaining claims and explain why these claims did not result in prejudice.

I. THE GUILT PHASE CLAIMS ARE PROCEDURALLY BARRED UNDER BOTH NRS 34.726(1) AND NRS 34.810(2), AND THE STATE PLEADS LACHES UNDER NRS 34.800(2)

Many of Petitioner's claims pertain to the guilt phase of trial, which occurred in 1997, specifically Claims 1, 4, 6A, 11, 12, 13, 15, 17, 19, and 28. All of these claims, however, are untimely under NRS 34.726(1), and Petitioner has failed to establish good cause to overcome this procedural bar. All of these claims are also successive under NRS 34.810(2), and Petitioner has failed to establish good cause to justify raising them again.

Each of these claims must be summarily dismissed because Petitioner utterly failed to allege good cause for why he may raise such claims in a third habeas petition. The instant petition is the third time Petitioner has raised guilt phase claims. David Schieck was appointed as first post-conviction counsel and was responsible for raising the guilt phase claims, which he did. David Schieck's ineffectiveness in raising such claims may constitute good cause for alleging them in a successive petition, but only if they are timely raised once they became reasonably available. Brett Whipple was appointed as second post-conviction counsel and

could have raised claims related to the ineffectiveness of first post-conviction counsel, which he did. First post-conviction counsel, David Schieck, appropriately raised such claims in a timely first petition. Such claims were again raised in a second post-conviction petition based upon first post-conviction counsel, David Schieck's, ineffectiveness.

The Petition includes a "Statement with Respect to Claims Raised for the First Time in this Petition." Pet. at 14-15. There, Petitioner argues that good cause exists to excuse the procedural default . . . because this Court failed to grant a sufficient evidentiary hearing, investigative funds, expert funding, or discovery, preventing Thomas from adequately developing the factual bases for his claims." Id. at 15. After the denial of Petitioner's first post-conviction petition, the Nevada Supreme Court held "that the court did not err in denying those claims implicating the validity of Thomas's conviction" and thus did not err in not holding a more thorough evidentiary hearing (but reversed and remanded for a new penalty hearing). Ex. 15 at 6. After the denial of Petitioner's second post-conviction petition, the Nevada Supreme Court held that "the newly-offered evidence is simply not enough to have changed the jury's calculus. . . [thus] the district court did not err" in denying the Petition without an evidentiary hearing, investigative funds, expert funding, or discovery. Ex. 26 at 6. Thus, Petitioner's argument that the "Court failed to grant a sufficient evidentiary hearing, investigative funds, expert funding, or discovery" is barred under the law of the case and cannot establish good cause to overcome the procedural bars. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").

Petitioner further alleges that "good cause also exists to excuse any applicable procedural default because prior counsel, including appellate and post-conviction counsel were ineffective." Id. However, Petitioner's ineffective assistance of counsel claims consist exclusively of allegations of ineffective assistance of counsel that are themselves procedurally defaulted and thus cannot serve as good cause necessary to overcome the procedural bars set out in NRS 34.726(1), 34.810(1)(b)(2), and 34.810(2).

Petitioner cites to Martinez v. Ryan, 132 S. Ct. 1309 (2012) to support his contention. Id. On March 20, 2012, the United States Supreme Court, in Martinez, created a narrow equitable exception to the procedural default rules in federal habeas litigation. Id. The Court had before it the question of whether there is a constitutional right to effective assistance of post-conviction counsel, but specifically declined to answer that question, opting instead to hold that "ineffective assistance in an initial-review collateral proceeding on a claim of ineffective assistance at trial may provide cause for a procedural default in a federal habeas proceeding." Id. at 1315 (emphasis added). The Supreme Court did not create a constitutional right to post-conviction counsel—and therefore the right to the appointment and effective assistance of that counsel—and it did not apply this rule in the context of state habeas litigation:

> This is but one of the differences between a constitutional ruling and the equitable ruling of this case. A constitutional ruling would provide defendants a freestanding constitutional claim to raise; it would require the appointment of counsel in initial-review collateral proceedings; it would impose the same system of appointing counsel in every State; and it would require a reversal in all state collateral cases on direct review from state courts if the States' system of appointing counsel did not conform to the constitutional rule.

Id. at 1319.

Courts that have analyzed this issue in the short time since this opinion's release have also concluded that Martinez did nothing to change federal constitutional rights or to impose new rules on procedural defaults for the litigation of post-conviction habeas petitions in state court. See e.g., Gore v. State, ___ So.3d ___, 2012 WL 1149320 (Fla. 2012) ("It appears that Martinez is directed toward federal habeas proceedings and is designed and intended to address issues that arise in that context."), cert. denied, 132 S. Ct. 1904 (2012); Sherman v. Baker, 2012 WL 993419 at 11 (D. Nev. 2012). In Brown v. McDaniel, 130 Nev. ___ , 331 P.3d 867 (2014), the Nevada Supreme Court held that Martinez has no application to Nevada's state habeas procedural bars. Martinez, therefore, does not establish good cause to excuse the procedural defaults.

Further, it is well-established that, absent the creation of a new right under the United States Constitution, federal court interpretation of the scope of federal habeas remedies has no controlling influence on state law rules governing habeas litigation in state courts. See e.g.,

People v. Spears, 864 N.E.2d 758, 764 (Ill. App. Ct. 2007) ("[S]tate courts are not required to follow United States Supreme Court precedent unless the result therein is mandated by the Constitution of the United States. Because the Court in Castro interpreted a federal habeas corpus statute and not Illinois state post-conviction statutes or federal constitutional law, we are not bound by its holding."); State v. Burnside, 889 N.E.2d 533 (Ohio 2008) (listing authorities for the proposition that federal habeas jurisprudence on procedural default rules not binding because state and federal writs not co-extensive in scope); Bostick v. Weber, 692 N.W. 517, 521 (S.D. 2005) ("Our remedy extends only so far as the language used by our legislature allows, as federal decisions on the application of the federal habeas statute do not control the interpretation of our state habeas remedy.").

It may be that Martinez has "fundamentally altered the application of procedural default rules in habeas corpus proceedings," but it only did so in federal court; it did nothing to create new rules that would negate the long-standing holding affirmed in McKague v. Warden, 112 Nev. 159, 912 P.2d 255 (1996), that ineffective assistance of post-conviction counsel—and the failure to appoint post-conviction counsel—are not cognizable bases for excusing a procedural default because there is no statutory or constitutional right to post-conviction counsel. Thus, this cannot serve as good cause necessary to overcome the procedural bars.

Petitioner argues good cause exists for Claims 9, 14, 25, and 27 "because a failure to consider these claims will result in a miscarriage of justice." Id. at 16. Miscarriage of justice, in Nevada, is limited exclusively to claims of actual innocence and ineligibility for the death penalty. Pellegrini v. State, 117 Nev. 860, 887, 34 P.3d 519, 537 (2001). To allege this, Petitioner "must show by clear and convincing evidence that, but for a constitutional error, no reasonable juror would have found him death eligible." Id. As Petitioner has failed to allege, let alone show, that but for a constitutional error, no reasonable juror would have found him death eligible, this cannot establish good cause to overcome the procedural bars. Moreover, Petitioner's argument that he is ineligible for the death penalty is barred under the law of the case and cannot establish good cause to overcome the procedural bars. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under

the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). This claim has been raised in prior proceedings and rejected by the Nevada Supreme Court. This argument was raised in Petitioner's second Petition for Writ of Habeas Corpus and the appeal from the denial of that Petition. See Exs. 17 – 19. The Nevada Supreme Court rejected this argument. Id. Accordingly, this is barred under the law of the case and cannot serve as good cause necessary to overcome the procedural bars.

This Court should reject these bold, naked allegations and find that they are insufficient to establish the good cause necessary to present claims that are otherwise procedurally defaulted.

Finally, because 18 years have elapsed between the Nevada Supreme Court's decision on Petitioner's direct appeal of the Judgment of Conviction and the filing of the instant Petition, the State pleads laches pursuant to NRS 34.800(2) and seeks to avail itself of that statute's rebuttable presumption of prejudice.

A. The Guilt Phase Claims are Untimely under NRS 34.726(1) and Petitioner Failed To Establish Good Cause and Undue Prejudice

Under NRS 34.726(1), "a petition that challenges the validity of a judgment or sentence must be filed within 1 year after entry of the judgment of conviction or, if an appeal has been taken from the judgment, within 1 year after the appellate court of competent jurisdiction . . . issues its remittitur," absent a showing of good cause for delay. In State v. Eighth Judicial Dist. Court (Riker), 121 Nev. at 233, 112 P.3d at 1075, the Nevada Supreme Court noted that "the statutory rules regarding procedural default are mandatory and cannot be ignored when properly raised by the State."

Here, the Judgment of Conviction was filed on August 27, 1997. An Amended Judgment of Conviction was filed on September 16, 1997. Petitioner filed a timely Notice of Appeal, and on November 25, 1998, the Nevada Supreme Court issued an Order affirming the judgment of the District Court. Thomas, 114 Nev. 1127, 967 P.2d 1111 (1998). Remittitur issued on October 26, 1999. Accordingly, Petitioner had until October 26, 2000, to file a timely Petition in which to argue his guilt-phase claims. The instant Petition, however, was filed on

October 20, 2017—almost 17 years after the one-year deadline had expired. Such untimeliness can be excused if Petitioner can establish good cause for the delay. However, Petitioner has failed to do so.

To show good cause for delay under NRS 34.726(1), a petitioner must demonstrate the following: (1) "[t]hat the delay is not the fault of the petitioner."

