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Elizabeth A. Brown  
Clerk of Supreme Court

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

JEFFREY REED,	)	Supreme Court Case No: 82575
	)	District Court Case No.: 05D338668
Appellant,	)	
v.	)	
	)	
ALECIA DRAPER (IND./CONSERV.),	)	
	)	
Respondent.	)	
	)	
	)	
	)	

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**APPELLANT'S APPENDIX  
VOLUME XII OF XVII**

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**ROBERTS STOFFEL FAMILY LAW  
GROUP**

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<b>DESCRIPTION OF DOCUMENT</b>	<b>DATE FILED</b>	<b>VOL.</b>	<b>PAGE(S)</b>
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Admitted Trial Exhibit-Exhibit "6"- Center for Discovery Records	8/6/2020	VIII	ROA1441- ROA1492
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Admitted Trial Exhibit-Exhibit "40"- LeConte Medical Center Records	8/6/2020	XIV	ROA2603 - ROA2631

Admitted Trial Exhibit- Exhibit "42"- Data Compilation	11/19/2020	XVI	ROA2913 - ROA2925
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Motion to Reset Child Support Based upon Emancipation of a Child and for Attorney Fees and Costs	6/29/2017	I	ROA0062- ROA0074
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Notice of Entry of Order	3/25/2015	I	ROA0060- ROA0061
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Notice of Motion and Motion to Extend Discovery, Extend Time for Rebuttal Expert Upon Receipt of Relevant Records to Continue Trial, and Related Relief. Affidavit of Amanda M. Roberts, Esq.	7/31/2020	V	ROA0741-ROA0762
Notice of Motion and Motion to Extend Discovery; Extend Time for Rebuttal Expert Upon Receipt of Relevant Records; and Related Relief. Affidavit of Amanda M. Roberts (Discovery Commissioner)	4/2/2020	IV	ROA0655-ROA0672
Objection to Plaintiff's Closing Brief and Request to Strike	1/21/2021	XVII	ROA3011 - ROA3013
Opposition to Statement of Position for Defendant on the Request for Child Support for an Adult-Emily Reed	11/8/2019	IV	ROA0633-ROA0636
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Order from the April 9, 2019 Hearing	4/30/2019	IV	ROA0585-ROA0587
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Order Setting Evidentiary Hearing	1/14/2015	I	ROA0051-ROA0053
Order Setting Evidentiary Hearing	1/9/2020	IV	ROA0637-ROA0638
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Plaintiff's Financial Disclosure Form- Alecia	4/9/2019	IV	ROA0551-ROA0570
Plaintiff's First Amended Motion (as Conservator for Emily Reed) for Child Support for a Disabled Child Beyond the Age of Majority	4/10/2019	IV	ROA0581-ROA0584
Plaintiff's Motion (as Conservator for Emily Reed) for Child Support a Disabled Child Beyond the Age of Majority	1/22/2019	IV	ROA0536-ROA0549

Plaintiff's Notice of Withdrawal of Request to Continue Child Support for Emily after High School Graduation due to Child's Disability	3/9/2015	I	ROA0054-ROA0055
Plaintiff's Opposition to Defendant's Ex Parte Application for an Order Granting Stay Pending Ruling on Writ	8/4/2020	V	ROA0818-ROA0830
Plaintiff's Opposition to Defendant's Motion for Summary Judgment	2/8/2018	III	ROA0479-ROA0491
Plaintiff's Opposition to Defendant's Motion to Extend Discovery, Extend time for Rebuttal Expert and Related Relief	4/17/2020	IV	ROA0677-ROA0690
Plaintiff's Opposition to Defendant's Motion to Reset Child Support Based upon Emancipation of a Child Et Al and Countermotion for Child Support for Disabled Child Et Al	7/21/2017	II	ROA0096-ROA0330
Plaintiff's Response to Defendant's Objection to Plaintiff's Closing Brief and Request to Strike	1/21/2021	XVII	ROA3014 - ROA3015
Reply in Support of Motion for Summary Judgment Regarding Child Support for an Adult Child	4/9/2018	III	ROA0492-ROA0500

Reply in Support of Motion to Reset Child Support based upon Emancipation of Child and for Attorney Fees and Costs; and Opposition to Plaintiff's Countermotion for Child Support for Disabled Child Et Al.	8/24/2017	III	ROA0381-ROA0395
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Stipulation and Order	5/2/2019	IV	ROA0593-ROA0595
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Transcript from August 6, 2020 (Part 2)		VI	ROA0961-ROA1108
Transcript from August 7, 2020		XV	ROA2661 - ROA2775
Transcript from February 21, 2020		IV	ROA0641-ROA0653
Transcript from January 12, 2021		XVI	ROA2926 - ROA2993
Transcript from July 23, 2019		IV	ROA0602-ROA0632
Transcript from July 23, 2020		IV	ROA0716-ROA0740
Transcript from November 19, 2020		XVI	ROA2785 - ROA2912

# **EXHIBIT 33**

# **EXHIBIT 33**

# **EXHIBIT 33**

**WELLSTAR.**

**SAFETY AND STRESS MANAGEMENT PLAN**

Patient: Emily Christine Reed

Date of Birth: 11/16/1996

<b>STEP 1: Identifying Warning Signs</b>	
Events or situations that contributed to my recent crisis (for example: Feeling like a failure or burden on others, drinking alcohol, etc.)	
1. Thoughts: Thoughts about dad, thoughts about the Grinch, thoughts of losing time (losing watch)	
2. Images: Hearing family members argue with each other, being in large crowds, doorbells, cameras	
3. Thinking Processes: Negative predictions/catastrophizing; overgeneralizing	
4. Mood: Agitation, anxiety, frustration, depression	
5. Behaviors: Lack of sleep, pushing dog away, crawling into my bed and rolling up into a ball	
6. Other things (explain): N/A, per patient report	
<b>STEP 2: Internal Coping Strategies</b>	
Healthy things that I can do to take my mind off my problems without contacting another person (for example: relaxation breathing, journaling, etc.)	
Strategy #1: Paying attention to my dog, sitting on the floor, holding a frozen orange, tearing paper, boxing the punching bag, running	
Strategy #2: Organizing stuff, labeling everything	
<b>STEP 3: People and Social Settings that Provide Distraction</b>	
Places I can go to be around other people without talking about suicide (for example: coffee shop, AA group, church, etc.)	
Place #1: Talk to my dog	
Place #2: Talk to my M and GM, step F, two brothers, and GF	
<b>STEP 4: Things I can do to make my Environment Safe</b>	
For example: remove weapons or other harmful things from the home, such as alcohol and bottles of prescription medications that are no longer prescribed	
Safer Environment #1: Keep medicine locked up and possibly keep sharp objects secured	
Safer Environment #2: Not isolating from support	
<b>STEP 5: Reasons I Have to Live</b>	
Reason #1: My family	
Reason #2: TBD	
Reason #3: TBD	
<b>STEP 6: People I can Ask for Help</b>	
Friends or Family I would be willing to call if I need help. (Name and Phone Numbers)	
Name: Mom	Phone Number: # in patient's phone
Name: Grandmom	Phone Number: # in patient's phone
<b>STEP 7: Professionals or Agencies I can contact during a crisis</b>	
Georgia Crisis and Access Line	Phone: 1-800-715-4225
National Suicide Prevention Lifeline	Phone: 1-800-273-8255
Crisis Text Line	Text Start to 741741 anytime, about any type of crisis
<b>STEP 8: Professionals I can Reach out to for Ongoing Help/Support</b>	
Name: WellStar Call Center	Phone Number: 470-732-3789
Name: The Colin A Ross Institute for Psychological Trauma	Phone
Number: 972-918-9588	

Where I will keep my safety plan so that i can use it if necessary: In my Bible



*I developed this Safety Plan with a WellStar Behavioral Health staff member. I understand how to follow this plan and have received a copy of it for my future use if necessary.*





Date of Visit: September 30, 2019  
Seen By: Eric Satterfield, DO  
Location: AFC Urgent Care  
Clinic Phone Number: 865-429-9110

FFS  
FFS  
FFS  
, 00000  
Policy Holder: EMILY REED  
Relation: Self  
DOB: 11/16/1996  
Gender: F  
Employer: NOT PROVIDED

Group #:  
Insurance #: 0000000000  
Effective Date: 9/30/2019  
Type: Primary

Guarantor:  
Patient Name: Emily C Reed  
20762 CRESTVIEW LANE  
HUNTINGTON BEACH, CA 92646  
DOB: 11/16/1996 Gender: F

Visit Date:	Description:
09/30/19	{DC001} - DISCHARGE READY
09/30/19	{PEDOT} - DOT PHYSICAL

Total Payments: \$100.00

## Clinical Summary Report

### Chief Complaint

Patient comes in today for a Physical. (SOURCE: Patient)

### PMH

Depression (311, F32.8) (Active)  
Anxiety disorder, unspecified (300.00, F41.9) (Active)

### Cur Rx

ACTIVE: see medication list

### Allergies

Active: Reviewed Allergies; Haldol

### Vitals

Taken on 09/30/2019 at 2:11 PM:  
BP: 115/78 mmHg  
PULSE: 85 bpm  
RESP: 16 breaths/min  
TEMP: 98.3  
WEIGHT: 118 lb(53.52 kg)  
HEIGHT/LENGTH: 5 ft 3 in  
BMI: 20.902  
O2 SAT: 99%  
PAIN: 1/10

We appreciate your feedback! Please visit:  
[www.AFCtnlistens.com](http://www.AFCtnlistens.com) to give us your thoughts.

This is not a bill, receipt purposes only. Charges are subject to review by Medical Director and Coding Specialist and may be adjusted if necessary. Current balance reflects payments made prior to claim submission. Balance could change based on patient's prior agreement with insurance company.

ROA2106



**Procedures**

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DISCHARGE READY {DC001} QTY (1) [Completed by: Keri Williams]

**A/P**

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Physical, general adult (V70.0, Z00.00)  
cpc

**We appreciate your feedback! Please visit:  
[www.AFCtnlistens.com](http://www.AFCtnlistens.com) to give us your thoughts.**

**This is not a bill, receipt purposes only. Charges are subject to review by Medical Director and Coding Specialist and may be adjusted if necessary. Current balance reflects payments made prior to claim submission. Balance could change based on patient's prior agreement with insurance company.**



## AFTER VISIT SUMMARY

Emily C. Reed DoB: 11/16/1996

8/29/2019

WellStar Cobb Hospital (CH EMERGENCY) 470-732-3000

### Instructions



#### **Your medications have changed today**

See your updated medication list for details.



#### **Read the attached information**

1. Dehydration (Adult) (English)
2. Cellulitis, Discharge Instructions for (English)



#### **Pick up these medications from any pharmacy with your printed prescription**

clindamycin



#### **Follow up with Your Psychiatrist in 1 day (around 8/31/2019)**

Why: for further evaluation and treatment

### Today's Visit

You were seen by Kevin D Little, MD and Angel R Bridges, PA

#### **Reason for Visit**

Altered Mental Status

#### **Diagnoses**

- Dissociative identity disorder (HCC)
- Dehydration
- Cellulitis of toe of left foot

#### **Lab Tests Completed**

Acetaminophen level

CBC W/ Diff

CK performed 2 times

Hepatic function panel

Lactic Acid, plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician

Magnesium, Bld

POC BMP iStat

Pregnancy Test

Rapid drug screen, urine

Salicylate level

Troponin T

Urinalysis, clean catch


#### **Lab Tests in Progress**

Lamotrigine level

**Attestation signed by Martine L Camille, MD at 8/30/2019 12:49 AM**

I discussed this patient presentation and exam with the associated provider and participated in the MDM for this case. I did not personally perform a history or examine this patient. I am the attending of record and am administratively signing this document.

Martine Lory Camille, MD  
Emergency Medicine

Revision History 

**ED PROVIDER NOTES Re-Evaluation**

ED Provider Re-evaluation by Peter J Hairston, PA at 8/30/2019 2:42 AM

Author: Peter J Hairston, PA

Service: (none)

Author Type: Physician Assistant

Filed: 8/30/2019 2:45 AM

Date of Service: 8/30/2019 2:42 AM

Status: Cosign Needed

Editor: Peter J Hairston, PA (Physician Assistant)

Cosign Required: Yes

**Physical Exam Re-assessment**

2:42 AM

Patient complaining of AMS

New complaints of Double vision

Pertinent Past Medical history :

Past Medical History:

Diagnosis

Date

- Child victim of physical abuse
- Dissociative identity disorder (HCC)
- History of sexual molestation in childhood
- PTSD (post-traumatic stress disorder)
- Suicide attempt by multiple drug overdose (HCC) 08/27/2019

Abnormal labs that need to be addressed : cpk

Meds that need to be reconciled :

Needs for disp ( transfer) xray, labs :

Is patient in need of a 1014:

**Physical Exam**

Blood pressure 103/66, pulse 89, temperature 97.8 °F (36.6 °C), resp. rate 15, weight 54.5 kg (120 lb 4 oz), last menstrual period 08/20/2019, SpO2 98 %.

Was able to walk pt around POD some wobbly but other wise was able to stand on her own

Possible tardive dyskinesia

Offered cogentin  
Family states since she is doing better  
Would want to wait and see how she does  
mhe has seen pt  
Will hold until the AM  
Have Angel reassess and decide whether to reconcile 1014

## ED Nursing Notes

ED Notes by Jimmy Burchett, RN at 8/30/2019 3:27 PM

Version 1 of 1

Author: Jimmy Burchett, RN      Service: Emergency Medicine      Author Type: Registered Nurse  
Filed: 8/30/2019 3:27 PM      Date of Service: 8/30/2019 3:27 PM      Status: Signed  
Editor: Jimmy Burchett, RN (Registered Nurse)

Poison control call back to recheck

Jimmy Burchett, RN  
08/30/19 1527

ED Notes by Kimberly Newsome, RN at 8/30/2019 12:32 PM

Version 1 of 1

Author: Kimberly Newsome, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/30/2019 12:36 PM      Date of Service: 8/30/2019 12:32 PM      Status: Signed  
Editor: Kimberly Newsome, RN (Registered Nurse)

Pt's mother would like pt to have rx for home meds at time of dc.

Kimberly Newsome, RN  
08/30/19 1236

ED Notes by Kimberly Newsome, RN at 8/30/2019 9:44 AM

Version 1 of 1

Author: Kimberly Newsome, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/30/2019 9:44 AM      Date of Service: 8/30/2019 9:44 AM      Status: Signed  
Editor: Kimberly Newsome, RN (Registered Nurse)

Update provided to Donna at GA poison control.

Kimberly Newsome, RN  
08/30/19 0944

ED Notes by Natasha E Scott (John) at 8/30/2019 7:00 AM

Version 1 of 1

Author: Natasha E Scott (John)      Service: (none)      Author Type: ED Tech  
Filed: 8/30/2019 8:01 AM      Date of Service: 8/30/2019 7:00 AM      Status: Signed  
Editor: Natasha E Scott (John) (ED Tech)

Safety check completed. Pt belongings and service dog in the room with patient, the patient's family member will take belongings.

Natasha E Scott (John)  
08/30/19 0801

**ED Notes by Violent M Silverman, RN at 8/30/2019 5:38 AM**

Version 1 of 1

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/30/2019 5:38 AM      Date of Service: 8/30/2019 5:38 AM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)

Patient is in view of sitter, continuous observation in progress.

Violent M Silverman, RN  
08/30/19 0538

**ED Notes by Violent M Silverman, RN at 8/30/2019 2:35 AM**

Version 1 of 1

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/30/2019 2:35 AM      Date of Service: 8/30/2019 2:35 AM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)

MHE in progress at BS. Mom at BS. Sitter presents in view.

Violent M Silverman, RN  
08/30/19 0235

**ED Notes by Violent M Silverman, RN at 8/29/2019 11:26 PM**

Version 1 of 1

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/29/2019 11:26 PM      Date of Service: 8/29/2019 11:26 PM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)

Patient/family updated on plan of care.

Violent M Silverman, RN  
08/29/19 2326

**ED Notes by Violent M Silverman, RN at 8/29/2019 11:25 PM**

Version 1 of 1

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/29/2019 11:26 PM      Date of Service: 8/29/2019 11:25 PM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)

Wound clean and sterile dressing applied to both elbows.