To meet the first requirement, "a petitioner must show that an impediment external to the defense prevented him or her from complying with the state procedural default rules." Hathaway v. State, 119 Nev. 248, 252, 71 P.3d 503, 506 (2003). "An impediment external to the defense may be demonstrated by a showing 'that the factual or legal basis for a claim was not reasonably available to counsel, or that some interference by officials, made compliance impracticable.'" Id. (quoting Murray v. Carrier, 477 U.S. 478, 488, 106 S. Ct. 2639 (1986)).

A claim of ineffective assistance of counsel may serve to excuse a procedural default if counsel was so ineffective as to violate the Sixth Amendment. Hathaway, 119 Nev. at 252, 71 P.3d at 506. However, "in order to constitute adequate cause, the ineffective assistance of counsel claim itself must not be procedurally defaulted." Id.; State v. Eighth Judicial Dist. Court (Riker), 121 Nev. at 235, 112 P.3d at 1077. Thus, a claim of ineffective assistance of counsel that was reasonably available to the petitioner during the statutory time period would not constitute good cause to excuse the delay. Hathaway, 119 Nev. at 253, 71 P.3d at 506.

As noted above, 10 of the 28 claims raised by Petitioner pertain to the guilt-phase. None of the claims, however, sufficiently set forth the good cause necessary to overcome NRS 34.726(1)'s procedural time-bar. Claim 1 raises a claim under Batson v. Kentucky, 476 U.S. 79, 106 S. Ct. 1712 (1986), which is barred under the law of the case. Claims 4, 6, 11, and 15 raise claims of judicial error, which consist of allegations that are either barred under the law of the case or waived under NRS 34.810(1)(b)(2). Claim 12 raises a sufficiency-of-the-evidence claim that is barred under the law of the case. Claim 13 raises a claim of ineffective assistance of trial counsel, which consists exclusively of procedurally defaulted allegations of ineffective assistance of trial counsel. Claim 17 raises a claim of prosecutorial misconduct, which consists of allegations that are waived under NRS 34.810(1)(b)(2). Claim 19 raises a

claim of ineffective assistance of appellate counsel, which consists exclusively of procedurally defaulted allegations of ineffective assistance of appellate counsel. Claim 28 raises a juror misconduct claim, which is waived under NRS 34.810(1)(b)(2).

1. Petitioner's Claim that the State Used a Race-Based Peremptory Challenge is Barred under the Law of the Case

Claim 1 states that Petitioner's "conviction is invalid under federal constitutional guarantees of due process, equal protection, a fair trial, a fair and impartial jury, and a jury of his peers, a reliable sentence, effective assistance of counsel and freedom from cruel and unusual punishment because the trial court allowed the State to exercise a race-based peremptory challenge. Pet. at 18. Specifically, Petitioner alleges that "the State exercised a peremptory challenge against [a] prospective juror . . . the first African-American prospective juror in the venire who wasn't excused for his views on the death penalty. Id.

This Court should deny this claim on the basis that it is barred under the law of the case. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). Petitioner raised this exact Batson claim on direct appeal to the Nevada Supreme Court, and the Nevada Supreme Court ultimately rejected this claim upon its conclusion that it "the district court did not abuse its discretion and, therefore, did not err by permitting the peremptory challenge of Evans." Ex. 5 at 10. Therefore, this Court should find that Petitioner's Batson claim is barred under the law of the case. Accordingly, Petitioner's claim should be denied.[1]

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[1] The Petition includes a "Statement with Respect to Claims Re-Raised in the Instant Petition" in which it appears that Petitioner attempts to set out a blanket allegation of good cause insofar as he explains why he is re-raising "the grounds raised on direct appeal to the Nevada Supreme Court." Petition at 13. First, he argues he is doing this "because [he] is entitled to a cumulative consideration of the constitutional errors which infected his convictions and death sentences." Id. Then he goes on to allege that the failure to raise these claims adequately on direct appeal was the result of ineffective assistance of counsel on direct appeal, explaining that his appellate counsel "raised but, in some instances, failed to adequately plead" certain claims.

This Court should reject Petitioner's attempt to furnish good cause by arguing ineffective assistance of appellate counsel. While such a claim can certainly serve as good cause, it cannot serve as good cause here because the claim itself is procedurally defaulted. As with Petitioner's claim of ineffective assistance of trial counsel, this claim of ineffective assistance of appellate counsel was reasonably available at the time Petitioner filed his first habeas petition. And the record reflects that a claim of ineffective assistance of appellate counsel was, in fact, raised by Mr. Schieck—Petitioner's first post-conviction counsel. See Ex. 11 at 1-71. Therefore, because Petitioner's allegation of ineffective assistance of appellate counsel was reasonably available at the time Petitioner filed his first habeas petition, this Court

2. Petitioner's Claim that the District Court Improperly Instructed the Jury at the Guilt Phase is Barred under the Law of the Case

Claim 4 states that Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of due process, confrontation, effective counsel, a reliable sentence, a fair trial, equal protection, a fair and impartial jury, and freedom from cruel and unusual punishment because the jury received deficient jury instructions at the guilt phase" the convictions. Pet. at 37. In support of this claim, Petitioner raises 6 allegations of judicial error. Id. at 37-48.

Petitioner's first allegation in support of his claim that the trial judge failed to properly instruct the jury is his allegation that the first-degree murder instruction on premeditation and deliberation was unconstitutional. Id. at 37-42. Petitioner's second allegation is that the jury instruction on felony murder based on burglary, robbery, and kidnapping was inadequate insofar as the jury was not instructed "that an afterthought felony does not satisfy the felony murder rule." Id. at 43. Petitioner's third allegation is that "the equal and exact instruction improperly minimized the State's burden of proof." Id. Petitioner's fourth allegation is that the reasonable doubt instruction was flawed because it: (1) "offered an explanation of reasonable doubt itself, not a standard by which reasonable doubt can be determined. . . ;" and (2) "elevated the threshold for determining reasonable doubt." Id. at 45. Petitioner's fifth allegation is that it was error to not require the jury to be unanimous as to a theory of first-degree murder. Id. at 46. Petitioner's final allegation is that the malice instruction given by the trial court was unconstitutional. Id.

These allegations are barred under the law of the case. See State v. Loveless, 62 Nev. 312, 317, 150 P.2d 1015, 1017 (1944) (quoting Wright v. Carson Water Co., 22 Nev. 304, 308, 39 P. 872, 873-74 (1895)) ("The decision (on the first appeal) is the law of the case, not only binding on the parties and their privies, but on the court below and on this court itself. A ruling of an appellate court upon a point distinctly made upon a previous appeal is, in all subsequent proceedings in the same case upon substantially the same facts, a final adjudication, from the

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should deny Petitioner's current attempt to establish good cause by relying on this procedurally defaulted claim. It is for this very same reason that the Court should deny Claim 19—which sets out a claim of ineffective assistance of appellate counsel.

consequences of which the court cannot depart."). As explained by the Nevada Supreme Court in Hall v. State, 91 Nev. 314, 316, 535 P.2d 797, 799 (1975), "[t]he doctrine of the law of the case cannot be avoided by a more detailed and precisely focused argument subsequently made after reflection upon the previous proceedings." See also Pellegrini v. State, 117 Nev. 860, 879, 34 P.3d 519, 532 (2001) (citing McNelton v. State, 115 Nev. 396, 414-15, 990 P.2d 1263, 1275 (1999)) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").

Petitioner already raised the exact same issues and arguments in his direct appeal. The Nevada Supreme Court found that "no plain or patently prejudicial errors exist." Ex. 5 at 28. Petitioner did not include Claim 4(F) in his "Statement with Respect to Claims Re-Raised in this Petition;" however, the same issue was raised in his first direct appeal. See Pet. at 13; See also Ex. 3 at 50-51. Thus, Petitioner fails to even allege good cause as to Claim 4(F). As discussed in Footnote 2, the good cause alleged as to the Claims 4(A)-(E) is insufficient. Thus, this Court should find that Claim 4 is barred under the law of the case.[2]

3. Petitioner's Claim that his Confrontation Right was Violated at the Guilt Phase is Barred under the Law of the Case

Claim 6(A) states that "the trial court's allowance of pre-trial testimony and other out-of-court statements in lieu of live testimony violated Thomas's rights to due process, to a reliable sentence and to confront witnesses who would testify against him." Pet. at 53.

Specifically, Petitioner claims that the "admission of Kenya Hall's testimony violated Thomas's right to confrontation." Id. at 54. However, this Court should deny claim 6A on the basis that it is barred under the law of the case. Petitioner raised the same Confrontation issue on direct appeal to the Nevada Supreme Court (see Ex. 5 at 11-13), and the Nevada Supreme Court rejected the claim. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). The Nevada Supreme Court concluded, that "the district court did not err by admitting Hall's

[2] See Footnote 1.

preliminary hearing testimony because Hall was 'unavailable.'" Ex. 5 at 117. Accordingly, Claim 6(A) should be denied as it is barred under the law of the case.[3]

4. Petitioner's Claim that the District Court Erred by Death-Qualifying the Jury is Barred under the Law of the Case

Claim 11 states that Petitioner's "convictions are invalid under the federal constitutional guarantees of due process, equal protection, a reliable sentence, freedom from cruel and unusual punishment, and a fair trial because he was convicted by a death-qualified jury." Pet. at 90.