Violent M Silverman, RN  
08/29/19 2326

**ED Notes by Violent M Silverman, RN at 8/29/2019 9:56 PM**

Version 2 of 2

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/29/2019 10:12 PM      Date of Service: 8/29/2019 9:56 PM      Status: Addendum  
Editor: Violent M Silverman, RN (Registered Nurse)  
Related Notes: Original Note by Violent M Silverman, RN (Registered Nurse) filed at 8/29/2019 9:58 PM

Updated given to Kwaku from Poison control. His recommendations are continue monitor pt. Recheck CK too see if its trending down. Might be beneficial with benadryl to help with dystonia if provider thinks its appropriate.

Violent M Silverman, RN

08/29/19 2158

Violent M Silverman, RN  
08/29/19 2212

**ED Notes by Violent M Silverman, RN at 8/29/2019 9:56 PM**

Version 1 of 2

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/29/2019 9:58 PM      Date of Service: 8/29/2019 9:56 PM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)  
Related Notes: Addendum by Violent M Silverman, RN (Registered Nurse) filed at 8/29/2019 10:12 PM

Updated given to poison control to Kwaku.

Violent M Silverman, RN  
08/29/19 2158

**ED Notes by Violent M Silverman, RN at 8/29/2019 9:04 PM**

Version 1 of 1

Author: Violent M Silverman, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 8/29/2019 9:05 PM      Date of Service: 8/29/2019 9:04 PM      Status: Signed  
Editor: Violent M Silverman, RN (Registered Nurse)

Family at BS. Pt aware of the need of urine sample. Unable to give urine sample at this time. Sitter presents in view.

Violent M Silverman, RN  
08/29/19 2105

**Consult Notes to ED****Consults by Okah J Anyokwu, MD at 8/30/2019 3:17 PM**

Version 1 of 1

Author: Okah J Anyokwu, MD

Service: Psychiatry

Author Type: Physician

Filed: 8/30/2019 3:35 PM

Date of Service: 8/30/2019 3:17 PM

Status: Signed

Editor: Okah J Anyokwu, MD (Physician)

**Consult Orders:**

1. Inpatient consult to Psychiatry [839310004] ordered by Angel R Bridges, PA at 08/30/19 1426

**Psychiatry Consult Initial Note****Background:****Patient Name:** Emily Christine Reed**Admission Date:** 8/29/2019**Consultation Date:** 8/30/2019**Consulting Provider** Okah J Anyokwu, MD**Reason for consultation** Evaluate and recommend disposition**Level of complexity** High**Legal Status:** Inv 1014**Sources of Information:** Medical record, Nurse and Patient.**Chief Complaint:**

I took too many pills

**History of Present Illness:**

Emily Christine Reed is a 22 y.o. female with a history of Anxiety disorder, MDD, DID & PTSD in the ED for OD. Patient is currently denying being suicidal per ED PA hence Psychiatry consult requested to evaluate patient and recommend disposition.

Patient seen with mother and grandmother at bedside (with patient's consent). Patient reports that she took too many pills 3 days ago as "a cry for help". She denies being suicidal. She denies hallucinations, suicidal or homicidal thoughts at present. She denies paranoia. Her family and patient intends going to UVA in Texas where she had been before for treatment with good effect. Patient feels safe being discharged. She and her family are in agreement with plan to go to UVA for further treatment. 2

**Past Psychiatric History:****Suicide attempts or Self-harm behavior:**yes**Prior psychiatric hospitalizations:**yes**Substance Abuse history:**n/a**Previous psychiatric medications tried:** Many**Outpatient treatment:** yes. Sees Dr. Love in CA**Psychiatric Review of Systems:**



**Pertinent positives and negatives are listed in the HPI**

**Social History**

**Marital Status:** single  
**Living Arrangements:** with mother  
**Employment Status:** on disability  
**Recent Stressors:** illness or family illness  
**Access to guns/weapons:** no  
**Education:** High school  
**Legal History:** no

**Family Psychiatric History**

None per patient

**Medical History**

There is no problem list on file for this patient.

**History reviewed. No pertinent surgical history. ✕**

**Allergies**

**Allergies**

**Allergen**

- Haldol [Haloperidol]

**Reactions**

Anaphylaxis

**Current Medications:**

**Scheduled Meds:**

• benzotropine	1 mg	Oral	BID
• clindamycin	300 mg	Oral	4x Daily
• neomycin- bacitracin- polymyxin	2.7 g	Topical	Daily

**PRN Meds:**

**Medical Review of Systems**

All other systems were negative with the exception of those noted above

**Physical Exam**

**Vital signs:**

**Temp:** [97.7 °F (36.5 °C)-98.3 °F (36.8 °C)] 97.7 °F (36.5 °C) ✕

**Heart Rate:** [89-120] 99

**Resp:** [15-21] 16

BP: (99-122)/(53-83) 122/70

**Visit Vitals**

BP	122/70
Pulse	99
Temp	97.7 °F (36.5 °C)
Resp	16
Wt	54.5 kg (120 lb 4 oz)
LMP	08/20/2019
SpO2	96%
BMI	21.30 kg/m <sup>2</sup>

**SpO2 Readings from Last 1 Encounters:**

08/30/19 96%

**General:** The patient appears pleasant, of stated age, in no apparent distress**Chest:** Chest inspection reveals normal expansion. Normal respiratory effort.**Skin:** Warm and dry with normal turgor**MSK:** normal strength and tone, no atrophy or abnormal movements.**Laboratory data/ Diagnostic Data****Lab Results**

Component	Value	Date
WBC	7.4	08/29/2019
HGB	13.0	08/29/2019
HCT	39	08/29/2019
MCV	93	08/29/2019
PLT	226	08/29/2019

**Lab Results**

Component	Value	Date
SOD	143	08/27/2019
POTASSIUM	3.9	08/27/2019
CL	106	08/27/2019
CO2	26	08/27/2019
GLU	78	08/27/2019
BUN	9	08/27/2019
CREATININE	0.6	08/29/2019
PROTTOTAL	7.2	08/29/2019
ALBSER	4.4	08/29/2019
CALCIUM	9.0	08/27/2019
BILITOTAL	1.3 (H)	08/29/2019
ALKPHOS	68	08/29/2019
AST	36 (H)	08/29/2019
ALT	19	08/29/2019
GLOB	2.5	08/27/2019
ANIONGAP	15	08/27/2019
GFRNONAA	>90	08/27/2019

**Lab Results**

Component	Value	Date
URNEAPP	CLEAR	08/29/2019

URINEPH	6.0	08/29/2019
URINEPROT	NEGATIVE	08/29/2019
BACTERIA	OCCASIONAL (A)	08/29/2019

**Lab Results**

Component	Value	Date
BARBU	NOT DETECTED	08/29/2019
COCAINE	NOT DETECTED	08/29/2019
METHADONEUR	NOT DETECTED	08/29/2019
OPIATESUR	NOT DETECTED	08/29/2019
PCPU	NOT DETECTED	08/29/2019
THCUR	NOT DETECTED	08/29/2019

**Lab Results**

Component	Value	Date
ETOH	<10	08/27/2019

No results found for: TSH, T3TOTAL, T4TOTAL, THYROIDAB

Columbia Suicide Risk Score 3

**Mental Status Exam:**

**General Appearance and Behavior:** age appropriate, wearing hospital gown, lying in bed, good eye contact, cooperative with questioning and polite

**Cooperation:** Participating/engaged and Cooperative

**Psychomotor Behavior:** within normal limits

**Mood:** OK

**Affect and affective range:** normal

**Thought Process:** Fluent/Logical and Goal-directed

**Thought Content:** Within reality

**Speech:** Normal volume and Regular rate and rhythm

**Intellectual Functioning:** Average

**Suicidal Ideation:** Denies SI

**Homicidal Ideation:** Denies HI

**Impulse Control:** intact

**Insight and Judgment:** normal insight and judgment

**Memory:** Normal

**Attention:** Normal

**Orientation:** alert and oriented

**Assessment:**

Psychiatric Diagnoses: 311 (F32.9) Unspecified depressive disorder, 300.00 (F41.9) Unspecified anxiety disorder and 309.81 (F43.10) Post-traumatic stress disorder  
DID

**Plan:**

MEDICATIONS: No medication adjustment recommended at this time  
PSYCHOTHERAPY: Supportive psychotherapy provided  
SUBSTANCE ABUSE: n/a

MEDICAL: Per primary team

SAFETY SITTER: May discontinue

DISPOSITION: Per primary team; no indication for acute inpatient psychiatric hospitalization at this time

LEGAL STATUS: 1014 discontinued

FOLLOW-UP: Will sign off

**Behavioral Health Outpatient Referral:** For further assistance or questions patient may call WellStar Behavioral Health Call Center at 470-732-3789 and speak with a Behavioral Health Resource Team Member or contact the GA Crisis & Access Line at 1-800-715-4225.

I have reviewed this treatment plan, including potential risks and benefits of medications, with the patient and/or family members and relevant hospital providers.

Please contact with any questions and/or concerns.

Okah J Anyokwu, MD

Psychiatry

8/30/2019

3:18 PM

## Today's Visit (continued)

### Imaging Tests

CT head without contrast  
EKG -12 Lead (Show MD STAT upon completion)  
X-ray toe left

### Done Today

ED Consult to Medication History Specialist (ED Patients Only)  
If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician  
Inpatient consult to Psychiatry  
PO challenge

### Medications Given

clindamycin (CLEOCIN) last given 8/30/2019 2:25 PM  
neomycin-bacitracin-polymyxin (NEOSPORIN) last given 8/30/2019 2:26 PM  
ondansetron (PF) (ZOFTRAN) last given 8/29/2019 4:40 PM  
sodium chloride 0.9% (NS) bolus stopped 8/29/2019 5:46 PM  
sodium chloride 0.9% (NS) bolus stopped 8/29/2019 7:53 PM  
sodium chloride 0.9% (NS) bolus stopped 8/29/2019 10:08 PM

### Your End of Visit Vitals



Blood Pressure  
102/67



Temperature  
98 °F



Pulse  
103



Respiration  
12



Oxygen Saturation  
98%

## What's Next

You currently have no upcoming appointments scheduled.



### Other instructions

Call the 24/7 Georgia and Crisis Access line at (800) 715-4225 for assistance with outpatient appointments.  
Call the 24/7 WellStar Behavioral Health Call Center at (470) 732-3789 and speak with a Clinician for further resource assistance.

#### National Suicide Prevention Hotline:

**1-800-273-8255**

#### Outpatient Psychiatrists

##### **Atlanta Behavioral Care**

3188 Atlanta Road SE, Smyrna, GA 30080  
770-319-6000

##### **Dr. Mahaveer Vakharia**

4171 Marietta St, Ste 300A, Powder Springs, GA 30067  
770-943-8701

##### **Dr. Edward Ajayi**

## Other instructions (continued)

1850 Lake Park Dr SE, Smyrna, GA 30080  
770-438-1030

**Dr. Anthony Ekwenchi**

Katie Brian Service Clinic  
4760 Austell Rd, Marietta, GA 30064  
770-948-9338

**Dr. Arun Munjal**

4015 S Cobb Dr SE, Ste 101, Smyrna, GA 30080  
770-432-2459

**Dr. Mobolaji Oyebanjo** (2 practice locations)

5606 Wendy Bagwell Pkwy, Hiram GA 30141  
770-439-3070  
307 Old Stone Rd, Villa Rica, GA 30180  
770-459-8799

**Dr. Bharat Patel** (GERIATRIC PSYCHIATRIST)

4015 S Cobb Dr SE Ste 110, Smyrna, GA 30080  
(770) 432-9292

**Willowbrooke at Tanner:** 770-456-3938

### Counseling Services

**The Marietta Counseling Group**

840 Kennesaw Ave, Ste 8, Marietta, GA 30060  
770-573-1628

**Debbie Dunbar**

800 Kennesaw Ave NW, Ste 310, Marietta, GA 30060  
770-450-5055

**Healing Psychotherapy Practices of Georgia**

1301 Shiloh Rd, Ste 170, Kennesaw, GA 30144  
770-792-0079

**Sweetwater Psychological Associates** (2 practice locations)

1855 Piedmont Rd, Marietta, GA 30066  
560 Thornton Rd, Ste 106, Lithia Springs, GA 30122  
770-732-0982

**Sheltered Cove Counseling**

6488 Spring Street, Ste 102, Douglasville, GA 30134  
(770) 949-1595

**Dallas Family Counseling**

110 Evans Mill Dr, Ste 305, Dallas, GA 30157  
770-445-6358

## Other instructions (continued)

### **Kelli C McLeod, MA, NCC, LPC**

77 Cole Street NE, Marietta, Georgia 30060  
678-572-6997

### **Eclipse Psychotherapy and Retreat**

Einat Toledano, LCSW  
Gwinnett, Cobb, and Dekalb Locations  
770-923-1778

### **Highland Psychological Services**

Dr. Tara Lyn Williams  
675 Seminole Ave, Ste 111, Atlanta, GA 30307  
678-696-0916

### **The Counseling Center**

4075 Macland Rd, Powder Springs, 30127  
770-943-3008

### **Support Programs**

#### **National Alliance on Mental Illness (NAMI) – GA**

Provides consumer and family support groups/resources  
(770) 234-0855 / [www.namiga.org](http://www.namiga.org)

#### **The Anxiety & Stress Management Institute**

1640 Powers Ferry Rd, Bldg 9, Ste 100, Marietta, GA 30067 Provides Anxiety & OCD support groups  
770-953-0080

#### **Ridgeview Institute (770) 434-4567**

3995 South Cobb Drive, Smyrna, Georgia 30080

Provides the following support groups:

***DBSA (Depression and Bipolar Support Alliance)***

***Eating Disorders Anonymous***

***Emotions Anonymous***

#### **Emotions Anonymous**

[www.emotionsanonymous.org](http://www.emotionsanonymous.org)

#### **Depression & Bipolar Support Alliance**

<http://www.dbsalliance.org>

#### **The Link Counseling Center**

1820 The Exchange, Ste 650, Atlanta, GA 30339  
Provides Cancer and Bereavement Support Groups  
770-541-1114

#### **Therapeutic Associates, LLC**

1640 Powers Ferry Rd, Bldg 9, Ste 300  
Marietta, Georgia 30067  
Provides Eating Disorder Support Groups  
(678) 256-2697

Other instructions (continued)

**Trillium Springs Counseling**  
1640 Powers Ferry RD, Bldg. 16 Suite 100  
Marietta, Georgia 30067  
Provides Bipolar Disorder & Trauma Recovery Groups  
(404) 369-1442

**For further follow up if needed, please call Wellstar doctor referral line at 770-956-7827.**

You are allergic to the following

Allergen	Reactions
Haldol (Haloperidol)	Anaphylaxis

If you have any questions about this medication list, please talk to your doctor at your next appointment. You may use this form to make notes about any medications that you have stopped or started taking, including over the counter medications. Bring the form with you to the appointment as a reminder to discuss with your doctor.



# Changes to Your Medication List

## START taking these medications



START

**clindamycin** 300 MG capsule  
Commonly known as: CLEOCIN

Take 1 capsule (300 mg total) by mouth 4 (four) times a day for 9 days

## CONTINUE taking these medications



CONTINUE

**lamoTRigine** 150 MG tablet  
Commonly known as: LaMICtal

Take 150 mg by mouth daily



CONTINUE

\* **LORazepam** 1 MG tablet  
Commonly known as: ATIVAN

Take 1 mg by mouth every 6 (six) hours as needed for anxiety



CONTINUE

\* **LORazepam** 2 mg/mL injection  
Commonly known as: ATIVAN

Inject 1 mg into the vein once



CONTINUE

\* **OLANZapine** 10 MG tablet  
Commonly known as: ZYPREXA

Take 10 mg by mouth nightly



CONTINUE

\* **ZyPREXA** injection  
Generic drug: OLANZapine

Inject 10 mg into the muscle once as needed for agitation

\* **DUPLICATE WARNING:** This list has medications(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

## Benzodiazepine Risks/Benefits

### Lorazepam tablets

**Brand Name:** Ativan

### What is this medicine?

LORAZEPAM (lor A ze pam) is a benzodiazepine. It is used to treat anxiety.

### How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. Take your medicine at regular intervals. Do not take it more often than directed. Do not stop taking except on your doctor's advice.

A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time.

## Benzodiazepine Risks/Benefits (continued)

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be used in children as young as 12 years for selected conditions, precautions do apply.