This claim is barred under the law of the case. See State v. Loveless, 62 Nev. 312, 317, 150 P.2d 1015, 1017 (1944) (quoting Wright v. Carson Water Co., 22 Nev. 304, 308, 39 P. 872, 873-74 (1895)) ("The decision (on the first appeal) is the law of the case, not only binding on the parties and their privies, but on the court below and on this court itself. A ruling of an appellate court upon a point distinctly made upon a previous appeal is, in all subsequent proceedings in the same case upon substantially the same facts, a final adjudication, from the consequences of which the court cannot depart."). As explained by the Nevada Supreme Court in Hall v. State, 91 Nev. 314, 316, 535 P.2d 797, 799 (1975), "[t]he doctrine of the law of the case cannot be avoided by a more detailed and precisely focused argument subsequently made after reflection upon the previous proceedings." See also Pellegrini v. State, 117 Nev. 860, 879, 34 P.3d 519, 532 (2001) (citing McNelton v. State, 115 Nev. 396, 414-15, 990 P.2d 1263, 1275 (1999)) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").

Petitioner already raised the exact same issue and argument in his direct appeal. The Nevada Supreme Court found that "no plain or patently prejudicial errors exist." Ex. 5 at 28. Thus, this Court should find that this claim is barred under the law of the case.[4]

5. Petitioner's Claim that the State Failed to Prove Beyond a Reasonable Doubt the Charges of Kidnapping with Use of a Deadly Weapon, Robbery with Use of a Deadly Weapon, Burglary while in Possession of a Firearm, Murder with Use of a Deadly Weapon, Conspiracy, and the Use Enhancement is Barred under the Law of the Case

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[3] See Footnote 1.
[4] See Footnote 1.

Claim 12 states that Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of due process, equal protection, a reliable sentence, freedom from cruel and unusual punishment, and a fair trial, because the evidence adduced at trial was insufficient to support" the convictions. Pet. at 92.

As to the charge of Kidnapping with Use of a Deadly Weapon, Petitioner argues, "there is no evidence in the record that Thomas kidnapped Carl Dixon." Id. As to the Robbery with Use of a Deadly Weapon, Petitioner argues that "[o]nce Hall's incriminating statements against Thomas are properly stricken, what remains is insufficient to support Thomas's conviction for robbery." Id. at 94-95. As to the Burglary while in Possession of a Firearm charge, Petitioner argues that there are no other witnesses who testified as to the intent of Thomas upon his entry into the Lone Star. Id. at 96. As to the Murder with Use of a Deadly Weapon charge, Petitioner argues that "[t]he evidence does not support the State's theory that Thomas willfully, deliberately, and premeditatedly committed murder to avoid identification as a robber of the establishment. Id. As to the Conspiracy charge, Petitioner argues there was "no evidence presented at trial which reveals any agreement." Id. at 97. As to the Use Enhancement, Petitioner argues that "a steak knife used in a steakhouse is not an inherently dangerous weapon." Id.

The Court should deny these claims on the basis that they are barred under the law of the case. Petitioner raised these same insufficiency-of-the-evidence claims on direct appeal to the Nevada Supreme Court (see Ex. 5 at 17-23), and the Nevada Supreme Court rejected each claim. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").

As to the Kidnapping with Use of a Deadly Weapon charge, the Nevada Supreme Court stated:

> Thomas fails to recognize that in his own videotaped confession, he admitted that he entered the bathroom and blocked the door specifically to prevent Dixon (and Gianakis) from leaving. Therefore, the statute is satisfied because Thomas willfully confined Dixon in the bathroom with the intent to hold or detain him…Thomas did hold or detain Dixon for the purpose of killing him.

Ex. 5 at 21. As to the Robbery with Use of a Deadly Weapon charge, the Nevada Supreme Court concluded that "overwhelming evidence supports the robbery conviction." Id. at 20. Regarding the Burglary while in Possession of a Firearm charge, the Nevada Supreme Court concluded "that the jury could reasonably conclude that Thomas formed the intent to rob before entering the building, and therefore, sufficient evidence was presented to convict Thomas of burglary." Id. at 18-19.

As to the charge of Murder with Use of a Deadly Weapon, the Nevada Supreme Court found "that sufficient evidence exists to support Thomas' conviction under the felony-murder and avoid-arrest theories . . . sufficient evidence exists that Thomas committed premeditated murder" Id. at 22. The Nevada Supreme Court further stated, ". . . the jury could reasonably conclude that Thomas premeditated the murders within moments of killing Dixon and Gianakis, even if he did not previously plan to kill them. Accordingly, sufficient evidence exists to support Thomas' murder counts." Id. at 22-23.

Regarding the Conspiracy charge, the Nevada Supreme Court concluded "that Thomas' and Hall's conduct reasonably implies an agreement to commit robbery…the State satisfied its burden of proving the agreement to commit robbery, and the charging document states 'conspiracy to commit murder and/or robbery.' Therefore, the lack of an agreement to commit murder is inconsequential, and we affirm the conspiracy conviction." Id. at 19-20. Finally, as to the Use Enhancement, the Nevada Supreme Court stated, "the knife Thomas used . . . was a meat-carving knife with a five-to seven-inch blade. It was an inherently dangerous weapon due to the length of the blade and the sharpness required to carve meat." Id. at 23. Thus, the Nevada Supreme Court determined the knife was properly "used to enhance Thomas' conviction for murder and kidnapping." Id.

Accordingly, Petitioner's claim should be denied, on the basis that they are barred under the law of the case.[5]

6. Petitioner's Claim that Trial Counsel was Ineffective during the Pretrial and Guilt Phases Consists Exclusively of Ineffective Assistance of Counsel Allegations that are Procedurally Barred

[5] See Footnote 1.

Claim 13 states Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of the right to due process, confrontation, effective counsel, equal protection, trial before an impartial jury, freedom from cruel and unusual punishment, and a reliable sentence due to the ineffective assistance of first trial counsel. Pet. at 98.

First, Petitioner claims "trial counsel were ineffective for failing to adequately investigate, prepare, and present Thomas's case." Id. Secondly, Petitioner argues "trial counsel were ineffective for failing to present any evidence in support of a state-of-mind defense and a case for lesser culpability. Pet. at 115. Third, Petitioner argues "trial counsel were ineffective during voir dire." Pet. at 124. Fourth, Petitioner argues "trial counsel were ineffective in failing to object to the admission of a diagram of Carl Dixon's body that was cumulative of evidence already presented." Pet. at 125. Fifth, Petitioner argues "trial counsel were ineffective in failing to object to the prosecutor's leading questions to witness Michael Bryant." Pet. at 126. Finally, Petitioner argues "trial counsel were ineffective in failing to adequately prepare to cross-examine co-defendant Kenya Hall." Id.

This Court should reject this claim of ineffective assistance of counsel—namely, that trial counsel was ineffective during the pretrial and guilt phases—because all 6 of the allegations upon which this claim is predicated are procedurally defaulted. As noted above, this is the third habeas petition in which Petitioner is raising claims related to the guilt phase of his capital proceedings. All guilt-phase allegations of ineffective assistance of counsel should have been raised in Petitioner's first habeas petition. The factual basis, for each of these ineffective assistance of counsel claims, was available during the timeframe in which Petitioner's first habeas petition was filed. Moreover, many of these allegations were, in fact, raised by Mr. Schieck—Petitioner's first post-conviction counsel. See Ex. 11 at 1-71. Therefore, because all allegations of ineffective assistance of trial counsel raised by Petitioner in the instant Petition were reasonably available at the time Petitioner filed his first habeas petition, this Court should deny Petitioner's claim on the basis that it consists exclusively of procedurally defaulted allegations of ineffective assistance of counsel.[6]

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[6] See Footnote 1.

7. Petitioner's Claim that the District Court Erred at the Guilt Phase is either Barred under the Law of the Case or Waived Under NRS 34.810(1)(b)(2)

Claim 15 states Petitioner's "convictions are invalid under the federal constitutional guarantees of due process and a fair trial because of errors by the trial court." Pet. at 164. First, Petitioner claims that "the trial court failed to declare a mistrial after a witness testified that Thomas had previously been to jail." Id. Secondly, Petitioner argues that "the trial court erroneously admitted certain gruesome photographs." Id. at 165. Next, Petitioner argues that "the trial court erred in admitting a diagram of Carl Dixon's body that was cumulative of evidence already presented." Id. Finally, Petitioner alleges that "the trial court improperly signaled its approval of a State witness's testimony." Id.

Petitioner's allegations are barred under the law of the case. See State v. Loveless, 62 Nev. 312, 317, 150 P.2d 1015, 1017 (1944) (quoting Wright v. Carson Water Co., 22 Nev. 304, 308, 39 P. 872, 873-74 (1895)) ("The decision (on the first appeal) is the law of the case, not only binding on the parties and their privies, but on the court below and on this court itself. A ruling of an appellate court upon a point distinctly made upon a previous appeal is, in all subsequent proceedings in the same case upon substantially the same facts, a final adjudication, from the consequences of which the court cannot depart."). As explained by the Nevada Supreme Court in Hall v. State, 91 Nev. 314, 316, 535 P.2d 797, 799 (1975), "[t]he doctrine of the law of the case cannot be avoided by a more detailed and precisely focused argument subsequently made after reflection upon the previous proceedings." See also Pellegrini v. State, 117 Nev. 860, 879, 34 P.3d 519, 532 (2001) (citing McNelton v. State, 115 Nev. 396, 414-15, 990 P.2d 1263, 1275 (1999)) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").