### What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- breathing problems
- confusion
- loss of balance or coordination
- signs and symptoms of low blood pressure like dizziness; feeling faint or lightheaded, falls; unusually weak or tired
- suicidal thoughts or other mood changes

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- dizziness
- headache
- nausea, vomiting
- tiredness

### What may interact with this medicine?

Do not take this medicine with any of the following medications:

- narcotic medicines for cough
- sodium oxybate

This medicine may also interact with the following medications:

- alcohol
- antihistamines for allergy, cough and cold
- certain medicines for anxiety or sleep
- certain medicines for depression, like amitriptyline, fluoxetine, sertraline
- certain medicines for seizures like carbamazepine, phenobarbital, phenytoin, primidone
- general anesthetics like lidocaine, pramoxine, tetracaine
- MAOIs like Carbex, Eldepryl, Marplan, Nardil, and Parnate
- medicines that relax muscles for surgery
- narcotic medicines for pain
- phenothiazines like chlorpromazine, mesoridazine, prochlorperazine, thioridazine

### What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

### Where should I keep my medicine?

Keep out of the reach of children. This medicine can be abused. Keep your medicine in a safe place to protect it from theft. Do not share this medicine with anyone. Selling or giving away this medicine is dangerous and against the law.

This medicine may cause accidental overdose and death if taken by other adults, children, or pets. Mix any unused medicine with a substance like cat litter or coffee grounds. Then throw the medicine away in a sealed container like a sealed bag or a coffee can with a lid. Do not use the medicine after the expiration date.

Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Protect from light. Keep container tightly closed.

### What should I tell my health care provider before I take this medicine?

## Benzodiazepine Risks/Benefits (continued)

They need to know if you have any of these conditions:

- glaucoma
- history of drug or alcohol abuse problem
- kidney disease
- liver disease
- lung or breathing disease, like asthma
- mental illness
- myasthenia gravis
- Parkinson's disease
- suicidal thoughts, plans, or attempt; a previous suicide attempt by you or a family member
- an unusual or allergic reaction to lorazepam, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

### What should I watch for while using this medicine?

Tell your doctor or health care professional if your symptoms do not start to get better or if they get worse.

Do not stop taking except on your doctor's advice. You may develop a severe reaction. Your doctor will tell you how much medicine to take.

You may get drowsy or dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how this medicine affects you. To reduce the risk of dizzy and fainting spells, do not stand or sit up quickly, especially if you are an older patient. Alcohol may increase dizziness and drowsiness. Avoid alcoholic drinks.

If you are taking another medicine that also causes drowsiness, you may have more side effects. Give your health care provider a list of all medicines you use. Your doctor will tell you how much medicine to take. Do not take more medicine than directed. Call emergency for help if you have problems breathing or unusual sleepiness.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider. Copyright© 2019 Elsevier

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## MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.wellstar.org/mychart/>, click "Sign Up Now", and enter your personal activation code: 5CT3H-JXMXF-HBCZ9. Activation code expires 10/29/2019.

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## Dehydration (Adult)

Dehydration occurs when your body loses too much fluid. This may be the result of prolonged vomiting or diarrhea, excessive sweating, or a high fever. It may also happen if you don't drink enough fluid when you're sick or out in the heat. Misuse of diuretics (water pills) can also be a cause.

Symptoms include thirst and decreased urine output. You may also feel dizzy, weak, fatigued, or very drowsy. The diet described below is usually enough to treat dehydration. In some cases, you may need medicine.

## Home care

- Drink at least 12 8-ounce glasses of fluid every day to resolve the dehydration. Fluid may include water; orange juice; lemonade; apple, grape, or cranberry juice; clear fruit drinks; electrolyte replacement and sports drinks; and teas and coffee without caffeine. Don't drink alcohol. If you have been diagnosed with a kidney disease, ask your doctor how much and what types of fluids you should drink to prevent dehydration. If you have kidney disease, fluid can build up in the body. This can be dangerous to your health.
- If you have a fever, muscle aches, or a headache as a result of a cold or flu, you may take acetaminophen or ibuprofen, unless another medicine was prescribed. If you have chronic liver or kidney disease, or have ever had a stomach ulcer or gastrointestinal bleeding, talk with your healthcare provider before using these medicines. Don't take aspirin if you are younger than 18 and have a fever. Aspirin raises the chance for severe liver injury.

## Follow-up care

Follow up with your healthcare provider, or as advised.

## When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Continued vomiting
- Frequent diarrhea (more than 5 times a day); blood (red or black color) or mucus in diarrhea
- Blood in vomit or stool
- Swollen abdomen or increasing abdominal pain
- Weakness, dizziness, or fainting
- Unusual drowsiness or confusion
- Reduced urine output or extreme thirst
- Fever of 100.4°F (38°C) or higher

**Date Last Reviewed:** 5/1/2017

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## Discharge Instructions for Cellulitis

You have been diagnosed with cellulitis. This is an infection in the deepest layer of the skin and tissue beneath the skin. In some cases, the infection also affects the muscle. Cellulitis is caused by bacteria. The bacteria can enter the body through broken skin. This can happen with a cut, scratch, animal bite, or an insect bite that has been scratched. You may have been treated in the hospital with antibiotics and fluids. You will likely be given a prescription for antibiotics to take at home. This sheet will help you take care of yourself at home.

### Home care

When you are home:

- Take the prescribed antibiotic medicine you are given as directed until it is gone. Take it even if you feel better. It treats the infection and stops it from returning. Not taking all the medicine can make future infections hard to treat.
- Keep the infected area clean.
- When possible, raise the infected area above the level of your heart. This helps keep swelling down.
- Talk with your healthcare provider if you are in pain. Ask what kind of over-the-counter medicine you can take for pain.
- Apply clean bandages as advised.
- Take your temperature once a day for a week.
- Wash your hands often to prevent spreading the infection.

In the future, wash your hands before and after you touch cuts, scratches, or bandages. This will help prevent infection.

### When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Trouble or pain when moving the joints above or below the infected area
- Discharge or pus draining from the area
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Pain that gets worse in or around the infected
- Redness that gets worse in or around the infected area, particularly if the area of redness expands to a wider area
- Shaking chills
- Swelling of the infected area
- Vomiting

**Date Last Reviewed:** 8/1/2016

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# Changes to Your Medication List

## CONTINUE taking these medications



**lamoTRigine** 150 MG tablet  
Commonly known as: LaMICTal

Take 150 mg by mouth daily



\* **LORazepam** 1 MG tablet  
Commonly known as: ATIVAN

Take 1 mg by mouth every 6 (six) hours as needed for anxiety



\* **LORazepam** 2 mg/mL injection  
Commonly known as: ATIVAN

Inject 1 mg into the vein once



\* **OLANZapine** 10 MG tablet  
Commonly known as: ZYPREXA

Take 10 mg by mouth nightly



\* **ZyPREXA** injection  
Generic drug: OLANZapine

Inject 10 mg into the muscle once as needed for agitation

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A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time.

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be used in children as young as 12 years for selected conditions, precautions do apply.

### What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- breathing problems

## Benzodiazepine Risks/Benefits (continued)

- confusion
- loss of balance or coordination
- signs and symptoms of low blood pressure like dizziness; feeling faint or lightheaded, falls; unusually weak or tired
- suicidal thoughts or other mood changes

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

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## What may interact with this medicine?

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- narcotic medicines for cough
- sodium oxybate

This medicine may also interact with the following medications:

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- antihistamines for allergy, cough and cold
- certain medicines for anxiety or sleep
- certain medicines for depression, like amitriptyline, fluoxetine, sertraline
- certain medicines for seizures like carbamazepine, phenobarbital, phenytoin, primidone
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- medicines that relax muscles for surgery
- narcotic medicines for pain
- phenothiazines like chlorpromazine, mesoridazine, prochlorperazine, thioridazine

## What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

## Where should I keep my medicine?

Keep out of the reach of children. This medicine can be abused. Keep your medicine in a safe place to protect it from theft. Do not share this medicine with anyone. Selling or giving away this medicine is dangerous and against the law.

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Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Protect from light. Keep container tightly closed.

## What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- glaucoma
- history of drug or alcohol abuse problem
- kidney disease
- liver disease
- lung or breathing disease, like asthma
- mental illness
- myasthenia gravis

## Benzodiazepine Risks/Benefits (continued)

- Parkinson's disease
- suicidal thoughts, plans, or attempt; a previous suicide attempt by you or a family member
- an unusual or allergic reaction to lorazepam, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

### What should I watch for while using this medicine?

Tell your doctor or health care professional if your symptoms do not start to get better or if they get worse.

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### Follow-up care

Follow up with your healthcare provider, or as advised.

### When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Continued vomiting
- Frequent diarrhea (more than 5 times a day); blood (red or black color) or mucus in diarrhea
- Blood in vomit or stool
- Swollen abdomen or increasing abdominal pain
- Weakness, dizziness, or fainting
- Unusual drowsiness or confusion
- Reduced urine output or extreme thirst
- Fever of 100.4°F (38°C) or higher

**Date Last Reviewed:** 5/1/2017

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## ED Micro, Lab, POCT, Blood Bank

Expand | Hide

Start	Ordered	Status	Ordering Provider
08/29/19 2337	08/29/19 2336	CK STAT Completed	HAIRSTON, PETER J
08/29/19 1915	08/29/19 1714	Lactic Acid, plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician Start in 2 hours Initial lactic acid is <2.0... Comments: If initial lactic acid is <2.0...	BRIDGES, ANGEL R
08/29/19 1750	08/29/19 1749	Rapid drug screen, urine STAT Completed	BRIDGES, ANGEL R
08/29/19 1715	08/29/19 1714	CK Add-on Completed	BRIDGES, ANGEL R
08/29/19 1704	08/29/19 1703	Pregnancy Test Add-on Completed	BRIDGES, ANGEL R
08/29/19 1645	08/29/19 1645	Magnesium, Bld Once Completed	LITTLE, KEVIN D
08/29/19 1641	08/29/19 1640	Pregnancy Test STAT	BRIDGES, ANGEL R
08/29/19 1640	08/29/19 1640	Lamotrigine level STAT	BRIDGES, ANGEL R
08/29/19 1640	08/29/19 1640	Magnesium STAT	BRIDGES, ANGEL R
08/29/19 1555	08/29/19 1555	Troponin T STAT Completed	BRIDGES, ANGEL R
08/29/19 1555	08/29/19 1555	Acetaminophen level STAT Completed	BRIDGES, ANGEL R
08/29/19 1555	08/29/19 1555	Salicylate level STAT Completed	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	CBC W/ Diff STAT Completed	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	Hepatic function panel STAT Completed	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	Urinalysis, clean catch STAT Completed	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	POCT pregnancy, urine Once	BRIDGES, ANGEL R

## ED All Other Orders

Expand | Hide

Start	Ordered	Status	Ordering Provider
08/30/19 1426	08/30/19 1426	Inpatient consult to Psychiatry Once Completed Discontinue Provider: (Not yet assigned)	BRIDGES, ANGEL R
08/30/19 1235	08/30/19 1234	ED Consult to Medication History Specialist (ED Patients Only) Once Completed Discontinue Provider: (Not yet assigned)	LITTLE, KEVIN D
08/29/19 1843	08/29/19 1842	PO challenge Once Completed Discontinue	BRIDGES, ANGEL R
08/29/19 1715	08/29/19 1714	POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid Once Comments: If initial lactate is <2.0 may... If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician Once Completed Discontinue	BRIDGES, ANGEL R
08/29/19 1651	08/29/19 1651	POC BMP iStat Once Completed	LITTLE, KEVIN D
08/29/19 1555	08/29/19 1555	EKG -12 Lead (Show MD STAT upon completion) Once Completed	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	POC Chem8 Once Discontinue	BRIDGES, ANGEL R
08/29/19 1554	08/29/19 1555	Mental Health Assessment-Inpatient Services Once Complete Discontinue	BRIDGES, ANGEL R

## Discharge Orders

None

## Allergies (verified on: 08/30/19)

Agent	Severity	Comments
Haldol (Haloperidol)	High	

## Tetanus Up To Date

None

## Medical History

## Past Medical History

Date	Comments
08/27/2019	Dissociative identity disorder (HCC) [F44.81] Suicide attempt by multiple drug overdose (HCC) (T50.902A) History of sexual molestation in childhood [Z62.810] PTSD (post-traumatic stress disorder) [F43.10] Child victim of physical abuse [T74.12XA]

## Surgical History

## Tobacco Use

Never smoked or used smokeless tobacco.

## Alcohol Use

No.

## Drug Use

No.

## Sexual Activity

Not sexually active.

Birth as of 8/30/2019

\*\*None\*\*

## ED LDA Documentation (8/28/2019 00:00 to 8/30/2019 18:05:45)

## ED Vitals

Date/Time	Temp	Temp src	Pulse	Resp	BP	MAP (mmHg)	SpO2	Weight	Who
08/30/19 1702	98 °F (36.7 °C)	--	103	12	102/67	--	98 %	--	JB
08/30/19 1227	97.7 °F (36.5 °C)	--	99	16	122/70	--	96 %	--	EMA
08/30/19 0932	--	--	120	16	99/53	--	94 %	--	RNF
08/30/19 0616	98.3 °F (36.8 °C)	--	100	17	105/61	--	96 %	--	VMS
08/29/19 2025	97.8 °F (36.6 °C)	--	89	15	103/66	--	98 %	--	VMS
08/29/19 1959	--	--	--	--	--	--	--	54.5 kg (120 lb 4 oz)	VMS
08/29/19 1627	98 °F (36.7 °C)	Oral	108	21	115/83	--	96 %	--	JAW

## Height and Weight

Date and Time	Height	Height Method	Weight	Weight Method	User
08/29/19 1959	--	--	54.5 kg (120 lb 4 oz)	--	VMS

## Oxygen Therapy

Date and Time	SpO2	FiO2 (%)	O2 Device	O2 Flow Rate (L/min)	Pulse Oximetry Type	User
08/30/19 1702	98 %	--	--	--	--	JB
08/30/19 1227	96 %	--	--	--	--	EMA
08/30/19 0932	94 %	--	--	--	--	RNF
08/30/19 0616	96 %	--	--	--	--	VMS
08/29/19 2025	98 %	--	--	--	--	VMS
08/29/19 1627	96 %	--	--	--	--	JAW

## Pain Assessment

Date and Time	Currently in Pain	Numeric Pain Intensity Score 1	FACES Pain Rating	Pain Location 1	Pain Location Orientation 1	Pain Radiating Towards 1	Pain Quality 1	Pain Frequency 1	Pain Onset 1	Clinical Progression 1	Effect of Pain on Daily Activities	Patient's Stated Pain Goal	Pain Intervention (s) 1	Prior Alleviating Methods	Multiple Pain Sites	User
08/30/19 0624	--	0	--	--	--	--	--	--	--	--	--	--	--	--	--	VMS
08/29/19 2212	--	0	--	--	--	--	--	--	--	--	--	--	--	--	--	VMS
08/29/19 1959	Yes	--	--	--	head, RightLeft	--	--	Constant/continuous	Sudden	Not changed	--	--	--	--	--	VMS

## Sepsis Screening

Date and Time	Are rigors present?	Is there a suspected infection?	Mental status change?	Suspicion of Infection Sepsis Risk Score	BP	Temp	Resp	Pulse	Calculated MAP	Vitals Sepsis Risk Score	ED Sepsis Screen Total Score	User
08/29/19 1627	--	--	--	--	115/83	98 °F (36.7 °C)	21	108	93.67	2	--	JAW
08/29/19 1952	0	1	0	1	--	--	--	--	--	--	--	VMS
08/29/19 2025	0	1	0	1	103/66	97.8 °F (36.6 °C)	15	89	78.33	0	1	VMS
08/30/19 0616	--	--	--	--	105/61	98.3 °F (36.8 °C)	17	100	75.67	1	--	VMS
08/30/19 0932	--	--	--	--	99/53	--	16	120	68.33	--	--	RNF
08/30/19 1227	--	--	--	--	122/70	97.7 °F (36.5 °C)	16	99	87.33	1	--	EMA
08/30/19 1702	--	--	--	--	102/67	98 °F (36.7 °C)	12	103	78.67	1	--	JB

## TB Screen

Date and Time	Do you have active pulmonary tuberculosis?	Have you recently been exposed to someone with active tuberculosis in the last six (6) months?	Is the patient immunocompromised?	Do you have a productive cough of more than three (3) weeks duration?	Do you cough up blood?	Have you had a fever recently?	Have you been having night sweats?	Have you recently experienced any unplanned weight loss?	Tuberculosis screen score	User
08/29/19 2000	0	0	0	0	0	0	0	0	0	VMS

### Abuse Screening

Date and Time	Safe in Home	Safe in Relationship	Are you in immediate danger?	Is your partner at the health facility now?	Do you want to (or have to) go home with your partner?	Do you have someplace safe to go?	Have there been threats or direct abuse of you or children?	Are you afraid of your life may be in danger?	Has the violence gotten worse or is it getting scarier?	Has your partner used weapons, alcohol or drugs?	Has your partner ever held you or your children against your will?	Does your partner ever watch you or stalk you?	Has your partner ever threatened to kill you, him/herself or your children?	When did the abuse occur?	Do you feel you are still at risk?	Are you in contact with your ex-partner or do you share children or custody?	User
08/29/19 2006	Yes	--	No	--	--	--	--	--	--	--	--	--	--	--	--	--	VMS

### ADLs

None

### Daily Shift Assessment

Date and Time	Affect/Mood Range	Affect/Mood Display	Mood	Total Hours of Sleep	Is patient expressing feelings of hopelessness?	Delusions	Hallucinations	Eye Contact	Exhibited Behavior	Speech Content	Orientation Level	Level of Consciousness	Gait/Movement	Motor Activity	Skin Color	Skin Condition
08/30/19 1443	Other (Comment) Restricted	Appropriate	Anxious/Irritable	--	--	--	--	Good	Cooperative	Appropriate	--	--	--	--	--	--

### Suicide Risk - ED Adult

Date and Time	1. Wish to be Dead (Past Month)	2. Suicidal Thoughts (Past Month)	Patient information obtained from Patient	Referral made Notify physician/Notify psychiatry/Behavioral health consult	Other (specify)	Self Injurious Thoughts Intent without plan	Self Injurious Behaviors	Thoughts of Harming Others Without plan for harming others	Harmful Actions Toward Others None observed	User
08/29/19 2004	Yes	Yes			--		--			VMS

### Suicide Risk - ED Peds Age 6-10

Date and Time	Attempting or threatening suicide/self harm?	Intervention	Self Injurious Thoughts Intent without plan	Self Injurious Behaviors	Thoughts of Harming Others Without plan for harming others	Harmful Actions Toward Others None observed	User
08/29/19 2004	--	--		--			VMS

### Suicide Risk - ED Peds Age 11-17

Date and Time	Feeling down, depressed, or irritable, or hopeless	Little interest in doing pleasure things	PHQ2-A Score	PHQ2-A Screening Results	Trouble falling or staying asleep, or sleeping too much	Poor appetite, weight loss, or overeating	Feeling tired or having little energy	Feeling bad about yourself - or that you are a failure	Thoughts of hurting yourself in some way	PHQ-A Total Score	PHQ-A Screening Results	Severity of Depression Symptoms	Attempting or threatening suicide/self harm?	Self Injurious Thoughts

08/29/19 -- 2004	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	Intent without plan
------------------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	---------------------

**▲ Columbia Suicide Risk - ED Nurse Interventions**

Date and Time	Suicide Risk Interventions (Select appropriate Risk Level)	Notify Physician	Search all patient belongings and remove those items which are deemed hazardous to the patient	Remove personal belongings that pose a safety issue	If possible place patient in a room where there is direct line of sight for observation with staff	No curtains are to be drawn unless staff is in the room with the patient	Provide family/visitor education on patient self-harm	Observe every 15 minutes	Patient is accompanied by staff 1:1 for any off unit activities, tests, etc.	RN will stay with patient during medication administration to ensure patient has taken all medications and is not stockpiling medications for future use	Place patient in a room where 1:1 monitoring of patient is maintained at all times by trained staff	Select method of 1:1 monitoring: unit	The patient is restricted to the member	For any medically necessary transport to other departments (i.e., radiology, surgery) the patient will have 1 staff member accompany at all times	Visitors may be restricted if it is determined to be therapeutically detrimental to the patient	User	
08/30/19 0259	High Risk	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	VMS
08/30/19 0250	--	--	--	--	--	--	--	--	--	--	Yes	--	Yes	Yes	Yes	Yes	RF

**☞ Behavioral Risk Assessment**

None

**Airway**

Date and Time	Airway (WDL)	Obstructed?	Interventions to Clear Airway	User
08/29/19 2009	WDL	--	--	VMS

**Breathing**

Date and Time	Breathing (WDL)	Chest Assessment	Respiratory Pattern	L Breath Sounds	R Breath Sounds	SpO2	User
08/30/19 1702	--	--	--	--	--	98 %	JB
08/30/19 1227	--	--	--	--	--	96 %	EMA
08/30/19 0932	--	--	--	--	--	94 %	RNF
08/30/19 0616	--	--	--	--	--	96 %	VMS
08/29/19 2025	--	--	--	--	--	98 %	VMS
08/29/19 2009	WDL	--	--	--	--	--	VMS
08/29/19 1627	--	--	--	--	--	96 %	JAW

**Circulation**

Date and Time	Circulation (WDL)	L Radial Pulse	R Radial Pulse	Heart Rhythm	User
08/29/19 2009	WDL	--	--	--	VMS

**Disability**

Date and Time	Disability (WDL)	History of LOC?	History of Neurological Trauma?	Sudden Onset of Severe Headache?	L Pupil Size (mm)	R Pupil Size (mm)	L Pupil Reaction	R Pupil Reaction	User
08/29/19 2009	WDL	--	--	--	--	--	--	--	VMS

**ED Restraint/Seclusion - All Orders**

None

**Violent or Self-Destructive - Physician Face to Face Assessment**

None

**Violent or Self-Destructive Restraint - Alternatives**

None

**Violent or Self-Destructive Restraint - Assessment**

None

**Violent or Self-Destructive Restraint - Justification**

None

<b>Violent or Self Destructive Restraint - Criteria</b>
None
<b>Violent or Self-Destructive Restraint - Safety Plan</b>
None
<b>Violent or Self-Destructive Restraint - Type</b>
None
<b>Violent or Self-Destructive Restraint - Education</b>
None
<b>Violent or Self-Destructive Restraint - Discontinue Criteria</b>
None
<b>Violent or Self-Destructive Restraint - Monitoring Q15 Minutes</b>
None
<b>Violent or Self-Destructive Restraint-Monitoring Q2 Hours</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Order Data</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Alternatives</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Criteria</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Safety Plan</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Type</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Education</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Discontinue Criteria</b>
None
<b>Non-Violent or Non-Self Destructive Restraint - Monitoring Q2 Hours</b>
None
<b>Seclusion - Order Data</b>
None
<b>Seclusion - Alternatives</b>
None
<b>Seclusion - Criteria</b>
None
<b>Seclusion - Safety Plan</b>
None

**Seclusion - Status**

None

**Seclusion - Education**

None

**Seclusion - Discontinue Criteria**

None

**Seclusion - Monitoring Q15 Minutes**

None

**Seclusion - Monitoring Q2 Hours**

None

**Safety Interventions**

Date and Time	Safety Checks	Side Rails Up (Number)	Room Check	Precautions	Interventions	Visual Checks	Patient Checked for Contraband	Patient Dressed Out	The patient was placed in a safe room	Remove items to make them inaccessible to the patient	Safety door down	User
08/29/19 2004	--	--	Yes	Suicide;Depression;Self destructive	Call bell within reach	Continuous 1:1	Belongings checked;Body checked;Clothing checked;Wanded by security	--	--	--	--	VMS

**Sitter Interventions**

None

**CIWA**

Date and Time	BP	Pulse	Nausea and Vomiting	Tactile Disturbances	Tremor	Auditory Disturbances	Paroxysmal Sweats	Visual Disturbances	Anxiety	Headache, Fullness in Head	Agitation	Orientation and Clouding of Sensorium	CIWA-Ar Total	User
08/30/19 1702	102/67	103	--	--	--	--	--	--	--	--	--	--	--	JB
08/30/19 1227	122/70	99	--	--	--	--	--	--	--	--	--	--	--	EMA
08/30/19 0932	99/53	120	--	--	--	--	--	--	--	--	--	--	--	RNF
08/30/19 0616	105/61	100	--	--	--	--	--	--	--	--	--	--	--	VMS
08/29/19 2025	103/66	89	--	--	--	--	--	--	--	--	--	--	--	VMS
08/29/19 1627	115/83	108	--	--	--	--	--	--	--	--	--	--	--	JAW

**Suicide Check**

Date and Time	Room Check	Precautions	Interventions	Visual Checks	Patient Checked for Contraband	Thoughts of Harming Others	Harmful Actions Toward Others	User
08/29/19 2004	Yes	Suicide;Depression;Self destructive	Call bell within reach	Continuous 1:1	Belongings checked;Body checked;Clothing checked;Wanded by security	Without plan for harming others	None observed	VMS

**Safety**

Date and Time	Precautions	Interventions	Visual Checks	Patient Checked for Contraband	Self Injurious Thoughts	Self Injurious Behaviors	Thoughts of Harming Others	Harmful Actions Toward Others	User
08/29/19 2004	--	--	--	Belongings checked;Body checked;Clothing checked;Wanded by security	Intent without plan	--	Without plan for harming others	None observed	VMS

**Glasgow Coma Scale**

Date and Time	Eye Opening	Best Verbal Response	Best Motor Response	Glasgow Coma Scale Score	User
08/29/19 2156	4	5	6	15	VMS
08/29/19 2009	4	5	6	15	VMS

**Psychosocial**

Date and Time	Psychosocial (WDL)	Affect	Parent/Guardian/Significant Other Involvement	Parent Involvement	Psychosocial (WDL)	Patient Behaviors	Family Behaviors	Visitor Behaviors	Needs Expressed	User
08/29/19 2008	--	--	--	--	--	--	--	--	Denies	VMS
08/29/19 2006	--	--	--	--	--	--	--	--	Denies	VMS

### ED Events

Date/Time	Event	User	Comments	Last Edited
08/29/19 1457	Emergency encounter created	MAAS, ANDREW		08/29/19 1457
08/29/19 1528	Patient arrived in ED	AQUINO, CORAL D		08/29/19 1528
08/29/19 1528	Patient roomed in ED	AQUINO, CORAL D	To room 307	08/29/19 1528
08/29/19 1528	Triage Completed	BURCHETT, JIMMY		08/29/19 1528
08/29/19 1530	Triage Started	BURCHETT, JIMMY		08/29/19 1530
08/29/19 1548	Assign Mid-level	BRIDGES, ANGEL	Angel R Bridges, PA assigned as Advanced Practice Professional (APP)	08/29/19 1548
08/29/19 1548	Assign Physician	BRIDGES, ANGEL		08/29/19 1548
08/29/19 1556	Assign Attending	BRIDGES, ANGEL	Martine L Camille, MD assigned as Attending	08/29/19 1556
08/29/19 1644	Remove Attending	BRIDGES, ANGEL	Martine L Camille, MD removed as Attending	08/29/19 1644
08/29/19 1644	Assign Attending	BRIDGES, ANGEL	Kevin D Little, MD assigned as Attending	08/29/19 1644
08/29/19 1759	Registration Completed	STINSON, PEGGY V		08/29/19 1759
08/30/19 0708	Remove Nurse	SILVERMAN, VIOLENT M	Violent M Silverman, RN removed as Registered Nurse	08/30/19 0708
08/30/19 1253	Remove Nurse	NEWSOME, KIMBER	Kimberly Newsome, RN removed as Registered Nurse	08/30/19 1253

### Follow-up Information

Follow up With Your Psychiatrist	Specialties	Details In 1 day	Why for further evaluation and treatment	Contact Info
----------------------------------	-------------	------------------	--	--------------

### Discharge Instructions

None

### Discharge References/Attachments

Dehydration (Adult) (English)

### AVS Reports

Date/Time	Report	Action	User
8/30/2019 4:54 PM	AVS	Printed	Jimmy Burchett, RN

### Communication Routing History

There are no sent or routed communications associated with this encounter.


### Vitals for Transfer

Most Recent Value

E - Vitals (1 hour before transfer)	
Temp	98 °F (36.7 °C)
Heart Rate	103
Resp	12
BP	102/67
IV Fluids, Additives, Rate	—
O2 (L/min)	—
SpO2	98 %

### ED Visit Charges report

Go to ED Visit Charges



Patient: Emily Christine Reed  
 Date of Birth: 11/16/1996  
 Date of Visit: 8/29/2019

### Refusal of Medical Screening Exam

Non Emergency Recurring Patients

Complete if patient refuses medical screening exam (MSE) in the Emergency Department

BP: 102/67 Resp: 12 Heart Rate: 103 Temp: 98 °F (36.7 °C)



**Benefits of Medical Screening Exam Discussed with Patient:** You will be examined by a physician or physician extender and we will identify and treat emergency conditions.

**Risks of not receiving a Medical Screening Exam Discussed with Patient:** You may have an emergency condition that will remain undiagnosed and untreated unless you are examined. Diseases, illnesses, or injuries which are untreated may worsen and become life or limb threatening.

---

**Patient Reads and Signs the Following Section**

I am voluntarily and of my own will, refusing medical screening exam. I understand and agree to the following statements:

- I have been offered a medical screening exam which has nothing to do with my ability to pay or the status of my health insurance
- Staff of this facility have not forced, coerced, or threatened me to refuse the medical screening exam
- I understand that the medical screening exam determines the existence of an emergency medical condition
- I may have diseases, illness, or injuries which if untreated could worsen or become life or limb threatening
- I agree the above physical description of my condition is accurate to the best of my knowledge
- I can return to the facility should I desire a medical screening exam

I release the above WellStar Health System from any and all liability for any ill effects that may result from my decision to refuse the medical screening exam. It is my intention that my heirs, legal representatives, and estate will abide by this action.

<b>Signature of Patient:</b>	<b>Date/Time:</b>
<b>RN Witness:</b>	<b>Patient Sticker:</b>

8/29/2019	Event	Details	User
15:48:12	Assign Physician		Angel R Bridges, PA
15:55:56	Lab Ordered	SALICYLATE ASSAY, ACETAMINOPHEN ASSAY, TROPONIN T, POCT PREGNANCY, URINE, URINALYSIS,AUTOMATED, HEPATIC FUNCTION PANEL, CBC WITH DIFFERENTIAL	Angel R Bridges, PA
15:55:56	EKG Ordered	EKG, 12-LEAD	Angel R Bridges, PA
15:55:56	Orders Placed	CBC W/ Diff ; POC Chem8 ; Hepatic function panel ; Urinalysis, clean catch ; Mental Health Assessment-Inpatient Services ; POCT pregnancy, urine ; Troponin T ; EKG -12 Lead (Show MD STAT upon completion) ; Acetaminophen level ; Salicylate level ; sodium chloride 0.9% (NS) bolus 1,000 mL ; ondansetron (PF) (ZOFTRAN) injection 2 mg/mL	Angel R Bridges, PA
15:56	First Contact With Patient	Physician First Contact With Patient Now: Now	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	CBC W/ Diff - [838583544]	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	Hepatic function panel - [838583546]	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	Urinalysis, clean catch - [839114509]	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	Troponin T - [839114512]	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	Acetaminophen level - [839114514]	Angel R Bridges, PA
15:56:01	FCC Lab Drawn Event	Salicylate level - [839114515]	Angel R Bridges, PA
15:56:14	Assign Attending	Martine L Camille, MD assigned as Attending	Angel R Bridges, PA
15:56:25	First Contact With Patient		Angel R Bridges, PA
16:02	BH Resource Reassessment	Discharge Planning Facility/Service referred to: Ridgeview medical clearance only	Lindsey J Johnson, LCSW
16:08	Initial Assessment: Part 1	Current Legal Status Current Legal Status:                      Expiration Date: 08/29/19 Inv - 1013 Expiration Time: 1200 Patient Location Patient Location: Cobb Hospital	Lindsey J Johnson, LCSW