In Petitioner's direct appeal, he raised claims 15(A), (B), and (C). See Ex. 5 at 15-17. The Nevada Supreme Court rejected these claims. The Nevada Supreme Court concluded that "the district court did not err by admitting autopsy photographs of the victims, Gianakis and Dixon . . . by admitting an enlarged version of a previously admitted diagram depicting

Dixon's body . . .[or] by denying Thomas' motion for a mistrial after Nash inadvertently testified that Thomas had been to jail." Id. Thus, the allegations raised by Petitioner are barred under the law of the case.[7]

Petitioner states that Claim 15(D) was raised in his first direct appeal; however, that is not the case. Pet. at 13. It does not appear that this Claim has ever been raised. Thus, it is waived. This Court should find that Petitioner waived Claim 15(D) by his failure to raise them on appeal or in a previous habeas petition. See NRS 34.810(1)(b)(2); Franklin, 110 Nev. at 752, 877 P.2d at 1059. Moreover, Petitioner failed to even allege good cause, and stated that this was previously raised in the first direct appeal. However, even if Petitioner included Claim 15(D) in its "Statement with Respect to Claims Raised for the First Time in this Petition," there is still no good cause. Pet. at 14 – 15. There is no good cause for the failure to present these arguments earlier because Petitioner relies on bold, naked allegations and that are insufficient to establish the good cause necessary to present claims that are otherwise procedurally defaulted. Thus, this Court should find that Claim 15(D) is waived under NRS 34.810(2).[8]

8. Petitioner's Claim of Prosecutorial Misconduct is Waived under NRS 34.810(1)(b)(2)

Claim 17 states Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of due process, equal protection, a fair trial, freedom from cruel and unusual punishment, and a reliable sentence because of pervasive prosecutorial misconduct." Pet. at 169. Petitioner claims that the State engaged in prosecutorial misconduct during opening statements by referring to the victims as young. Id. Petitioner also claims that the State engaged in prosecutorial misconduct during closing arguments by making improper arguments. Id. at 169-70.

This Court should find that Petitioner waived these arguments by his failure to raise them on appeal or in a previous habeas petition. See NRS 34.810(1)(b)(2); Franklin, 110 Nev. at 752, 877 P.2d at 1059. Moreover, Petitioner has failed to demonstrate good cause for the

[7] See Footnote 1.
[8] See supra pg. 6 – 9.

failure to present these arguments earlier because he relies on bold, naked allegations and that are insufficient to establish the good cause necessary to present claims that are otherwise procedurally defaulted. Thus, this Court should find that Petitioner's claim of prosecutorial misconduct consists of allegations that are waived under NRS 34.810(2).[9]

9. Petitioner's Claim that First Direct Appeal Counsel was Ineffective is Procedurally Barred

Claim 19 states Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of due process, equal protection, effective assistance of counsel, freedom from cruel and unusual punishment, and a reliable sentence due to the ineffective assistance of appellate counsel for the first direct appeal." Pet. at 176. Petitioner claims appellate counsel was ineffective for failing to file the entire record and failing to raise meritorious claims. Id.

This Court should reject this claim that appellate counsel was ineffective on the first direct appeal because both of the allegations upon which this claim is predicated are themselves procedurally defaulted. As noted above, this is the third habeas petition in which Petitioner is raising claims related to the guilt-phase of his capital proceedings. All guilt-phase claims/allegations of ineffective assistance of counsel—to include claims/allegations of ineffective assistance of *appellate* counsel—should have been raised in Petitioner's first habeas petition. The factual basis for each and every allegation raised in this claim was available during the timeframe in which Petitioner's first habeas petition was filed. And the record reflects that many of the aforementioned allegations were, in fact, raised by Mr. Schieck—Petitioner's first post-conviction counsel. See Ex. 11 at 1-71. Therefore, because all allegations of ineffective assistance of appellate counsel raised by Petitioner in the instant Petition were reasonably available at the time Petitioner filed his first habeas petition, this Court should deny Claim 19 on the basis that it consists exclusively of procedurally defaulted allegations of ineffective assistance of appellate counsel.

[9] See supra pg. 6 – 9.

10. Petitioner's Claim of Juror Misconduct and Bias at the Guilt Phase is Waived under NRS 34.810(1)(b)(2)

Claim 28 states Petitioner's "convictions and death sentences are invalid under the federal constitutional guarantees of due process, a fair trial, an impartial jury, a reliable sentence, effective assistance of counsel, and freedom from cruel and unusual punishment because jurors that voted to convict Thomas were biased and engaged in juror misconduct." Pet. at 234. Petitioner claims that juror Joseph Hannigan was dishonest during voir dire and was biased against Thomas. Id. at 234-38. Petitioner further claims that juror Sharyn Brown was biased against Thomas. Id. at 239.

This Court should find that Petitioner waived these arguments by his failure to raise them on appeal or in a previous habeas petition. See NRS 34.810(1)(b)(2); Franklin, 110 Nev. at 752, 877 P.2d at 1059. Moreover, Petitioner has failed to demonstrate good cause for the failure to present these arguments earlier because he relies on bold, naked allegations and that are insufficient to establish the good cause necessary to present claims that are otherwise procedurally defaulted. Thus, this Court should find that Petitioner's claim of juror misconduct and bias consists of allegations that are waived under NRS 34.810(2).[10]

B. The Guilt Phase Claims are Successive under NRS 34.810(2) and Petitioner Failed to Establish Good Cause and Undue Prejudice

NRS 34.810(2) requires the district court to dismiss "[a] second or successive petition if the judge or justice determines that it fails to allege new or different grounds for relief and that the prior determination was on the merits or, if new and different grounds are alleged, the judge or justice finds that the failure of the petitioner to assert those grounds in a prior petition constituted an abuse of the writ." And as with NRS 34.726(1), the procedural bar described in NRS 34.810(2) is mandatory. See Evans v. State, 117 Nev. 609, 622, 28 P.3d 498, 507 (2001) ("[A] court *must dismiss* a habeas petition if it presents claims that either were or could have been presented in an earlier proceeding, unless the court finds both cause for failing to present the claims earlier or for raising them again and actual prejudice to the petitioner." (emphasis added)).

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[10] See supra pg. 6 – 9.

The instant petition constitutes the third habeas petition related to guilt phase claims. To the extent that Petitioner articulates new and different allegations within these guilt phase claims, this Court should find that Petitioner's failure to assert those grounds in a prior petition constitutes an abuse of the writ. While NRS 34.810(3) affords Petitioner the opportunity to overcome the procedural bar, Petitioner failed to establish good cause for the very same reasons that he failed to establish good cause under NRS 34.726(1). Thus, this Court should deny the guilt phase claims because they are procedurally barred under NRS 34.810(2).

C. The State Pleads Laches Under NRS 34.800(2)

NRS 34.800(2) creates a rebuttable presumption of prejudice to the State if "[a] period exceeding 5 years [elapses] between the filing of a judgment of conviction, an order imposing a sentence of imprisonment or a decision on direct appeal of a judgment of conviction and the filing of a petition challenging the validity of a judgment of conviction." The Nevada Supreme Court stated: "petitions that are filed many years after conviction are an unreasonable burden on the criminal justice system" and that "[t]he necessity for a workable system dictates that there must exist a time when a criminal conviction is final." Groesbeck v. Warden, 100 Nev. 259, 261, 679 P.2d 1268, 1269 (1984). To invoke NRS 34.800(2)'s presumption of prejudice, the statute requires that the State specifically plead laches.

The State affirmatively pleads laches, under NRS 34.800(2), because more than 18 years have elapsed between the Nevada Supreme Court's decision on Petitioner's direct appeal of the judgment of conviction (related to the guilt phase) and the filing of this petition. To overcome the presumption of prejudice to the State, Petitioner has the heavy burden of proving a fundamental miscarriage of justice. See Little v. Warden, 117 Nev. 845, 853, 34 P.3d 540, 545 (2001). Petitioner failed to meet that burden. Accordingly, this Court should dismiss the guilt phase claims pursuant to NRS 34.800(2).

II. THE PENALTY PHASE CLAIMS ARE PROCEDURALLY BARRED UNDER BOTH NRS 34.726(1) AND NRS 34.810(2), AND THE STATE PLEADS LACHES UNDER NRS 34.800(2)

14 of 28 of Petitioner's claims pertain to the penalty phase of trial, which occurred in 2004, specifically Claims 2, 3, 5, 6 (in part), 7, 8, 9, 10, 14, 16, 18, 20, 25, and 26. All of these

claims, however, are untimely under NRS 34.726(1), and Petitioner has failed to establish good cause to overcome this procedural bar. All of these claims are also successive under NRS 34.810(2), and Petitioner has failed to establish good cause to justify raising them again. Finally, because 10 years have elapsed between the Nevada Supreme Court's decision on Petitioner's direct appeal of the Judgment of Conviction (relating to the second penalty hearing and sentence of death) and the filing of the instant Petition, the State pleads laches pursuant to NRS 34.800(2) and seeks to avail itself of that statute's rebuttable presumption of prejudice.

A. The Penalty Phase Claims are Untimely under NRS 34.726(1) and Petitioner Failed To Establish Good Cause

Here, the Judgment of Conviction (relating to the second penalty hearing and sentence of death) was filed on November 28, 2005. Petitioner timely filed a Notice of Appeal, and on December 28, 2006, the Nevada Supreme Court issued an Order affirming the judgment of the district court. Thomas, 122 Nev. 1361, 148 P.3d 727 (2006). Remittitur issued on January 28, 2008. Accordingly, Petitioner had until January 28, 2009, to file a timely Petition in which to argue his penalty-phase claims. The instant Petition, however, was filed on October 20, 2017—almost 9 years after the one-year deadline had expired. Such untimeliness can be excused if Petitioner can establish good cause for the delay. However, he has failed to do so.

14 of the 28 claims raised by Petitioner pertain to the penalty-phase of Petitioner's capital proceedings—specifically, the penalty re-trial that ultimately resulted in two more death sentences on November 7, 2005. During this second penalty hearing, Petitioner was represented by Mr. Schieck.[11] In his appeal from the death sentence that ultimately resulted from this penalty re-trial, Petitioner was still represented by Mr. Schieck. On December 28, 2006, the Nevada Supreme Court affirmed the judgment of conviction and sentences of death; remittitur issued on January 28, 2008.