8/29/2019	Event	Details	User
16:27	<b>Vitals Reassessment</b>	<b>Vital Signs</b> Automatic Restart Vitals Timer: Yes Heart Rate: 108 Heart Rate Source: Left Resp: 21 Respiration Source: visual BP: 115/83 Calculated MAP: 93.67 BP Location: Left arm Orthostatic BP?: No Patient Position: Sitting Temp: 98 °F (36.7 °C) Temp src: Oral <b>Oxygen Therapy</b> SpO2: 96 % <b>Vitals Sepsis Score</b> Vitals Sepsis Risk Score: 2	Jill A Williams, CNA
16:27	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7	Jill A Williams, CNA
16:40	<b>Medication New Bag</b>	sodium chloride 0.9% (NS) bolus 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Scheduled Time: 1600	Jimmy Burchett, RN
16:40	<b>Medication Given</b>	ondansetron (PF) (ZOFTRAN) injection 2 mg/mL - Dose: 4 mg ; Route: Intravenous ; Scheduled Time: 1600	Jimmy Burchett, RN
16:40:58	<b>Lab Ordered</b>	PREGNANCY TEST, MAGNESIUM BLOOD, LAMOTRIGINE (LAMICTAL), SERUM	Angel R Bridges, PA
16:40:58	<b>CT Ordered</b>	CT HEAD W/O CONTRAST	Angel R Bridges, PA
16:40:58	<b>Imaging Exam Ordered</b>		Angel R Bridges, PA
16:40:58	<b>Orders Placed</b>	Lamotrigine level ; Magnesium ; sodium chloride 0.9% (NS) bolus 1,000 mL ; CT head without contrast ; Pregnancy Test	Angel R Bridges, PA
16:41:02	<b>FCC Lab Drawn Event</b>	Lamotrigine level - [839114521]	Angel R Bridges, PA
16:41:02	<b>FCC Lab Drawn Event</b>	Magnesium - [839114522]	Angel R Bridges, PA
16:41:02	<b>FCC CT/US/MRI/IVP Event</b>	CT head without contrast - [839114523] - WITHOUT CONTRAST	Angel R Bridges, PA
16:41:02	<b>FCC Lab Drawn Event</b>	Pregnancy Test - [839114524]	Angel R Bridges, PA
16:44:20	<b>Remove Attending</b>	Martine L Camille, MD removed as Attending	Angel R Bridges, PA
16:44:24	<b>Assign Attending</b>	Kevin D Little, MD assigned as Attending	Angel R Bridges, PA
16:45	<b>Complete for CBC W/ Diff Completed</b>	CBC W/ Diff - Type: Blood ; Source: Blood	Jimmy Burchett, RN
16:45	<b>Complete for Hepatic function panel Completed</b>	Hepatic function panel - Type: Blood ; Source: Serum	Jimmy Burchett, RN
16:45	<b>Complete for Troponin T Completed</b>	Troponin T - Type: Blood ; Source: Serum	Jimmy Burchett, RN
16:45	<b>Print Label CBC W/ Diff Completed</b>	CBC W/ Diff - Type: Blood ; Source: Blood	Jimmy Burchett, RN

8/29/2019	Event	Details	User
16:45	Print Label Hepatic function panel Completed	Hepatic function panel - Type: Blood ; Source: Serum	Jimmy Burchett, RN
16:45	Print Label Troponin T Completed	Troponin T - Type: Blood ; Source: Serum	Jimmy Burchett, RN
16:53	EKG Completed	EKG -12 Lead (Show MD STAT upon completion) - [839114513]	Jill A Williams, CNA
16:54:39	POC BMP iStat Resulted	Abnormal Result Collected: 8/29/2019 16:51 Last updated: 8/29/2019 16:55 Status: Final result POC-SODIUM: 140 mmol/L [Ref Range: 136 - 145] → POC-POTASSIUM: 3.4 mmol/L [Ref Range: 3.5 - 5.1] (HEMOLYSIS, IF PRESENT, MAY AFFECT RESULTS) POC-CHLORIDE: 106 mmol/L [Ref Range: 95 - 110] POC-GLUCOSE: 80 mg/dL [Ref Range: 70 - 99] POC-BUN: 10 mg/dL [Ref Range: 7 - 21] → POC-IONIZED CALCIUM: 1.00 mmol/L [Ref Range: 1.09 - 1.29] POC-CO2: 25 mmol/L [Ref Range: 20 - 28] → POC-AGAP: 14 [Ref Range: 15 - 23] POC HEMATOCRIT: 39 % [Ref Range: 33 - 51] POC-OPERATOR'S ID: 55801 POC-CREATININE: 0.6 mg/dL [Ref Range: 0.44 - 1.03] POC-GFR NON AFRIC AMER: >90 ml/min/1.73 m2 [Ref Range: >59] POC-GFR AFRICAN AMER: >90 ml/min/1.73 m2 [Ref Range: >59]	Interface, Lab In Sunquest
17:00:13	Orders Completed	EKG -12 Lead (Show MD STAT upon completion)	Jill A Williams, CNA
17:00:13	Complete EKG -12 Lead (Show MD STAT upon completion) Completed	EKG -12 Lead (Show MD STAT upon completion)	Jill A Williams, CNA
17:03:31	Lab Ordered	PREGNANCY TEST	Angel R Bridges, PA
17:03:31	Orders Discontinued	Pregnancy Test	Angel R Bridges, PA
17:03:31	Orders Modified	Pregnancy Test (Comment: Modified from Pregnancy Test)	Angel R Bridges, PA
17:03:31	Complete for Pregnancy Test Discontinued	Pregnancy Test	Angel R Bridges, PA
17:03:31	Print Label Pregnancy Test Discontinued	Pregnancy Test	Angel R Bridges, PA
17:03:36	FCC Lab Drawn Event	Pregnancy Test - [839114528]	Angel R Bridges, PA
17:09:49	XR Ordered	XR TOE LEFT	Angel R Bridges, PA
17:09:49	Imaging Exam Ordered		Angel R Bridges, PA
17:09:49	Orders Placed	X-ray toe left	Angel R Bridges, PA

8/29/2019	Event	Details	User
17:09:52	FCC X-ray Event	X-ray toe left - [839114530]	Angel R Bridges, PA
17:14:09	POC Chem8 Completed	POC Chem8	Jimmy Burchett, RN
17:14:44	Lab Ordered	LACTIC ACID ASSAY, CK	Angel R Bridges, PA
17:14:44	Orders Placed	CK ; POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid ; Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician ; If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician	Angel R Bridges, PA
17:14:47	FCC Lab Drawn Event	CK - [839114535]	Angel R Bridges, PA
17:14:47	FCC Lab Drawn Event	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician - [839114537] - If initial lactic acid is <2.0 may cancel after consult with ED physician.	Angel R Bridges, PA
17:14:47	FCC Lab Drawn Event	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician - [839114538] - If initial lactic acid is <2.0 may cancel after consult with ED physician.	Angel R Bridges, PA
17:23	Medication New Bag	sodium chloride 0.9% (NS) bolus 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Scheduled Time: 1645	Jimmy Burchett, RN
17:23:34	Orders Acknowledged	New - POC Chem8	Jimmy Burchett, RN
17:23:41	Orders Acknowledged	New - EKG -12 Lead (Show MD STAT upon completion)	Jimmy Burchett, RN
17:23:58	CBC W/ Diff Resulted	<p>Abnormal Result</p> <p>Collected: 8/29/2019 16:45</p> <p>Last updated: 8/29/2019 17:24</p> <p>Status: Final result</p> <p>WBC COUNT: 7.4 10E9/L [Ref Range: 3.5 - 10.5]</p> <p>RBC Count: 4.19 10E12/L [Ref Range: 3.90 - 5.03]</p> <p>HGB: 13.0 g/dL [Ref Range: 12.0 - 15.5]</p> <p>Hematocrit: 39 % [Ref Range: 35 - 45]</p> <p>MCV: 93 fL [Ref Range: 82 - 98]</p> <p>MCH: 31 pg [Ref Range: 26 - 34]</p> <p>MCHC: 33 g/dL [Ref Range: 32 - 36]</p> <p>RDW: 13.1 % [Ref Range: 11.9 - 15.5]</p> <p>PLATELET: 226 10E9/L [Ref Range: 150 - 450]</p> <p>MPV: 9.5 fL [Ref Range: 9.4 - 12.3]</p> <p>% Immature Granulocytes: 0</p> <p>% NEUTROPHILS: 62 %</p> <p>% Lymphs: 28 %</p> <p>% Monos: 10 %</p> <p>% EOS: 0 %</p> <p>% BASOS: 0 %</p> <p>Absolute Immature Granulocytes: &lt;0.1 10E9/L [Ref Range: 0.0 - 0.1]</p> <p>Absolute Neutrophils: 4.6 10E9/L [Ref Range: 1.7 - 7.0]</p> <p>Absolute Lymphs: 2.1 10E9/L [Ref Range: 1.5 - 4.0]</p> <p>Absolute Monos: 0.7 10E9/L [Ref Range: 0.3 - 0.9]</p> <p>Absolute EOS: &lt;0.1 10E9/L [Ref Range: 0.1 - 0.5]</p> <p>Absolute Baso: &lt;0.1 10E9/L [Ref Range: 0.0 - 0.3]</p>	Interface, Lab In Sunquest

8/29/2019	Event	Details	User
17:24:08	Lab Resulted	(Final result) CBC WITH DIFFERENTIAL	Interface, Lab In Sunquest
17:28:49	Lab Ordered	MAGNESIUM BLOOD	Interface, Lab In Sunquest
17:29:20	Orders Discontinued	Magnesium ; Magnesium	Interface, Lab In Sunquest
17:29:20	Complete for Magnesium Discontinued	Magnesium	Interface, Lab In Sunquest
17:29:20	Print Label Magnesium Discontinued	Magnesium	Interface, Lab In Sunquest
17:34	Complete for Acetaminophen level Completed	Acetaminophen level - Type: Blood ; Source: Serum	Jimmy Burchett, RN
17:34	Complete for Salicylate level Completed	Salicylate level - Type: Blood ; Source: Serum	Jimmy Burchett, RN
17:34	Print Label Acetaminophen level Completed	Acetaminophen level - Type: Blood ; Source: Serum	Jimmy Burchett, RN
17:34	Print Label Salicylate level Completed	Salicylate level - Type: Blood ; Source: Serum	Jimmy Burchett, RN
17:45	Complete for Lamotrigine level Completed	Lamotrigine level - Type: Blood ; Source: Blood	Jimmy Burchett, RN
17:45	Print Label Lamotrigine level Completed	Lamotrigine level - Type: Blood ; Source: Blood	Jimmy Burchett, RN
17:46	Medication Stopped	sodium chloride 0.9% (NS) bolus 1,000 mL - Route: Intravenous ; Scheduled Time: 1746	Jimmy Burchett, RN
17:49:29	Lab Ordered	RAPID TOX SCREEN, URINE	Angel R Bridges, PA
17:49:29	Orders Placed	Rapid drug screen, urine	Angel R Bridges, PA
17:49:31	FCC Lab Drawn Event	Rapid drug screen, urine - [839114543]	Angel R Bridges, PA
17:50:42	Pregnancy Test Resulted	Collected: 8/29/2019 16:45 Last updated: 8/29/2019 17:50 Status: Final result PREGNANCY TEST: <b>NEGATIVE</b> [Ref Range: NEGATIVE] ( INTERPRETATION: NEG: < OR = 10 mIUhCG/mL POS: > OR = 25 mIUhCG/mL )	Interface, Lab In Sunquest
17:50:51	Lab Resulted	(Final result) PREGNANCY TEST	Interface, Lab In Sunquest

8/29/2019	Event	Details	User
17:55	Complete for Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician Completed	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician - Type: Blood ; Source: Plasma	Violent M Silverman, RN
17:55	Print Label Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician Completed	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician - Type: Blood ; Source: Plasma	Jimmy Burchett, RN
17:59:28	Registration Completed		Peggy Stinson V
17:59:28	CareEverywhere Autoquery		Peggy Stinson V
18:00:03	CK Resulted	Abnormal Result Collected: 8/29/2019 16:45 Last updated: 8/29/2019 18:00 Status: Final result CK: 704 IU/L [Ref Range: 26 - 192]	Interface, Lab In Sunquest
18:00:03	Magnesium, Bld Resulted	Collected: 8/29/2019 16:45 Last updated: 8/29/2019 18:00 Status: Final result Magnesium: 1.9 mg/dL [Ref Range: 1.6 - 2.6]	Interface, Lab In Sunquest
18:00:13	Lab Resulted	(Final result) CK	Interface, Lab In Sunquest
18:00:14	Lab Resulted	(Final result) MAGNESIUM BLOOD	Interface, Lab In Sunquest
18:00:37	Orders Completed	If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician	Jimmy Burchett, RN
18:00:37	If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician Completed	If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician	Jimmy Burchett, RN
18:11:29	Imaging Exam Started	X-ray toe left	Phenicia Prewitt, ARRT

8/29/2019	Event	Details	User
18:38:06	Lab Resulted	(Final result) ACETAMINOPHEN ASSAY	Interface, Lab In Sunquest
18:42:31	Orders Placed	PO challenge	Angel R Bridges, PA
18:56:55	Imaging Exam Ended	X-ray toe left	Phenicia Prewitt, ARRT
19:02:36	X-ray toe left Resulted	Collected: 8/29/2019 19:01 Last updated: 8/29/2019 19:03 Status: Final result No components filed	Interface, Rad Powerscribe
19:03:45	Imaging Final Result	X-ray toe left	Interface, Rad Powerscribe
19:03:45	Xray Final Result	(Final result) XR TOE LEFT	Interface, Rad Powerscribe
19:07:59	Orders Placed	clindamycin (CLEOCIN) capsule	Angel R Bridges, PA
19:20:49	Orders Placed	sodium chloride 0.9% (NS) bolus 1,000 mL	Angel R Bridges, PA
19:23:42	Assign Nurse	Violent M Silverman, RN assigned as Registered Nurse	Violent M Silverman, RN
19:43:04	Orders Discontinued	POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid ; POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid	Violent M Silverman, RN
19:43:04	POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid Discontinued	POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid	Violent M Silverman, RN
19:43:05	Orders Discontinued	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician ; Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician	Violent M Silverman, RN
19:43:05	Print Label Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician Discontinued	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician	Violent M Silverman, RN
19:43:09	Orders Acknowledged	Discontinued - POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid ; Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician	Violent M Silverman, RN



8/29/2019	Event	Details	User
19:44:14	<b>Orders Acknowledged</b>	New - CBC W/ Diff ; Hepatic function panel ; Urinalysis, clean catch ; Mental Health Assessment-Inpatient Services ; POCT pregnancy, urine ; Troponin T ; Acetaminophen level ; Salicylate level ; sodium chloride 0.9% (NS) bolus 1,000 mL ; ondansetron (PF) (ZOFTRAN) injection 2 mg/mL ; Lamotrigine level ; Magnesium ; sodium chloride 0.9% (NS) bolus 1,000 mL ; CT head without contrast ; Pregnancy Test ; X-ray toe left ; CK ; POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid ; Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician ; If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician ; Rapid drug screen, urine ; PO challenge ; clindamycin (CLEOCIN) capsule ; sodium chloride 0.9% (NS) bolus 1,000 mL	Violent M Silverman, RN
19:44:19	<b>Orders Acknowledged</b>	Modified - Pregnancy Test (Comment: Modified from Pregnancy Test)	Violent M Silverman, RN
19:45:43	<b>Orders Discontinued</b>	POCT pregnancy, urine ; POCT pregnancy, urine	Violent M Silverman, RN
19:45:49	<b>Orders Acknowledged</b>	Discontinued - POCT pregnancy, urine	Violent M Silverman, RN
19:52	<b>Suspicion of Infection</b>	<b>Suspicion for infection or exposure?</b> Are rigors present?: No Mental status change?: No Is there a suspected infection?: Yes Suspicion of Infection Sepsis Risk Score: 1	Violent M Silverman, RN
19:52:57	<b>Risk for Sepsis Identified</b>		Violent M Silverman, RN
19:53	<b>Medication Stopped</b>	sodium chloride 0.9% (NS) bolus 1,000 mL - Route: Intravenous ; Scheduled Time: 1953	Violent M Silverman, RN
19:53	<b>Intake/Output</b>	sodium chloride 0.9% (NS) bolus 1,000 mL Bolus Volume (mL): 1000	Violent M Silverman, RN
19:58	<b>Pre-Arrival Documentation</b>	Travel outside the U.S. Has the patient or a household member traveled outside the U.S. in the past 21 days?: No	Violent M Silverman, RN
19:59	<b>Allergies Reviewed</b>		Violent M Silverman, RN
19:59	<b>Height/Weight</b>	Weight Weight: 54.5 kg (120 lb 4 oz)	Violent M Silverman, RN