Petitioner then filed his second habeas petition on March 6 2008. Mr. Whipple, who was appointed as Petitioner's post-conviction counsel, filed a supplemental brief in support of the second habeas petition on July 12, 2010 and a second supplemental brief on March 31,

[11] Daniel Albregts joined Mr. Schieck in the penalty retrial as second chair. See Pet. at 129.

2014. The District Court denied the petition and issued its Findings of Fact, Conclusions of Law and Order to that effect on May 30, 2014. In his appeal from the denial of his second habeas petition, Petitioner continued to be represented by Mr. Whipple. On July 22, 2016, the Nevada Supreme Court affirmed the District Court's denial of Petitioner's second habeas petition; remittitur issued on October 20, 2016. Exactly one year later, Petitioner, through the Federal Public Defenders, filed the instant habeas petition.

Petitioner included a section entitled "Statement with Respect to Claims Re-Raised in the Instant Petition" in which Petitioner argues that he is re-raising grounds raised during his two prior post-conviction actions because prior counsel were ineffective by failing to adequately plead certain claims, and good cause exists because this Court failed to "grant a sufficient evidentiary hearing, investigative funds, expert funding, or discovery preventing Thomas from adequately developing the factual bases for his claims." Pet. at 13-14.[12] Specifically, Petitioner argues that Mr. Schieck and Mr. Whipple were each ineffective in representing Petitioner in his post-conviction proceedings.

Petitioner is correct in arguing that he had a right to post-conviction counsel in his post-conviction capital proceedings. See NRS 34.820(1)(a). And concomitant with this right is the right to effective post-conviction counsel. McKague v. Warden, Nevada State Prison, 112 Nev. 159, 165 n.5, 912 P.2d 255, 258 n.5 (1996) ("As a matter of statutory interpretation, we note that where state law entitles one to the appointment of counsel to assist with an initial collateral attack after judgment and sentence, 'it is axiomatic that the right to counsel includes the concomitant right to effective assistance of counsel.' [Commonwealth v. Albert, 561 A.2d 736, 738, 522 Pa. 331, 334 (1989)]. Thus, a petitioner may make an ineffectiveness of post-conviction counsel claim if that post-conviction counsel was appointed pursuant to NRS 34.820(1)(a)." (emphasis in original)); Crump v. Demosthenes, 113 Nev. 293, 303, 934 P.2d 247, 253 (1997) ("We now hold that footnote 5 in McKague requires that a petitioner who has counsel appointed by statutory mandate is entitled to effective assistance of that counsel.").

[12] See supra pg. 6 – 9.

Petitioner, however, is wrong in arguing that the ineffectiveness of both Mr. Schieck and Mr. Whipple can establish good cause to justify the re-raising of these 14 claims.

As far as the allegations of ineffective assistance of counsel against Mr. Schieck are concerned, this Court should find that those allegations are all procedurally defaulted. See State v. Eighth Judicial Dist. Court (Riker), 121 Nev. at 235, 112 P.3d at 1077 (explaining that "Crump does not stand for the proposition that claims of ineffective first post-conviction counsel are immune to other procedural default, e.g., untimeliness under NRS 34.726 or NRS 34.800"). Mr. Schieck represented Petitioner from 1999 to 2008. During that timeframe, Mr. Schieck filed a supplemental petition to Petitioner's first habeas petition and was ultimately successful in getting Petitioner's first death sentence vacated and a new penalty hearing ordered. Sentenced to death again, Petitioner appealed but to no avail. The Nevada Supreme Court affirmed and issued its remittitur on January 28, 2008. More than 10 years have elapsed between the date of remittitur and the present day. Pursuant to the Nevada Supreme Court's decision in Rippo v. State, 368 P.3d 729, 740, 132 Nev. Adv. Rep. 11 (2016) (cert. granted on Mar. 6, 2017), Petitioner had to assert any ineffective-assistance-of-counsel claims against Mr. Schieck by January 28, 2009—one year after the Nevada Supreme Court issued its remittitur in its decision affirming the judgment of conviction and death sentences associated with the second penalty hearing. See Rippo, 368 P.3d at 740, 132 Nev. Adv. Rep. 11 (concluding that "a claim of ineffective assistance of postconviction counsel has been raised within a reasonable time after it became available so long as the postconviction petition is filed within one year after entry of the district court's order disposing of the prior postconviction petition or, if a timely appeal was taken from the district court's order, within one year after this court issues its remittitur")[13]. And the record reflects that Petitioner did exactly that in his proper person habeas petition filed on March 6, 2008, and in the supplemental petitions filed by Petitioner, through Mr. Whipple, on July 12, 2010 and March 31, 2014.

[13] The United States Supreme Court granted the Petition for Writ of Certiorari on March 6, 2017 and reversed and remanded on a different issue. There has been no further decision. The State assumes that the one-year timeframe in which to raise claims of ineffective assistance of counsel against first post-conviction counsel will eventually be re-endorsed in a subsequent decision.

To the extent Petitioner alleges that Mr. Whipple was ineffective, the State assumes that any such ineffective-assistance-of-counsel claims are timely asserted. Mr. Whipple is Petitioner's first post-conviction counsel after the second penalty hearing. And because the Nevada Supreme Court issued its remittitur in its decision affirming the District Court's denial of the second habeas petition on October 20, 2016, the instant petition, which was filed on October 20, 2017, is timely as far as the ineffective-assistance-of-counsel claims against Mr. Whipple, at least insofar as that rule in Rippo remains.

However, Petitioner has failed to establish that he received ineffective assistance of counsel from Mr. Whipple by failing to establish either deficient performance and/or that he was prejudiced by any of the deficiencies that he alleges. In failing to establish this, Petitioner has necessarily failed to establish the good cause he needs to overcome the procedural bars under NRS 34.726(1)(a), NRS 34.810(1)(b)(2), and NRS 34.810(2).

1. Petitioner's Claim that He and Some of His Witnesses Appeared Shackled in Front of the Jury is Waiver under under NRS 34.810(1)(b)(2)

Claim 2 states that Petitioner's "death sentences are invalid under the federal constitutional guarantees of due process, equal protection, a fair trial, a reliable sentence, an impartial jury, effective assistance of counsel, and freedom from cruel and unusual punishment because he and some of his witnesses appeared shackled in front of the jury at his penalty retrial. Pet. at 22. Petitioner claims being shackled in the courtroom was unconstitutional. Id.

This Court should find that Claim 2 is waived under NRS 34.810(1)(b)(2). See Franklin, 110 Nev. at 752, 877 P.2d at 1059. This allegation could have been raised on direct appeal to the Nevada Supreme Court. Moreover, Petitioner has failed to demonstrate good cause for the failure to present this ground earlier.

Moreover, even if this claim would have been raised, it would have been unsuccessful. Courts cannot routinely place defendants in shackles or other physical restraints *visible to the jury* during the penalty phase of a capital proceeding. Deck v. Missouri, 544 U.S. 622, 633, 125 S. Ct. 2007, 2014 (2005) (emphasis added). Petitioner has failed to show that the restraints were visible to the jury. Petitioner, originally, had chains on his hands, a belly chain, and a leg

chain. 10/31/05 TT 6 – 7. However, the Court noted that there was a screen in front of the table so the jury could not see the chains. Id. The Court allowed Petitioner to cover the leg chains with his pants so the jury could not see them. Id. at 8 – 9. The Court also allowed Petitioner to remove his hand shackles so the jury could not see them. Id. Petitioner's argument is mere speculation as he has failed to show that the restraints were visible to the jury. Pet. at 22 – 23.

Petitioner also argues that his witnesses should not have been shackled in front of the jury during the selection phase of the penalty retrial. Pet. at 24 – 26. First, Petitioner has failed to support this claim as he does not even allege which witnesses he is referring to, how many witnesses he is referring to, or what portion of the retrial he is referring to. Id. The only factual allegation Petitioner included to support this claim is that a juror, 13 years later, in a declaration, said "inmates were in shackles, would have been more believable if they were not shackled for testimony." Ex. 187 at 3. Thus, Petitioner relies solely upon a juror declaration to argue that the shackles were seen by jurors and effected or influenced their verdict. However, juror affidavits cannot be used for that purpose. NRS 50.065(2) states in pertinent part:

> Upon an inquiry into the validity of a verdict or indictment:
>
> (a) A juror shall not testify concerning the effect of anything upon the juror's or any other juror's mind or emotions as influencing the juror to assent to or dissent from the verdict or indictment or concerning the juror's mental processes in connection therewith.
>
> (b) The affidavit or evidence of any statement by a juror indicating an effect of this kind is inadmissible for any purpose.

In Echavarria v. State, 108 Nev. 734, 839 P.2d 589 (1992), in a post-trial interview, a juror revealed to the defense that she only voted for the death penalty because she thought the verdict would be overturned on appeal due to juror misconduct. At the evidentiary hearing, the court excluded Pool's statements regarding her reason for voting for the death penalty as violative of NRS 50.065(2), which prohibits consideration of affidavits or testimony of jurors concerning their mental processes or state of mind in reaching the verdict. See Riebel v. State, 106 Nev. 258, 263, 790 P.2d 1004, 1008 (1990). The Nevada Supreme Court affirmed the district court's decision. Echavarria, 108 Nev. 734, 839 P.2d 589. Accordingly, the only fact Petitioner included to support this argument violates NRS 50.065(2) and is prohibited. Id.