8/29/2019	Event	Details	User
19:59	Pain Assessment	<b>Pain Timer</b> Restart Pain Timer: Yes      Pain Reassessment after Intervention Complete: Yes  <b>Pain Assessment</b> Currently in Pain: Yes      Which Pain Assessment Tool?: Numeric (0-10)  <b>Numeric Pain Intensity Scale</b> Pain Onset 1: Sudden      Pain Location 1: (head, elbow, throat, legs, face )  Pain Location Orientation 1: Right; Left      Pain Type 1: Acute pain  Pain Frequency 1: Constant/continuous      Clinical Progression 1: Not changed  <b>Pain Assessment History</b> Previous experiences with pain?: No      History of Chronic Pain?: No	Violent M Silverman, RN
19:59	Anthropometrics	<b>Anthropometrics</b> Weight Change: 0	Violent M Silverman, RN
19:59	Custom Formula Data	<b>Vitals</b> Pct Wt Change: 0 % <b>Other flowsheet entries</b> Weight Change (kg): 0 kg      Visit Weight: 120 lb Weight/Scale Event: 0      % Weight Change Since Birth: 0	Violent M Silverman, RN
20:00	TB Screen	<b>Tuberculosis Screen</b> Do you have active pulmonary tuberculosis?: No      Have you recently been exposed to someone with active tuberculosis in the last six (6) months?: No  Is the patient immunocompromised?: No      Do you have a productive cough of more than three (3) weeks duration?: No  Do you cough up blood?: No      Have you had a fever recently?: No  Have you been having night sweats?: No      Have you recently experienced any unplanned weight loss?: No  Tuberculosis screen score : 0	Violent M Silverman, RN
20:03	ED Fall Risk	<b>Green Risk: Any patient presenting to the ED.</b> Have the Green Environment of Care strategies been implemented? (click row info for more details): Yes  <b>Yellow Risk: ED Patients who present with or develop any of the following:</b> Are any of the following Yellow criteria present?: Muscle weakness <b>Implementation for Yellow Fall Risk</b> Have you implemented all of the Yellow Risk strategies in addition to the Green Risk strategies?: Yes	Violent M Silverman, RN

8/29/2019	Event	Details	User
20:03:15	History Reviewed	Sections reviewed - Medical, Surgical, Tobacco, Alcohol, Drug Use, Sexual Activity, Family	Violent M Silverman, RN
20:04	Secondary Triage Complete	Information Source Information Provided By:: Patient Secondary Triage Complete Secondary Triage Complete: Secondary Triage Complete	Violent M Silverman, RN
20:04	Adult Suicide Risk	<div> <div>Suicide/Harm Risk</div> <div> 1. Wish to be Dead (Past Month): Yes 2. Suicidal Thoughts (Past Month): Yes </div> <div> Patient information obtained from: Patient Referral made: Notify physician; Notify psychiatry; Behavioral health consult </div> <div> Safety Room Check: Yes Precautions: Suicide; Depression; Self destructive </div> <div> Interventions: Call bell within reach Visual Checks: Continuous 1:1 </div> <div> Patient Checked for Contraband: Belongings checked; Body checked; Clothing checked; Wanded by security Self Injurious Thoughts: Intent without plan </div> <div> Thoughts of Harming Others: Without plan for harming others Harmful Actions Toward Others: None observed </div> <div> Safe Room Guidelines The patient was placed in: a safe room </div> </div>	Violent M Silverman, RN
20:04:05	Secondary Triage Complete		Violent M Silverman, RN
20:06	Abuse Indicators	<div> Abuse Screening Safe in Home: Yes Do you feel threatened or unsafe in a relationship?: No </div> <div> Are you in immediate danger?: No </div> <div> Abuse Suspected Suspected Victim Of:: None Suspected </div>	Violent M Silverman, RN
20:06	Psychosocial Needs	Psychosocial Needs Expressed: Denies Primary Language Primary Language Spoken by Patient?: English	Violent M Silverman, RN
20:08	Psychosocial	Psychosocial Psychosocial (WDL): Within Defined Limits Needs Expressed: Denies	Violent M Silverman, RN

8/29/2019	Event	Details	User
20:09	<b>Focused Assessment</b>	<b>Airway</b> Airway (WDL): Within Defined Limits <b>Breathing</b> Breathing (WDL): Within Defined Limits <b>Circulation</b> Circulation (WDL): Within Defined Limits <b>Disability</b> Disability (WDL): Within Defined Limits      Level of Consciousness: Alert Eye Opening: Spontaneous      Best Verbal Response: Oriented Best Motor Response: Obeys commands      Glasgow Coma Scale Score: 15	Violent M Silverman, RN
20:10	<b>Medication Given</b>	clindamycin (CLEOCIN) capsule - Dose: 300 mg ; Route: Oral ; Scheduled Time: 1915	Violent M Silverman, RN
20:12	<b>Medication New Bag</b>	sodium chloride 0.9% (NS) bolus 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Scheduled Time: 1930	Violent M Silverman, RN
20:16:28	<b>Orders Completed</b>	PO challenge	Violent M Silverman, RN
20:16:28	<b>PO challenge Completed</b>	PO challenge	Violent M Silverman, RN
20:25:19	<b>ED Sepsis Screen</b>	Suspicion for infection or exposure? Are rigors present?: No      Is there a suspected infection?: Yes Mental status change?: No      Suspicion of Infection Sepsis Risk Score: 1 ED Severe Sepsis Risk Score ED Sepsis Screen Total Score: 1	Violent M Silverman, RN
20:25:19	<b>ED Sepsis Screen</b>	Vital sign parameters Calculated MAP: 78.33	Violent M Silverman, RN
20:25:19	<b>Vital Signs</b>	Vital Signs Temp: 97.8 °F (36.6 °C)      Heart Rate: 89 (Device Time: 20:25:19) (Device Time: 20:25:19) Resp: 15 (Device Time: 20:25:19)      BP: 103/66 (Device Time: 20:25:19) Oxygen Therapy SpO2: 98 % (Device Time: 20:25:19)	Violent M Silverman, RN
20:25:19	<b>Vital Signs</b>	Vital Signs Automatic Restart Vitals Timer: Yes	Violent M Silverman, RN
20:25:19	<b>Custom Formula Data</b>	Other flowsheet entries Vitals Sepsis Risk Score: 0	Violent M Silverman, RN
21:04:19	<b>ED Notes</b>	Family at BS. Pt aware of the need of urine sample. Unable to give urine sample at this time. Sitter presents in view. Violent M Silverman, RN 08/29/19 2105	Violent M Silverman, RN

8/29/2019	Event	Details	User
21:12:20	Orders Placed	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment	Peter J Hairston, PA
21:12:48	Orders Acknowledged	New - neomycin-bacitracin-polymyxin (NEOSPORIN) ointment	Violent M Silverman, RN
21:18:30	Orders Modified	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment (Comment: Modified from neomycin-bacitracin-polymyxin (NEOSPORIN) ointment)	Peter J Hairston, PA
21:18:38	Orders Acknowledged	Modified - neomycin-bacitracin-polymyxin (NEOSPORIN) ointment (Comment: Modified from neomycin-bacitracin-polymyxin (NEOSPORIN) ointment)	Violent M Silverman, RN
21:56	GCS	Glasgow Coma Scale Eye Opening: Spontaneous      Best Verbal Response: Oriented Best Motor Response: Obeys      Glasgow Coma Scale Score: 15 commands	Violent M Silverman, RN
21:56:39	ED Notes Addendum	Updated given to Kwaku from Poison control. His recommendations are continue monitor pt. Recheck CK too see if its trending down. Might be beneficial with benadryl to help with dystonia if provider thinks its appropriate.  Violent M Silverman, RN 08/29/19 2158  Violent M Silverman, RN 08/29/19 2212	Violent M Silverman, RN
21:57	Print Label Rapid drug screen, urine Completed	Rapid drug screen, urine - Type: Urine ; Source: Urine	Violent M Silverman, RN
21:57	Print Label Urinalysis, clean catch Completed	Urinalysis, clean catch - Type: Urine ; Source: Urine	Violent M Silverman, RN
22:08	Medication Stopped	sodium chloride 0.9% (NS) bolus 1,000 mL - Route: Intravenous ; Scheduled Time: 2208	Violent M Silverman, RN
22:08	Intake/Output	sodium chloride 0.9% (NS) bolus 1,000 mL Bolus Volume (mL): 1000	Violent M Silverman, RN
22:08:12	Urinalysis, clean catch Completed	Urinalysis, clean catch	Violent M Silverman, RN
22:08:15	Rapid drug screen, urine Completed	Rapid drug screen, urine	Violent M Silverman, RN
22:12	Pain Reassessment	Pain Timer Restart Pain Timer: Yes      Pain Reassessment after Intervention Complete: Yes  Pain Reassessment Which Pain Reassessment Tool?: Numeric (0-10)      Numeric Pain Intensity Score 1: 0 Patient's Stated Pain Goal: 0 (No Pain)	Violent M Silverman, RN

8/29/2019	Event	Details	User
22:37:49	Urinalysis, clean catch Resulted	<b>Abnormal Result</b> Collected: 8/29/2019 21:57 Last updated: 8/29/2019 22:38 Status: Final result URINE COLOR: <b>☞STRAW</b> [Ref Range: YELLOW] URINE APPEARANCE: <b>CLEAR</b> [Ref Range: CLEAR] URINE SPEC GRAVITY: <b>1.013</b> [Ref Range: 1.001 - 1.040] Urine pH: <b>6.0</b> [Ref Range: 5.0 - 8.0] Urine Protein: <b>NEGATIVE</b> [Ref Range: NEGATIVE] URINE GLUCOSE,Iris: <b>NEGATIVE</b> [Ref Range: NEGATIVE] URINE KETONES: <b>☞1+</b> [Ref Range: NEGATIVE] URINE BILIRUBIN: <b>NEGATIVE</b> [Ref Range: NEGATIVE] URINE BLOOD: <b>☞2+</b> [Ref Range: NEGATIVE] URINE NITRITES: <b>NEGATIVE</b> [Ref Range: NEGATIVE] URINE LEUK ESTERASE: <b>NEGATIVE</b> [Ref Range: NEGATIVE] URINE PRESERVATIVE: <b>NO</b> URINE RBC: <b>☞2 /HPF</b> [Ref Range: 0 - 1] URINE WBC: <b>2 /HPF</b> [Ref Range: 0 - 5] URINE BACTERIA: <b>☞OCCASIONAL</b> [Ref Range: NONE SEEN] URINE SQUAMOUS EPI CELLS: <b>&lt;1 /HPF</b> [Ref Range: 0 - 3]	Interface, Lab In Sunquest
22:38:01	Lab Resulted	(Final result) URINALYSIS,AUTOMATED	Interface, Lab In Sunquest
22:52	Medication Given	clindamycin (CLEOCIN) capsule - Dose: 300 mg ; Route: Oral ; Scheduled Time: 2100	Kimberly Stastny, RN
22:56:53	Rapid drug screen, urine Resulted	Collected: 8/29/2019 21:57 Last updated: 8/29/2019 22:57 Status: Final result DRUGS SCREENED FOR:: <b>RESULT:</b> Oxycodone: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] AMPHETAMINES,U: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] BARBITURATES,U: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] BENZODIAZAPINES: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] Cocaine, Ur: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] Methadone,U: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] Opiates,U: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] PHENCYCLIDINE,U: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] THC: <b>NOT DETECTED</b> [Ref Range: NOT DETECTED] URINE TOX COMMENT: <b>SEE COMMENT (UNCONFIRMED SCREENING RESULTS SHOULD NOT BE USED FOR NON MEDICAL PURPOSES.</b>  DRUGS SCREENED:      DETECTION THRESHOLD: AMPHETAMINES:      1000 ng/mL BARBITURATES:      200 ng/mL BENZODIAZEPINES:      300 ng/mL COCAINE:      300 ng/mL METHADONE:      300 ng/mL OPIATES:      300 ng/mL PHENCYCLIDINE:      25 ng/mL THC:      50 ng/mL OXYCODONE:      100 ng/mL )	Interface, Lab In Sunquest
22:57:03	Lab Resulted	(Final result) RAPID TOX SCREEN,URINE	Interface, Lab In Sunquest

8/29/2019	Event	Details	User
23:12	Medication Given	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment - Dose: 2.7 g ; Route: Topical ; Scheduled Time: 2130	Violent M Silverman, RN
23:25:32	ED Notes	Wound clean and sterile dressing applied to both elbows.  Violent M Silverman, RN 08/29/19 2326	Violent M Silverman, RN
23:26:19	ED Notes	Patient/family updated on plan of care.  Violent M Silverman, RN 08/29/19 2326	Violent M Silverman, RN
23:36:18	Lab Ordered	CK	Peter J Hairston, PA
23:36:18	Orders Placed	CK	Peter J Hairston, PA
23:36:21	FCC Lab Drawn Event	CK - [839114551]	Peter J Hairston, PA
8/30/2019	Event	Details	User
00:10:08	Orders Placed	benztropine (COGENTIN) tablet	Peter J Hairston, PA
00:21:48	Orders Acknowledged	New - CK ; benztropine (COGENTIN) tablet	Violent M Silverman, RN
00:23	Medication Hold	benztropine (COGENTIN) tablet - Dose: 0 mg ; Route: Oral ; Reason: Other ; Scheduled Time: 0015 ; Comment: hold per PA.	Violent M Silverman, RN
00:49:52	ED Provider Notes	Note filed at this time	Angel R Bridges, PA; Cosigned by Martine L Camille, MD
01:50	Complete for CK Completed	CK - Type: Blood ; Source: Serum	Violent M Silverman, RN
01:50	Print Label CK Completed	CK - Type: Blood ; Source: Serum	Violent M Silverman, RN
02:32:22	CK Resulted	Abnormal Result Collected: 8/30/2019 01:50 Last updated: 8/30/2019 02:32 Status: Final result CK: 492 IU/L [Ref Range: 26 - 192] (SPECIMEN SLIGHTLY HEMOLYZED. HEMOLYSIS MAY AFFECT RESULTS)	Interface, Lab In Sunquest
02:32:34	Lab Resulted	(Final result) CK	Interface, Lab In Sunquest
02:35:18	ED Notes	MHE in progress at BS. Mom at BS. Sitter presents in view.  Violent M Silverman, RN 08/30/19 0235	Violent M Silverman, RN

8/30/2019	Event	Details	User
02:50	Suicide Risk	<p><b>Columbia-Suicide Severity Rating Scale: C-SSRS</b></p> <p>1. Wish to be Dead (Past Month): <b>No</b></p> <p>2. Suicidal Thoughts (Past Month): <b>Yes</b></p> <p>3. Suicidal Thoughts with Method Without Specific Plan or Intent to Act (Past Month): <b>Yes</b></p> <p>4. Suicidal Intent Without Specific Plan (Past Month): <b>No</b></p> <p>5. Suicide Intent with Specific Plan (Past Month): <b>Yes</b></p> <p>6. Suicide Behavior Question (Lifetime): <b>Yes</b></p> <p>If Yes to Question 6 Ask: Were any of these in the ____? : <b>Past 4 Weeks</b></p> <p>CSSRS Score Calculator: <b>21</b></p> <p><b>C-SSRS Suicide Risk: High Risk for Suicide</b></p> <p><b>Suicide Risk Interventions</b></p> <p>Suicide Risk Interventions: <b>High Risk</b></p> <p><b>High Risk Interventions</b></p> <p>Place patient in a room where 1:1 monitoring of patient is maintained at all times by trained staff: <b>Yes</b></p> <p>The patient is restricted to the unit: <b>Yes</b></p> <p>For any medically necessary transport to other departments (i.e., radiology, surgery) the patient will have 1 staff member accompany at all times: <b>Yes</b></p> <p>Visitors may be restricted if it is determined to be therapeutically detrimental to the patient: <b>Yes</b></p> <p><b>Non-Suicidal Self-Injurious Behavior</b></p> <p>Self-Injurious Behaviors: <b>No</b></p> <p><b>Risk of Harm to Others</b></p> <p>Risk of Harm to Others: <b>No</b></p>	Rokhaya Fall, MSW