Further, Petitioner only cites to Wilson v. McCarthy, 770 F.2d 1482 (9th Cir. 1985) to support this contention. However, Petitioner's reliance on Wilson is misplaced. First, Wilson discusses the shackling of defense witnesses in a guilt phase trial, not the selection phase of a penalty trial. Id. Secondly, the Court stated:

> Powell was a prisoner in a high security institution who had previously been convicted of murder, robbery, and burglary. Although prisoner status, standing alone, may not warrant shackling, U.S. v. Esquer, 459 F.2d at 433, it may justify the trial judge's concern for security. See Harrell v. Israel, 672 F.2d at 637. The seriousness of Powell's prior convictions and the fact that the case involved a prison gang also suggest that the trial judge's concern for security was warranted.

Id. at 1485. Thus, the Court affirmed the district court's decision to shackle the defense witness.

Moreover, the Court in Wilson acknowledged that this was an issue of first impression. Id. at 1482. The Court stated, "[n]o federal court has held that shackling a defense witness violates the constitution." Id. To date, no other federal court has extended the unconstitutionality of shackling beyond defendants. Further, the Nevada state courts are not bound by 9th Circuit. Blanton v. North Las Vegas Mun. Court**,** 103 Nev. 623, 748 P.2d 494 (1987). The Nevada Supreme Court stated:

> We note initially that the decisions of the federal district court and panels of the federal circuit court of appeal are not binding upon this court. United States ex rel. Lawrence v. Woods, 432 F.2d 1072, 1075-76 (7th Cir.1970), cert. denied, 402 U.S. 983, 91 S.Ct. 1658 (1971). Even an en banc decision of a federal circuit court would not bind Nevada to restructure the court system of this state. Our state constitution binds the courts of the State of Nevada to the United States Constitution as interpreted by the United States Supreme Court. Nev. Const. art. I, § 2. See Bargas v. Warden, 87 Nev. 30, 482 P.2d 317, cert. denied, 403 U.S. 935, 91 S.Ct. 2267 (1971).

Finally, the State assumes Petitioner is referring to Davian Rivero, Ronnie Sellers, Jamie Jackson, and Floyd Anthony. All of these witnesses were inmates with Petitioner and were brought in specifically to testify about their time in prison with Petitioner. At that selection phase, the State was able bring out that Rivero was in prison for robbery with use of a deadly weapon, Sellers was a high-risk inmate in custody for murder, Jackson was in prison for robbery, and Anthony was in for robbery with use of a deadly weapon. Thus, the jury knew

they were convicted felons, knew they were currently in prison, and knew why they were in prison.

Thus, Petitioner cannot establish prejudice for the failure to raise this claim as an ineffective assistance of counsel claim. Petitioner has failed to show that Whipple was ineffective for not raising the argument that Schieck was ineffective for either not raising these arguments or not continuing to pursue them, as they would have been unsuccessful.

2. Petitioner's Claim that the Use of His Juvenile Record, at the Second Penalty Hearing, Violated his Rights is Either Barred under the Law of the Case or Consists Exclusively of Allegations of Ineffective Assistance of Counsel which are Procedurally Barred

Claim 3 states that Petitioner's "conviction and death sentences are invalid under the federal constitutional guarantees of due process, equal protection, a fair trial, a reliable sentence, an impartial jury, effective assistance of counsel, and freedom from cruel and unusual punishment because the court improperly admitted bad acts from when Thomas was a juvenile. Pet. at 27. First, Petitioner claims that his Eighth Amendment rights were violated because the State introduced his juvenile history at the penalty hearing. Second, Petitioner claims that counsel's failure to object to the juvenile history at the penalty phase was ineffective.

Regarding Petitioner's first allegation, this Court should find that it is barred under the law of the case. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton v. State, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). Petitioner raised this issue in his direct appeal from the second penalty hearing. The Nevada Supreme Court noted that the State produced the court order certifying Thomas as an adult for his 1990 robbery charge and asked his mother about statements she made. The Nevada Supreme Court found that "the State's conduct here was unobjectionable." Ex. 19 at 8. The Court did find that other questions by the State were improper as they were not true rebuttal, the error was minimal, and did not affect his substantial rights. Id. Therefore, because there was no prejudice, this Court should find that this allegation is barred under the law of the case.

Petitioner's second allegation is that second penalty-phase counsel was ineffective for failing to move to exclude his juvenile history from the penalty hearing. This claim consists exclusively of allegations of ineffective assistance of counsel, which are themselves procedurally barred. See State v. Eighth Judicial Dist. Court (Riker), 121 Nev. at 235, 112 P.3d at 1077. As noted above, Mr. Schieck represented Petitioner during the second penalty hearing. Accordingly, all of these claims of ineffective assistance of counsel are directed toward Mr. Schieck. However, Mr. Schieck's representation of Petitioner came to an end in 2008 after representing Petitioner on his direct appeal from the second judgment of conviction and sentence of death. The Nevada Supreme Court ultimately affirmed the judgment of conviction and sentences of death and issued its remittitur on January 28, 2008. Thus, in order to have timely asserted any ineffective-assistance-of-counsel claims against Mr. Schieck, Petitioner would have had to do this by January 28, 2009—within one year after the Nevada Supreme Court issued its remittitur in its decision affirming the judgment of conviction and sentences of death associated with the second penalty hearing. However, more than 10 years have elapsed between the date of remittitur and the present day.

Petitioner did, presumably, timely file a proper person habeas petition on March 6, 2008, and, through Mr. Whipple, filed supplemental petitions on July 12, 2010 and March 31, 2014, in which he raised multiple allegations of ineffective assistance of counsel against Mr. Schieck. While Petitioner can argue ineffective assistance of counsel on the part of Mr. Whipple in developing the ineffective-assistance-of-counsel claims against Mr. Schieck, the Court should reject Petitioner's feeble attempt to do that here. The Court should note this claim only raises allegations against Mr. Schieck, not post-conviction counsel. Mr. Whipple is mentioned in passing on pages 13-14 of the Petition where Petitioner makes the conclusory statement that this claim has not been raised before due to the "ineffective assistance of trial, appellate, and state post-conviction counsel." The Court should find that this statement—which appears nowhere within Claim 3 of the Petition and in no way alleges with specificity that Mr. Whipple was ineffective for failing to raise this claim against Mr. Schieck—is insufficient to set forth a cognizable claim of ineffective assistance of counsel.

To the extent this Court does find that Petitioner's blanket allegation of ineffective assistance of counsel against Mr. Whipple (on pages 13-14 of the Petition) is sufficient to raise a claim of ineffective assistance of counsel against Mr. Whipple for failure raise this claim against Mr. Schieck, the Court should still deny this claim on the basis that Petitioner has failed to meet his burden under Strickland. Moreover, the Nevada Supreme Court already considered the fact that Petitioner's juvenile record was used during the penalty retrial on the direct appeal from the retrial. The Nevada Supreme Court found that it was "unobjectionable" and to the extent certain questions were improper "the error was minimal, and did not affect his substantial rights." Ex. 19 at 8. The Nevada Supreme Court did not find any error in allowing the juvenile records in at the penalty retrial. Id.

Further, in Johnson v. State, 122 Nev. 1344, 148 P.3d 767 (2006), the defendant argued that the district court abused its discretion by admitting juvenile records during the selection phase of his penalty hearing. Id. at 1353 – 54. Johnson relied on Roper v. Simmons, 543 U.S. 551, 125 S. Ct. 1183 (2005), for support, arguing that the admission of these records was highly prejudicial. The Nevada Supreme Court disagreed. 122 Nev. 1344, 1353-1354, 148 P.3d 767. First, Roper did not prohibit the admission of juvenile records during a death penalty hearing. 543 U.S. 551, 125 S. Ct. 1183. The Nevada Supreme Court found that "[b]ecause there is no question that Johnson was not a juvenile when he committed the murders, his reliance upon Roper is misplaced." 122 Nev. 1344, 1353-1354, 148 P.3d 767. The Nevada Supreme Court further stated:

> The decision to admit particular evidence during the penalty phase is within the sound discretion of the district court and will not be disturbed absent an abuse of that discretion. Evidence of character is admissible during a penalty hearing so long as it is relevant and the danger of unfair prejudice does not substantially outweigh its probative value.
>
> Here, the evidence of Johnson's juvenile history primarily consisted of records and testimony regarding his participation in and conviction for the armed bank robbery in California in 1993 as a 15-year-old gang member and his subsequent successes and failures in the CYA program for juvenile offenders. This evidence also concerned his subsequent absconding from that program's parole a few years later.
>
> Johnson's juvenile record was relevant to his character, revealing a pattern of escalating violent criminal behavior that began with his participation in an armed bank robbery and culminated in the quadruple murder he committed in this case.

> Although this evidence was prejudicial, it was not unfairly so. And it had significant probative value, showing not only his propensity for violence and gang involvement but also his amenability to rehabilitation--all relevant considerations in the determination of his sentence. Because this evidence was admitted only during the selection phase of his hearing, there are no concerns that it may have improperly influenced the jury's weighing of aggravating and mitigating circumstances. We conclude that the district court did not abuse its discretion in admitting these records, and Johnson's contention in this respect is without merit.

Id.

Accordingly, Petitioner's reliance on Roper is also misplaced. Counsel's failure to move to exclude Petitioner's juvenile records had no impact because it would have been unsuccessful. Moreover, Petitioner has failed to show that Whipple was ineffective for not raising the argument that Schieck was ineffective for not raising this argument, as it would have been unsuccessful.

Based on the foregoing, this Court should deny Petitioner's claim that trial counsel was ineffective during the second penalty phase because this claim is procedurally defaulted, Petitioner has failed to sufficiently plead good cause to excuse this default, and it is barred under the law of the case as the Nevada Supreme Court has already considered the admission of the juvenile records.

3. Petitioner's Claim that there Were Deficient Jury Instructions at the Penalty Retrial is Either Barred under the Law of the Case or Waived under NRS 34.810(1)(b)(2)

Claim 5 states that Petitioner's "death sentences are invalid under the federal constitutional guarantees of due process, confrontation, effective counsel, a reliable sentence, a fair trial, equal protection, a fair and impartial jury, and freedom from cruel and unusual punishment because the jury received deficient jury instructions at the penalty retrial." Pet. at 49. Petitioner's first claim is that the lack of premeditated intent jury instruction was not given. Id. Next, Petitioner claims that the lack of emotional disabilities as mitigating circumstances instruction was not given. Finally, Petitioner claims that the lack of outweighing beyond a reasonable doubt instruction was not given.

The lack of premeditated intent jury instruction claim was raised on direct appeal from the penalty retrial. Thus, the Nevada Supreme Court has already considered the issue. This Court should find that it is barred under the law of the case. See Pellegrini, 117 Nev. at 879,

34 P.3d at 532 (citing McNelton v. State, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief.").[14]

This Court should find that the remainder of Claim 5 is waived under NRS 34.810(1)(b)(2). See Franklin, 110 Nev. at 752, 877 P.2d at 1059. These allegation could have been raised on direct appeal to the Nevada Supreme Court. Moreover, Petitioner has failed to demonstrate good cause for the failure to present these grounds earlier. Thus, this Court should find that these allegations have been waived.[15]

Petitioner cannot show that Mr. Whipple was ineffective in not raising that Mr. Schieck was ineffective in not raising this issue. In Jeremias v. State, the defendant argued that the instruction regarding the "weighing of aggravating and mitigating circumstances is unconstitutional because it did not specify that the aggravating circumstances had to outweigh the mitigating circumstances beyond a reasonable doubt." 134 Nev. Adv. Op. 8, 18 – 19 (Mar. 1, 2018). The defendant asserted that Hurst v. Florida, 577 U.S., 136 S. Ct. 616 (2016), "held for the first time that, where the weighing of facts in aggravation and mitigation is a condition of death eligibility, it constitutes a factual finding which must be proven beyond a reasonable doubt. And, seizing on language from some of this court's prior cases describing the weighing determination as (in part) a factual finding, he asserts that Hurst effectively overruled Nunnery v. State, 127 Nev. 749, 772, 263 P.3d 235, 250 (2011)." Id. at 19. The Nevada Supreme Court disagreed with that interpretation of Hurst and of Nevada's death penalty procedures. Id.

The Nevada Supreme Court found that Hurst "made no new law relevant to Nevada." Id. Further, the Court stated:

> [T]his does not transform the weighing component into a factual determination. Even if it did, we agree with the Court that it would be pointless to instruct that the jury must, or even that it could, make that determination beyond a reasonable doubt. We thereby reject the argument that the instruction in this case was unconstitutional.

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[14] See Footnote 1.

[15] See supra pg. 6 – 9.

Id. at 21. If this claim would have been raised, it would have been unsuccessful. Accordingly, Petitioner cannot establish that Mr. Whipple was ineffective in not raising that Mr. Schieck was ineffective in not raising this claim.

4. Petitioner's Claim that his Confrontation Right was Violated at the Second Penalty Hearing is either Barred under the Law of the Case or Waived under NRS 34.810(1)(b)(2)

Claim 6 states that "the trial court's allowance of pre-trial testimony and other out-of-court statements in lieu of live testimony violated Thomas's rights to due process, to a reliable sentence and to confront witnesses who would testify against him." Pet. at 53. Specifically, in Claim 6(B), Petitioner complains that "the trial court violated [his] right to confront witnesses against [him] at numerous points throughout the second penalty hearing." Pet. at 56. Claim 6(C) states that "[t]he State had an obligation to disclose the nature and substance of its contact with Hall." Pet. at 60. Finally, Claim 6(D) alleges that "[t]rial counsel were ineffective in failing to challenge Thomas's conviction for assaulting Alkareem Hanifa." Pet. at 61.

As to Claim 6(B), this Court should find that it is barred under the law of the case. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton v. State, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). Petitioner raised this issue in his direct appeal from the second penalty hearing. The Nevada Supreme Court held, ". . . that Crawford and the Confrontation Clause do not apply during a capital penalty hearing." Ex. 19 at 6. Therefore, this Court should find that this allegation is barred under the law of the case.[16]

This Court should find that the remainder of Claim 6 is waived under NRS 34.810(1)(b)(2). See Franklin, 110 Nev. at 752, 877 P.2d at 1059. These allegation could have been raised on direct appeal to the Nevada Supreme Court. Moreover, Petitioner has failed to demonstrate good cause for the failure to present these grounds earlier. Finally, Mr. Whipple was not ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful. Moreover, Petitioner cannot establish that if these claims were raised there is a reasonable probability that he would not have been

[16] See Footnote 1.

sentenced to death. The Nevada Supreme Court stated, "Thomas committed two brutal murders and expressed displeasure that there was not a third. His criminal record was extensive and included numerous acts of violence, and he continued his violent actions while incarcerated, oftentimes targeting women." Ex. 26. At 6. Accordingly, even if these claims were raised and happened to be successful, Petitioner cannot establish that there is a reasonable likelihood it would have changed the jury's calculus. Thus, this Court should find that these allegations have been waived.[17]

5. Petitioner's Claim that His Right to Adequate Notice was Violated is Waived under NRS 34.810(1)(b)(2)

Claim 7 states that "the State and the trial court violated Thomas's federal liberty interest in the proper application of Rule 250, and Thomas's counsel provided ineffective assistance by failing to move to strike the death penalty or the new aggravating evidence from the re-trial after the State failed to comply with Rule 250." Pet. at 63.

This Court should find that Claim 7 is waived under NRS 34.810(1)(b)(2). See Franklin, 110 Nev. at 752, 877 P.2d at 1059. These allegations could have been raised on direct appeal to the Nevada Supreme Court. These claims could have been raised in the Petition for Writ of Habeas Corpus, after the retrial. However, Petitioner failed to raise these claims. Moreover, Petitioner has failed to demonstrate good cause for the failure to present these grounds earlier. Finally, Mr. Whipple was not ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful.

The notice of intent required under SCR 250 puts the defendant on notice that the State will seek the death penalty. Nunnery v. State, 127 Nev. 749, 764, 263 P.3d 235, 246 (2011). "The purpose of SCR 250(4)(d) is to protect a capital defendant's due process rights to fair and adequate notice of aggravating circumstances, safeguard against any abuse of the system, and insert some predictability and timeliness into the process." Bennett v. District Court 121 Nev. 802, 810, 121 P.3d 605, 610 (2005). First, as Petitioner was originally sentenced to death, then this case was specifically remanded "to the district court for a new penalty hearing," Petitioner

[17] See supra pg. 6 – 9.

was on notice that the State continued to seek the death penalty. Ex. 15 at 17. Petitioner does not provide any authority supporting his contention that the State has to start "anew." Pet. at 67. Based on Petitioner's own admission, the State filed a Notice on September 23, 2005 putting Petitioner on notice that the State would present evidence and witnesses consisted with the first hearing and prison reports and disciplinary events. Petitioner claims that the State did not show good cause for its late notice of the prison records as additional evidence. Pet. at 67. However, Petitioner fails to allege any specific facts to prove this claim and does not cite to anything in the record. Further, even if this evidence was not presented, Petitioner cannot show that there is a reasonable probability that he would not have been sentenced to death.. Accordingly, Petitioner has not established that Mr. Whipple was ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful. Thus, this Court should find that these allegations have been waived.[18]

6. Petitioner's Claim that Inadmissible Evidence was Admitted at the Penalty Retrial is Barred under the Law of the Case

Claim 8 states that "[d]uring the penalty phase, the State was allowed to introduce a long procession of witnesses who presented all manner of repetitive evidence regarding Thomas's juvenile criminal history, prior bad acts, and prejudicial victim impact testimony, all in violation of Thomas's right to a fair hearing and reliable sentence." Pet. at 71. Specifically, Petitioner claims that "[t]he procession of witnesses attesting to prior bad acts accumulated to a prejudicial violation of Thomas's right to a fair sentencing hearing." Pet. at 72. Further, Petitioner claims that "Fred Dixon's statements prejudiced Thomas's right to sentencing by a fair and impartial jury unaffected by emotion." Id.

This Court should find that this claim is barred under the law of the case. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton v. State, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). Petitioner raised these issue in his

[18] See Footnote 1.

direct appeal from the second penalty hearing. Regarding Claim 8(A), the Nevada Supreme Court held:

> [T]he evidence was not excessively cumulative . . . [t]he jury was entitled to learn that Thomas had a lengthy prison disciplinary record and criminal history, and each incident presented revealed Thomas's capacity for threatening and potentially dangerous behavior . . .the district court did not abuse its discretion in allowing this evidence.

Ex. 19 at 11. Regarding Claim 8(B), the Nevada Supreme Court stated, "[w]hile the statement was improper, it does not require reversal. The court properly admonished Mr. Dixon. Presumably the jury expected that the victims' families abhorred Thomas. Further, Mr. Dixon did not express his views about sentencing, which is forbidden." Id. Accordingly, these claims have already been considered by the Nevada Supreme Court and are thus barred under the law of the case. For those same reasons, Mr. Whipple was not ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful. Therefore, this Court should find that these allegations are barred under the law of the case.[19]

7. Petitioner's Claim That The Avoid or Prevent Lawful Arrest Aggravator is Unconstitutional is Barred under the Law of the Case

Claim 9 states that "Thomas's death sentences are invalid under federal constitutional guarantees of due process, equal protection, freedom from cruel and unusual punishment, and a reliable sentence due to the jury finding the statutory aggravating circumstances that the murders were committed to avoid or prevent a lawful arrest.." Pet. at 74. Petitioner claims that the avoid lawful arrest aggravating circumstance is vague and fails to narrow the class of death-eligible defendants. Pet. at 75.