8/30/2019	Event	Details	User
02:52	<b>Initial Assessment: Part 1</b>	<b>Current Legal Status</b> Current Legal Status: Inv - 1014    Expiration Date: 10/05/19 Expiration Time: 1627 <b>Patient Location</b> Patient Location: Cobb Hospital <b>Chief Complaint</b> Presenting Symptoms: <b>Feeling irritable</b> Current Stressors: <b>Social/Cultural Problems</b> History/Current Suicidal Behavior: <b>Patient denies</b> History/Current Homicidal Behavior: <b>Patient denies</b> Describe Access to Weapons: <b>Patient denies</b> Describe Current/Previous Violent Episode of Behavior: <b>Patient denies</b> <b>Mental Status Exam</b> Mood: <b>Normal (Euthymic)</b> Affect: <b>Congruent</b> Behavior: <b>Cooperative</b> Judgement: <b>Appropriate</b> Speech: <b>Clear</b> Insight: <b>Good</b> Thought Processes: <b>Lucid</b> Motivation for Treatment: <b>High</b> Memory: <b>Intermittent</b> Orientation: <b>Fully Oriented x 3</b> <b>Sleep, Appetite, Personal Issues &amp; Activities of Daily Living</b> Current Sleep Pattern: <b>Normal</b> Sleep Issues Impact on Quality of Life: <b>Not at all</b> Recent Weight Gain/Loss: <b>No</b> Problems Completing ADL's: <b>Paying Bills; Making Decisions About Money</b> Ever had a concussion or head injury?: <b>No</b> Recently traveled out of country?: <b>No</b> Concern selecting safe sex partner?: <b>No</b> History of Addictive Behavior: <b>Patient denies</b> <b>Psychiatric History</b> Previous Psychotherapy/Counseling: <b>Yes</b> Previous Psychiatric Hospitalizations: <b>Yes</b> Previous Diagnosis: <b>Yes</b>	Rokhaya Fall, MSW
02:57:41	<b>Columbia Suicide Risk Documented</b>		Violent M Silverman, RN
02:59	<b>Columbia Suicide High Risk Level and Interventions</b>	<b>Suicide Risk Interventions (Select appropriate Risk Level)</b> Suicide Risk Interventions (Select appropriate Risk Level): <b>High Risk</b>	Violent M Silverman, RN

8/30/2019	Event	Details	User
02:59	<b>Initial</b>	<b>History of Substance Abuse &amp; Treatment</b>	Rokhaya Fall,
	<b>Assessment: Part</b>	History of alcohol or subst	MSW
	<b>2</b>	abuse/use?: No	
		<b>Alcohol Abuse Details</b>	
		Alcohol: No	
		<b>Benzodiazapines Abuse Details</b>	
		Benzodiazapines: No	
		<b>Cocaine Abuse Details</b>	
		Cocaine: No	
		<b>Inhalant Abuse Details</b>	
		Inhalant: No	
		<b>Marijuana Abuse Details</b>	
		Marijuana: No	
		<b>Methamphetamines Abuse Details</b>	
		Methamphetamines: No	
		<b>Opiates Abuse Details</b>	
		Opiates: No	
		<b>Heroin Abuse Details</b>	
		Heroin: No	
		<b>Other Abuse Details</b>	
		Other Substance (See	
		Comments): No	

8/30/2019	Event	Details	User
02:59	<b>Initial Assessment: Part 3</b>	<b>History of Abuse/Violence/Psychological Trauma</b> Perpetrator: (Patient denies)      Victim: Sexual; Trauma; PTSD Agency Involvement/notification: None <b>Social/Family History</b> Current Living Situation:      Primary Childhood Caregivers: Family      Biological Parent(s) Living Situation of      Family History of Mental Illness: Children/Who is caring for      Patient denies them now?: Patient denies Family History of Substance Abuse: Patient denies <b>Education/Work History</b> Highest Level of Education      Childhood Problem: Learning Completed: High School Graduate/GED Current Employment Status:      Type of Work/Disability: Patient Unemployed      is currently on disability How long since last employed: Patient has never been employed <b>Military History</b> Branch: None      Combat Experience: No <b>Legal History</b> Legal Issue: (Patient denies)      History of Jail/Prison time: (Patient denies) Name of Probation/Parole      Length of current Officer: (Patient denies)      probation/parole: (Patient denies) Pending legal issues: (Patient denies) <b>Suicide Risk Formulation</b> Suicidal and Self-injurious      Check the Most Severe in the Behavior in the Past 3 Months:      Past Month: Suicidal thoughts Actual suicide attempt Activating Events (Recent):      Treatment History: Previous Current or pending isolation      psychiatric diagnoses and or feeling alone; Recent loss      treatments (es) or other significant negative event(s): Please Describe below (ie. legal, financial, relationship, etc.) Clinical Status (Recent):      **Protective Factors (Recent)**: Agitation or severe anxiety      Identifies reasons for living; Perceives social support from others; Lacks immediate access to means	Rokhaya Fall, MSW
03:46	<b>BH Resource Reassessment</b>	<b>Discharge Planning</b> Facility/Service referred to: Pending Medical Clearance	Rokhaya Fall, MSW

8/30/2019	Event	Details	User
05:38:07	ED Notes	Patient is in view of sitter, continuous observation in progress.  Violent M Silverman, RN 08/30/19 0538	Violent M Silverman, RN
06:16:28	ED Sepsis Screen	Vital sign parameters Calculated MAP: 75.67	Violent M Silverman, RN
06:16:28	Vital Signs	Vital Signs Temp: 98.3 °F (36.8 °C) (Device Time: 06:16:28) Heart Rate: 100 (Device Time: 06:16:28) Resp: 17 (Device Time: 06:16:28) BP: 105/61 (Device Time: 06:16:28) Oxygen Therapy SpO2: 96 % (Device Time: 06:16:28)	Violent M Silverman, RN
06:16:28	Vital Signs	Vital Signs Automatic Restart Vitals Timer: Yes	Violent M Silverman, RN
06:16:28	Custom Formula Data	Other flowsheet entries Vitals Sepsis Risk Score: 1	Violent M Silverman, RN
06:24	Pain Reassessment	Pain Timer Restart Pain Timer: Yes Pain Reassessment after Intervention Complete: Yes  Pain Reassessment Which Pain Reassessment Tool?: Numeric (0-10) Patient's Stated Pain Goal: 0 (No Pain) Numeric Pain Intensity Score 1: 0	Violent M Silverman, RN
07:00	ED Notes	Safety check completed. Pt belongings and service dog in the room with patient, the patient's family member will take belongings.  Natasha E Scott (John) 08/30/19 0801	Natasha E Scott (John)
07:08	Care Handoff	Care Handoff Report Given to: Bedside report given to next shift RN (Kim RN)	Violent M Silverman, RN
07:08:22	Remove Nurse	Violent M Silverman, RN removed as Registered Nurse	Violent M Silverman, RN
07:32:51	Assign Nurse	Kimberly Newsome, RN assigned as Registered Nurse	Kimberly Newsome, RN
09:32:49	ED Sepsis Screen	Vital sign parameters Calculated MAP: 68.33	Richala N Freeman

8/30/2019	Event	Details	User
09:32:49	Vital Signs	<b>Vital Signs</b> Heart Rate: 120 (Device Time: 09:32:49) Resp: 16 (Device Time: 09:32:49) BP: 99/53 (Device Time: 09:32:49) Oxygen Therapy SpO2: 94 % (Device Time: 09:32:49)	Richala N Freeman
09:32:49	Vital Signs	<b>Vital Signs</b> Automatic Restart Vitals Timer: Yes	Richala N Freeman
09:44:30	ED Notes	Update provided to Donna at GA poison control.  Kimberly Newsome, RN 08/30/19 0944	Kimberly Newsome, RN
09:54	Medication Hold	benztropine (COGENTIN) tablet - Dose: 0 mg ; Route: Oral ; Reason: Other ; Scheduled Time: 0900 ; Comment: Per PA Angel	Kimberly Newsome, RN
10:19:27	EKG -12 Lead (Show MD STAT upon completion) Resulted	Collected: 8/29/2019 16:53 Last updated: 8/30/2019 10:19 Status: Final result VENT RATE: 117 bpm Atrial Rate: 117 bpm PR Interval: 156 MS QRS Duration: 72 MS QT Interval: 334 MS QTC Calculation: 465 MS P Axis: 78 DEGREES R Axis: 53 DEGREES T Wave Axis: 40 DEGREES	Interface, Muse
10:19:34	Imaging Final Result	EKG -12 Lead (Show MD STAT upon completion)	Interface, Muse
10:19:34	EKG Completed	(Final result) EKG, 12-LEAD	Interface, Muse
10:54	Medication Given	clindamycin (CLEOCIN) capsule - Dose: 300 mg ; Route: Oral ; Scheduled Time: 0900	Kimberly Newsome, RN
12:27:35	ED Sepsis Screen	Vital sign parameters Calculated MAP: 87.33	Eric Abrams
12:27:35	Vital Signs	<b>Vital Signs</b> Temp: 97.7 °F (36.5 °C) (Device Time: 12:27:35) Heart Rate: 99 (Device Time: 12:27:35) Resp: 16 (Device Time: 12:27:35) BP: 122/70 (Device Time: 12:27:35) Oxygen Therapy SpO2: 96 % (Device Time: 12:27:35)	Eric Abrams
12:27:35	Vital Signs	<b>Vital Signs</b> Automatic Restart Vitals Timer: Yes	Eric Abrams
12:27:35	Custom Formula Data	Other flowsheet entries Vitals Sepsis Risk Score: 1	Eric Abrams

8/30/2019	Event	Details	User
12:32	ED Notes	Pt's mother would like pt to have rx for home meds at time of dc.  Kimberly Newsome, RN 08/30/19 1236	Kimberly Newsome, RN
12:34:43	Orders Placed	ED Consult to Medication History Specialist (ED Patients Only)	Kevin D Little, MD
12:34:45	MHS Consult Ordered	ED Consult to Medication History Specialist (ED Patients Only) - [839114554]	Kimberly Newsome, RN
12:53:57	Remove Nurse	Kimberly Newsome, RN removed as Registered Nurse	Kimberly Newsome, RN
12:53:59	Assign Nurse	Jimmy Burchett, RN assigned as Registered Nurse	Kimberly Newsome, RN
13:09:53	Allergies Reviewed		Hali Sullivan, CPHT
13:15:02	Home Medications Reviewed		Hali Sullivan, CPHT
13:16:16	MHS Consult Complete	ED Consult to Medication History Specialist (ED Patients Only) - [839114554]	Hali Sullivan, CPHT
13:16:16	Orders Completed	ED Consult to Medication History Specialist (ED Patients Only)	Hali Sullivan, CPHT
13:16:16	MHS Consult Completed	ED Consult to Medication History Specialist (ED Patients Only)	Hali Sullivan, CPHT
13:48:56	Home Medications Reviewed		Jimmy Burchett, RN
14:25	Medication Given	clindamycin (CLEOCIN) capsule - Dose: 300 mg ; Route: Oral ; Scheduled Time: 1300	Jimmy Burchett, RN
14:26	Medication Given	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment - Dose: 2.7 g ; Route: Topical ; Scheduled Time: 0900	Jimmy Burchett, RN
14:26:44	Orders Placed	Inpatient consult to Psychiatry	Angel R Bridges, PA
14:26:46	Psychiatry Consult Ordered	Inpatient consult to Psychiatry - [839310004]	Angel R Bridges, PA
14:43	BH Resource Reassessment	<p><b>Affect/Mood</b>  Affect/Mood Range: Other  (Comment) (Restricted)  Mood: Anxious; Irritable</p> <p><b>Behavior</b>  Eye Contact: Good</p> <p><b>Intellectual Functions</b>  Concentration: Unimpaired  Judgement: Impaired</p> <p><b>Language and Speech</b>  Speech Content: Appropriate</p> <p><b>Thought Content</b>  Thought Processes: Clear/Lucid</p>	<p>Affect/Mood Display: Appropriate</p> <p>Exhibited Behavior: Cooperative</p> <p>Insight: Impaired</p>

8/30/2019	Event	Details	User
15:27	ED Notes	Poison control call back to recheck  Jimmy Burchett, RN 08/30/19 1527	Jimmy Burchett, RN
15:30	Columbia Suicide Risk	Columbia-Suicide Severity Rating Scale: C-SSRS 1. Wish to be Dead (Past Month): No 2. Suicidal Thoughts (Past Month): No 3. Suicidal Thoughts with Method Without Specific Plan or Intent to Act (Past Month): No 4. Suicidal Intent Without Specific Plan (Past Month): No 5. Suicide Intent with Specific Plan (Past Month): No 6. Suicide Behavior Question (Lifetime): Yes If Yes to Question 6 Ask: Were any of these in the ____? : Lifetime C-SSRS Suicide Risk: Moderate Risk for Suicide Non-Suicidal Self-Injurious Behavior Self-Injurious Behaviors: No Risk of Harm to Others Risk of Harm to Others: No	Okah J Anyokwu, MD
15:35:18	Orders Completed	Inpatient consult to Psychiatry	Okah J Anyokwu, MD
16:14:14	Discharge Disposition Selected	ED Disposition set to Discharge	Angel R Bridges, PA
16:14:14	Disposition Selected		Angel R Bridges, PA
16:15:03	Patient Ready to Go		Angel R Bridges, PA
16:32:09	Orders Acknowledged	New - ED Consult to Medication History Specialist (ED Patients Only) ; Inpatient consult to Psychiatry	Kimberly Stastny, RN
16:54:02	AVS Printed	AVS	Jimmy Burchett, RN
17:02:17	ED Sepsis Screen	Vital sign parameters Calculated MAP: 78.67	Jimmy Burchett, RN
17:02:17	Vital Signs	Vital Signs Temp: 98 °F (36.7 °C) (Device Time: 17:02:17) Heart Rate: 103 (Device Time: 17:02:17) Resp: 12 (Device Time: 17:02:17) BP: 102/67 (Device Time: 17:02:17) Oxygen Therapy SpO2: 98 % (Device Time: 17:02:17)	Jimmy Burchett, RN
17:02:17	Vital Signs	Vital Signs Automatic Restart Vitals Timer: Yes	Jimmy Burchett, RN
17:02:17	Custom Formula Data	Other flowsheet entries Vitals Sepsis Risk Score: 1	Jimmy Burchett, RN

## ED Charges

Code	Description	Date	Service Prov	Modifiers	Qty	Status
99252	PR INITIAL INPATIENT CONSULT, LEVL II	08/30/19	Anyokwu, Okah J		1	Filed
15010213	HC CASE MANAGEMENT	08/30/19	Van Dyck, Joseph C		1	Filed
25010066	HC RX 637	08/30/19	Hairston, Peter J	GY	3	Filed
25010066	HC RX 637	08/30/19	Bridges, Angel R	GY	2	Filed
25010066	HC RX 637	08/30/19	Bridges, Angel R	GY	2	Filed
93010	PR ELECTROCARDIOGRAM REPORT	08/29/19	Edupuganti, Ravi		1	Filed
MUSE50152	HC ELECTROCARDIOGRAM 12LEAD TRACING ONLY	08/29/19	Edupuganti, Ravi		1	Filed
15010213	HC CASE MANAGEMENT	08/30/19	Fall, Rokhaya		1	Filed
15010213	HC CASE MANAGEMENT	08/30/19	Fall, Rokhaya		1	Filed
15010213	HC CASE MANAGEMENT	08/30/19	Fall, Rokhaya		1	Filed
91010011	HC EVAL ADD-ON PSYCH DIAG COMPLEX	08/30/19	Fall, Rokhaya		1	Filed
80085057	HC DRUG TEST PRSMV CHEM ANLYZR	08/29/19	Little, Kevin D		1	Filed
80010076	HC URINALYSIS AUTO W/SCOPE	08/29/19	Bhakta, Vassiliades		1	Filed
80010414	HC LACTIC ACID ASSAY	08/29/19	Little, Kevin D		1	Filed
80010658	HC GONADOTROPIN CHORIONIC QUALITATIVE	08/29/19	Little, Kevin D		1	Filed
80010433	HC MAGNESIUM BLOOD	08/29/19	Little, Kevin D		1	Filed
80010237	HC CREATINE KINASE TOTAL	08/29/19	Little, Kevin D		1	Filed
80011646	HC POC-HCT	08/29/19			1	Filed
80010003	HC BASIC METABOLIC PANEL CALCIUM IONIZED	08/29/19			1	Filed
80020312	HC ANALGESICS NON-OPIOID 1 OR 2	08/29/19	Bhakta, Vassiliades		1	Filed
80084639	HC ANALGESICS NON-OPIOID 3-5	08/29/19	Bhakta, Vassiliades		1	Filed
80010618	HC TROPONIN I	08/29/19	Bhakta, Vassiliades		1	Filed
80010017	HC HEPATIC FUNCTION PANEL	08/29/19	Bhakta, Vassiliades		1	Filed
80010679	HC CBC WITH DIFFERENTIAL	08/29/19	Bhakta, Vassiliades		1	Filed
25010066	HC RX 637	08/29/19	Hairston, Peter J	GY	3	Filed
25010066	HC RX 637	08/29/19	Bridges, Angel R	GY	2	Filed
25010067	HC RX 258	08/29/19	Bridges, Angel R		1	Filed
25010066	HC RX 637	08/29/19	Bridges, Angel R	GY	2	Filed
25010067	HC RX 258	08/29/19	Bridges, Angel R		1	Filed
25010070	RX 636 250	08/29/19	Bridges, Angel R		4	Filed
25010067	HC RX 258	08/29/19	Bridges, Angel R		1	Filed