This Court should find that Claim 9 is barred under the law of the case. See Pellegrini, 117 Nev. at 879, 34 P.3d at 532 (citing McNelton v. State, 115 Nev. at 414-15, 990 P.2d at 1275) ("Under the law of the case doctrine, issues previously determined by this court on appeal may not be reargued as a basis for habeas relief."). The Nevada Supreme Court reviewed the death sentences, including the applicability of the aggravators, on both direct

[19] See supra pg. 6 – 9.

appeals based on the mandatory death sentence review. Ex. 5 at 27; Ex. 19 at 16. Thus, Petitioner has not established that Mr. Whipple was ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful. Therefore, this Court should find that these allegations are barred under the law of the case.[20]

8. Petitioner's Claim That There Was Not a Fair Cross-Section of The Community is Waived under NRS 34.810(1)(b)(2)

Claim 10 states that "Thomas's death sentences are invalid under federal constitutional guarantees of due process, equal protection, a fair trial, a fair and impartial jury, a reliable sentence, freedom from cruel and unusual punishment, and a jury of his peers, because he was sentenced by a jury that was not drawn from a fair cross-section of the community. Pet. at 88.

This Court should find that Claim 10 is waived under NRS 34.810(1)(b)(2). See Franklin, 110 Nev. at 752, 877 P.2d at 1059. This allegation could have been raised on direct appeal to the Nevada Supreme Court. However, Petitioner failed to raise it. Moreover, Petitioner has failed to demonstrate good cause for the failure to present this ground earlier.

"[I]t is settled that a grand jury must be drawn from a cross-section of the community, and there must be *no systematic and purposeful exclusion of an identifiable class of persons*." Adler v. State, 95 Nev. 339, 347, 594 P.2d 725, 731 (1979) (emphasis added). "[A] prima facie violation of the fair-cross-section requirements" is demonstrated by showing

> (1) that the group alleged to be excluded is a "distinctive" group in the community; (2) that the representation of this group in venires from which juries are selected is not fair and reasonable in relation to the number of such persons in the community; and (3) that this underrepresentation is due to systematic exclusion of the group in the jury-selection process.

Williams v. State, 121 Nev. 934, 940, 125 P.3d 627, 631 (2005) (internal quotation marks and emphasis omitted).

Regardless of whether distinctive groups were underrepresented on the jury, Petitioner was also required to show a systematic exclusion. Id. "[A]s long as the jury selection process is designed to select jurors from a fair cross section of the community, then random variations that produce venires without a specific class of persons or with an abundance of that class are

[20] See supra pg. 6 – 9.

permissible." Id. Thus, Petitioner has not established that Mr. Whipple was ineffective for failing to raise that Mr. Schieck was ineffective for failing to raise these claims as they would have been unsuccessful. This Court should find that Claim 10 has been waived.[21]

9. Petitioner's Claim of Ineffective Assistance of Counsel at The Penalty Retrial Consists Exclusively of Allegations of Ineffective Assistance of Counsel which Are Themselves Procedurally Barred

Claim 14 states that "Thomas's death sentences are invalid under federal constitutional guarantees of due process, confrontation, effective counsel, equal protection, trial before an impartial jury, freedom from cruel and unusual punishment, and a reliable sentence due to the ineffective assistance of trial counsel at the penalty retrial. Pet. at 128. In support of this claim, Petitioner raises four detailed allegations of ineffective assistance of counsel. Id. at 128 – 163. Petitioner's first allegation of ineffective assistance of counsel is that trial counsel were ineffective in failing to object to Thomas and some of his witnesses appearing shackled in front of the jury. Id. at 128. Petitioner's second allegation of ineffective assistance of counsel is that trial counsel's mitigation investigation and presentation were deficient. Id. at 129. Petitioner's third allegation of ineffective assistance of counsel is that trial counsel were ineffective in failing to object and move for a mistrial after the "prosecutor displayed highly inflammatory prejudicial images to the jury." Id. at 162. Petitioner's final allegation of ineffective assistance of counsel is that trial counsel were ineffective in failing to make an opening statement at the start of the selection phase. Id. at 163.

The Court should reject this claim of ineffective assistance of counsel because all four of the allegations upon which this claim is predicated are themselves procedurally defaulted. See State v. Eighth Judicial Dist. Court (Riker), 121 Nev. at 235, 112 P.3d at 1077. As noted above, Mr. Schieck represented Petitioner during the second penalty hearing. Accordingly, all of these claims of ineffective assistance of counsel are directed toward Mr. Schieck. Mr. Schieck represented Petitioner in his direct appeal from the second judgment of conviction and sentence of death. The Nevada Supreme Court ultimately affirmed the judgment of conviction and sentence of death and issued its remittitur on January 28, 2008. However, Mr. Schieck's

[21] See supra pg. 6 – 9.

representation of Petitioner came to an end in 2008 at which point Mr. Whipple represented Petitioner on his second Petition for Writ of Habeas Corpus. Thus, in order to have timely asserted any ineffective-assistance-of-counsel claims against Mr. Schieck, Petitioner would have had to do this by January 28, 2009. However, ***more than ten years*** have elapsed between the date of remittitur and the present day.

Petitioner did, in fact, timely file a proper person habeas petition on March 6, 2008, and, through Mr. Whipple, filed a supplemental petition on July 12, 2010 and second supplemental on March 31, 2014, in which he raised multiple allegations of ineffective assistance of counsel against Mr. Schieck. See Ex. 22 – 23. While Petitioner can argue ineffective assistance of counsel on the part of Mr. Whipple in developing the ineffective-assistance-of-counsel claims against Mr. Schieck, the Court should reject Petitioner's feeble attempt to do so, here.

First, the Court should note that each of the four claims along with their corresponding allegations/arguments are couched exclusively in terms of trial counsel, not post-conviction counsel. See Pet. at 128 ("Trial Counsel were ineffective . . . ."); *Id.* at 129 ("Trial counsel[] . . . were deficient."); *Id.* at 162 ("Trial counsel were ineffective . . ."); *Id.* at 163 ("Trial counsel were ineffective . . . ."). Thus, all of the claims and allegations of ineffective assistance of counsel raised in Claim 14 are targeted at Mr. Schieck, not Mr. Whipple. Granted, Mr. Whipple is mentioned in passing on page 15 of the Petition where Petitioner makes the conclusory statement that his "post-conviction counsel failed to adequately investigate Thomas's case, develop these claims, and then present the claims with supporting evidence." However, Petitioner does not state which post-conviction counsel he is referring to and does not even state which post-conviction Petition he is referring to. The Court should find that this statement—which appears nowhere within Claim 14 and in no way alleges with specificity that Mr. Whipple was ineffective for failing to adequately develop his ineffective-assistance-of-counsel claims against Mr. Schieck—is insufficient to set forth a cognizable claim of ineffective assistance of counsel as regards Mr. Whipple's performance in developing ineffective-assistance-of-counsel claims against Mr. Schieck.

Nonetheless, to the extent this Court does find that Petitioner's blanket allegation of ineffective assistance of counsel against post-conviction counsel is sufficient to raise a claim of ineffective assistance of counsel against Mr. Whipple for failure to adequately develop the ineffective-assistance-of-counsel claims against Mr. Schieck, the Court should still deny this claim on the basis that Petitioner has failed to meet his burden under Strickland. As noted above, all claims and corresponding allegations/arguments were framed in terms of ineffective assistance of *trial* counsel, not the ineffective assistance of *post-conviction* counsel. And so even assuming that Petitioner's conclusory allegation implicating post-conviction counsel's ineffectiveness was sufficient to raise a cognizable ineffective-assistance-of-counsel claim, it certainly is not sufficient to prove such a claim. As noted by the Nevada Supreme Court in Means v. State, "Strickland dictates that [the Court's] evaluation begin[ ] with the 'strong presumption that counsel's conduct falls within the wide range of reasonable professional assistance.'" 120 Nev. 1001, 1011, 1003 P.3d 25 (2004) (quoting Strickland, 466 U.S. at 689, 104 S. Ct. at 2065). To overcome this presumption, the petitioner bears the burden of proving "the disputed factual allegations underlying his ineffective-assistance claim by a preponderance of the evidence." Id. at 1012, 1003 P.3d at 33.

There is no denying that in the instant Petition, Petitioner has set out detailed factual allegations in support of his claim that trial counsel were ineffective during the second penalty hearing. But the only issues that can be considered, given the posture of the case—again, because all claims against Mr. Schieck himself are procedurally defaulted—are those implicating the effectiveness of Mr. Whipple's assistance as post-conviction counsel. And notwithstanding the exceptionally detailed allegations impugning Mr. Schieck's effectiveness as counsel, the allegations do not show that Mr. Whipple was ineffective in his post-conviction representation or how Petitioner was prejudiced by any alleged deficiency of Mr. Whipple.

The broad-sweeping, conclusory statement on page 15 of the Petition does not meet Petitioner's burden under Strickland, and this Court should reject Petitioner's attempt to argue otherwise. Entirely absent from the 35 pages that make up Claim 14 is any meaningful analysis as to how *Mr. Whipple was deficient* for not elaborating (any more than he already did in his