Reed, Emily Christine #565942054 (Acct:10003125129) (22 y.o. F) PCP:  
PROVIDER NOT IN SYSTEM,

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### Patient Care Timeline (8/29/2019 14:57 to 8/30/2019 17:06:01)

8/29/2019	Event	Details	User
14:57:42	Temporary patient created in ED		Andrew Maas
14:57:42	Emergency encounter created		Andrew Maas
14:58	Pre-Arrival Documentation	<b>Prehospital Information</b> EMS Unit: Metro Atlanta      EMS Run/Case #: 211 <b>Ambulance</b> <b>Prehospital Treatment</b> Prehospital Treatment: Yes <b>Pre-Arrival Vitals</b> Pre-Arrival Pulse: 106      Pre-Arrival Resp: 16 Pre-Arrival BP: 113/69 <b>Pre-Arrival Oxygen Therapy</b> Pre-Arrival SpO2: 98 % <b>Pre-Arrival Blood Glucose</b> Blood Glucose Meter (mg/dl): 81	Andrew Maas
15:00:01	Bed was Held		Lauren Leonard, RN
15:12	Expected arrival		Andrew Maas
15:18:58	Temporary patient is identified		Peggy Stinson V
15:28	Acuity/Destination	Acuity/Destination Patient Acuity: 2      Primary Triage Complete: Primary triage complete	Jimmy Burchett, RN
15:28:14	Arrival Complaint	MHE; 1013	
15:28:14	Patient arrived in ED		Coral D Aquino
15:28:14	Patient roomed in ED	To room 307	Coral D Aquino
15:28:14	Patient roomed in ED		Coral D Aquino
15:28:43	Acuity Selected		Jimmy Burchett, RN
15:28:43	Triage Completed		Jimmy Burchett, RN
15:28:43	Acuity 2 Selected		Jimmy Burchett, RN
15:30:14	Chief Complaints Updated	+ Altered Mental Status	Jimmy Burchett, RN
15:30:14	Chief complaint filed		Jimmy Burchett, RN
15:30:14	Triage Started		Jimmy Burchett, RN
15:48:12	Assign Mid-level	Angel R Bridges, PA assigned as Advanced Practice Professional (APP)	Angel R Bridges, PA

## ED SCREENING NOTES

No notes of this type exist for this encounter.

## ED PROVIDER NOTES

### ED Provider Notes by Angel R Bridges, PA at 8/29/2019 4:20 PM

Author: Angel R Bridges, PA

Service: Emergency Medicine

Author Type: Physician Assistant

Filed: 8/29/2019 7:19 PM

Date of Service: 8/29/2019 4:20 PM

Status: Attested

Editor: Angel R Bridges, PA (Physician Assistant)

Cosigner: Martine L Camille, MD at  
8/30/2019 12:49 AM

## History

### Chief Complaint

#### Altered Mental Status

22 yo Caucasian F pt with hx of DID, PTSD, Sexual Molestation victim, and Attempted Suicide presents from Ridgeview for assessment of spastic movements/seizure like activity, confusion, inability to walk, and banging head and elbows against the walls x yesterday. Pt seen at KH 8/27/19 for attempted suicide via overdose on 13 TABS OF PRISTIQ 50MG, 17 TABS OF ZYPREXA 2.5MG. Pt also states she is having a headache and double vision. Since being at Ridgeview pt has been given ativan, zyprexa, lamictal, and latuda.

History provided by: patient. No language interpreter was used.

Nursing note reviewed and I agree with the documentation of the past medical, past surgical, social, and family histories. Vitals reviewed.

#### Altered Mental Status

Presenting symptoms: **behavior changes and confusion**

Presenting symptoms: **no disorientation**

Severity: **Severe**

Most recent episode: **Yesterday**

Episode history: **Continuous**

Timing: **Constant**

Progression: **Unchanged**

Chronicity: **New**

Context: **drug use and head injury**

Recent head injury: **Within the last 24 hours**

Associated symptoms: **abnormal movement, decreased appetite, depression, headaches, nausea, slurred speech, visual change, vomiting and weakness**

Associated symptoms: **no abdominal pain, no fever and no palpitations**

Reed, Emily Christine #565942054 (Acct:10003125129) (22 y.o. F) PCP: PROVIDER NOT IN SYSTEM, 307												
<b>Previous ED Visits</b>												
8/27/19	Complaint Drug Overdose; Suicidal	Diagnosis Description Suicide attempt by multiple drug overdose, initial encounter (HCC)	Type ED (Transfer)	Department KH EMERGENCY	Provider Sean M Lowe, MD							
<b>ED Arrival Information</b>												
Expected 8/29/2019 15:12	Arrival 8/29/2019 15:28	Acuity 2-Emergent	Means of Arrival Ambulance	Escorted By Family Member	Service Emergency Medicine	Admission Type Emergency						
Arrival Complaint MHE; 1013												
<b>Chief Complaint</b>												
Complaint Altered Mental Status		Comment										
<b>OB/Gyn Status</b>												
LMP:		8/20/2019										
OB/Gyn Status:		Having periods										
<b>ED Treatment Team</b>												
Provider	Role	From	To	Phone	Pager							
Kevin D Little, MD	Attending Provider	08/29/19 1644	--	770-652-2127								
Angel R Bridges, PA	Advanced Practice Professional (APP)	08/29/19 1548	--	770-874-5400								
Violent M Silverman, RN	Registered Nurse	08/29/19 1923	08/30/19 0708									
Kimberly Newsome, RN	Registered Nurse	08/30/19 0732	08/30/19 1253									
Jimmy Burchett, RN	Registered Nurse	08/30/19 1253	--									
<b>ED Notes report</b>												
Go to ED Notes												
<b>Consult to ED Notes report</b>												
Go to Consult to ED Notes												
<b>Dictations</b>												
None												
<b>ED Diagnoses</b>												
Diagnosis	Description	Comment										
<b>Final diagnoses</b>												
Dissociative Identity disorder (HCC)	Dissociative Identity disorder (HCC)											
Dehydration	Dehydration											
<b>ED Disposition</b>												
ED Disposition	Condition	Comment										
Discharge	Stable	Emily Christine Reed discharge to home/self care.										
<b>ED Patient Care Timeline report</b>												
Go to ED Patient Care Timeline												
<b>Pre-Arrival Vitals</b>												
Date/Time PTA Info Documented	PTA Temp	PTA Temp Src	PTA Pulse	PTA Cardiac Rhythm	PTA Resp Rate	PTA Blood Pressure	PTA Pulse Ox	PTA Pulse Ox Type	PTA Oxygen Device	PTA Oxygen Flow Rate	PTA Glucose	User
08/29/19 1458	--	--	106	--	16	113/69	98 %	--	--	--	81	AM
<b>Prehospital Care</b>												
Date/Time PTA Info Documented	EMS Unit	EMS Run/Case #	Backboard	Cervical Collar	CPR	Lucas Device	Intubated	Intubated by EMS	User			
08/29/19 1458	--	Metro Atlanta Ambulance	211	--	--	--	--	--	AM			

8/29/2019	Event	Details	User
18:12:24	Hepatic function panel Resulted	Abnormal Result Collected: 8/29/2019 16:45 Last updated: 8/29/2019 18:12 Status: Final result ALBUMIN,S: 4.4 g/dL [Ref Range: 3.5 - 5.2] → BILIRUBIN, TOTAL: 1.3 mg/dL [Ref Range: 0.0 - 1.2] Bilirubin,Direct: 0.2 mg/dL [Ref Range: 0.0 - 0.3] ALKALINE PHOS: 68 IU/L [Ref Range: 35 - 104] → AST (SGOT): 36 IU/L [Ref Range: 0 - 32] ALT (SGPT): 19 IU/L [Ref Range: 0 - 33] PROTEIN,TOTAL: 7.2 g/dL [Ref Range: 6.4 - 8.3]	Interface, Lab In Sunquest
18:12:24	Troponin T Resulted	Collected: 8/29/2019 16:45 Last updated: 8/29/2019 18:12 Status: Final result Troponin T: <0.01 ng/mL [Ref Range: 0.00 - 0.02] (HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY)	Interface, Lab In Sunquest
18:12:30	Lab Resulted	(Final result) HEPATIC FUNCTION PANEL	Interface, Lab In Sunquest
18:12:30	Lab Resulted	(Final result) TROPONIN T	Interface, Lab In Sunquest
18:24:41	Imaging Exam Started	CT head without contrast	Valerie A Sims, ARRT
18:25:04	Imaging Exam Ended	CT head without contrast	Valerie A Sims, ARRT
18:28:48	CT head without contrast Resulted	Collected: 8/29/2019 18:27 Last updated: 8/29/2019 18:29 Status: Final result No components filed	Interface, Rad Powerscribe
18:29:51	Imaging Final Result	CT head without contrast	Interface, Rad Powerscribe
18:29:51	CT Final Result	(Final result) CT HEAD W/O CONTRAST	Interface, Rad Powerscribe
18:33:27	Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician Resulted	Collected: 8/29/2019 17:55 Last updated: 8/29/2019 18:33 Status: Final result LACTIC ACID: 0.8 mmol/L [Ref Range: 0.5 - 2.2] (NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS)	Interface, Lab In Sunquest
18:33:38	Lab Resulted	(Final result) LACTIC ACID ASSAY	Interface, Lab In Sunquest
18:37:57	Acetaminophen level Resulted	Abnormal Result Collected: 8/29/2019 17:34 Last updated: 8/29/2019 18:38 Status: Final result → ACETAMINOPHEN: 5 mg/L [Ref Range: 10 - 30]	Interface, Lab In Sunquest
18:37:57	Salicylate level Resulted	Abnormal Result Collected: 8/29/2019 17:34 Last updated: 8/29/2019 18:38 Status: Final result → SALICYLATE: 1 mg/dL [Ref Range: 15 - 30]	Interface, Lab In Sunquest
18:38:06	Lab Resulted	(Final result) SALICYLATE ASSAY	Interface, Lab In Sunquest

## Prehospital Treatment

Date and Time 08/29/19 1458	Blood Glucose Meter (mg/dL) Splints B1 --	Trauma Tourniquet --	Needle decompression --	Pelvic Binder --	AM
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## Results

Procedure	Component	Value	Ref Range	Date/Time
CK [839114551] (Abnormal)				Collected: 08/30/19 0150
Order Status: Completed				Updated: 08/30/19 0232
	CK	Specimen: Blood from Serum 492 (H)	26 - 192 IU/L	
	Comment: SPECIMEN SLIGHTLY HEMOLYZED. HEMOLYSIS MAY AFFECT RESULTS			
Rapid drug screen, urine [839114543]				Collected: 08/29/19 2157
Order Status: Completed				Updated: 08/29/19 2257
	Specimen: Urine from Urine			
	DRUGS SCREENED FOR:	RESULT:		
	Oxycodone	NOT DETECTED	NOT DETECTED	
	AMPHETAMINES,U	NOT DETECTED	NOT DETECTED	
	BARBITURATES,U	NOT DETECTED	NOT DETECTED	
	BENZODIAZAPINES	NOT DETECTED	NOT DETECTED	
	Cocaine, Ur	NOT DETECTED	NOT DETECTED	
	Methadone,U	NOT DETECTED	NOT DETECTED	
	Opiates,U	NOT DETECTED	NOT DETECTED	
	PHENCYCLIDINE,U	NOT DETECTED	NOT DETECTED	
	THC	NOT DETECTED	NOT DETECTED	
	URINE TOX COMMENT	SEE COMMENT		
	Comment: UNCONFIRMED SCREENING RESULTS SHOULD NOT BE USED FOR NON MEDICAL PURPOSES.			
	DRUGS SCREENED:	DETECTION THRESHOLD:		
	AMPHETAMINES:	1000 ng/mL		
	BARBITURATES:	200 ng/mL		
	BENZODIAZEPINES:	300 ng/mL		
	COCAINE:	300 ng/mL		
	METHADONE:	300 ng/mL		
	OPIATES:	300 ng/mL		
	PHENCYCLIDINE:	25 ng/mL		
	THC:	50 ng/mL		
	OXYCODONE:	100 ng/mL		
Urinalysis, clean catch [839114509] (Abnormal)				Collected: 08/29/19 2157
Order Status: Completed				Updated: 08/29/19 2238
	Specimen: Urine from Urine			
	URINE COLOR	STRAW (A)	YELLOW	
	URINE APPEARANCE	CLEAR	CLEAR	
	URINE SPEC GRAVITY	1.013	1.001 - 1.040	
	Urine pH	6.0	5.0 - 8.0	
	Urine Protein	NEGATIVE	NEGATIVE	
	URINE GLUCOSE,IRIS	NEGATIVE	NEGATIVE	
	URINE KETONES	1+ (A)	NEGATIVE	
	URINE BILIRUBIN	NEGATIVE	NEGATIVE	
	URINE BLOOD	2+ (A)	NEGATIVE	
	URINE NITRITES	NEGATIVE	NEGATIVE	
	URINE LEUK ESTERASE	NEGATIVE	NEGATIVE	
	URINE PRESERVATIVE	NO		
	URINE RBC	2 (H)	0 - 1 /HPF	
	URINE WBC	2	0 - 5 /HPF	
	URINE BACTERIA	OCCASIONAL (A)	NONE SEEN	
	URINE SQUAMOUS EPI CELLS	<1	0 - 3 /HPF	
Acetaminophen level [839114514] (Abnormal)				Collected: 08/29/19 1734
Order Status: Completed				Updated: 08/29/19 1838
	Specimen: Blood from Serum			
	ACETAMINOPHEN	<5 (L)	10 - 30 mg/L	
Salicylate level [839114515] (Abnormal)				Collected: 08/29/19 1734
Order Status: Completed				Updated: 08/29/19 1838
	Specimen: Blood from Serum			
	SALICYLATE	<1 (L)	15 - 30 mg/dL	
Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician [839114537]				Collected: 08/29/19 1755
Order Status: Completed				Updated: 08/29/19 1833
	Specimen: Blood from Plasma			
	LACTIC ACID	0.8	0.5 - 2.2 mmol/L	
	Comment: NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS			
Hepatic function panel [838583546] (Abnormal)				Collected: 08/29/19 1645
Order Status: Completed				Updated: 08/29/19 1812
	Specimen: Blood from Serum			
	ALBUMIN,S	4.4	3.5 - 5.2 g/dL	
	→ BILIRUBIN, TOTAL	1.3 (H)	0.0 - 1.2 mg/dL	
	Bilirubin,Direct	0.2	0.0 - 0.3 mg/dL	
	ALKALINE PHOS	68	35 - 104 IU/L	
	→ AST (SGOT)	36 (H)	0 - 32 IU/L	
	ALT (SGPT)	19	0 - 33 IU/L	
	PROTEIN,TOTAL	7.2	6.4 - 8.3 g/dL	
Troponin T [839114512]				Collected: 08/29/19 1645
Order Status: Completed				Updated: 08/29/19 1812
	Specimen: Blood from Serum			
	→ Troponin T	<0.01	0.00 - 0.02 ng/mL	
	Comment: HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY			
Lamotrigine level [839114521]				Collected: 08/29/19 1745
Order Status: Sent				Updated: 08/29/19 1803
	Specimen: Blood from Blood			
Magnesium, Bld [839114541]				Collected: 08/29/19 1645
Order Status: Completed				Updated: 08/29/19 1800
	Specimen: Blood from Serum			
	Magnesium	1.9	1.6 - 2.6 mg/dL	
CK [839114535] (Abnormal)				Collected: 08/29/19 1645
Order Status: Completed				Updated: 08/29/19 1800
	Specimen: Blood from Serum			
	CK	704 (H)	26 - 192 IU/L	
Pregnancy Test [839114528]				Collected: 08/29/19 1645

Procedure	Component	Value	Ref Range	Date/Time
Order Status: Completed	<b>PREGNANCY TEST</b>	Specimen: Blood from Serum NEGATIVE	NEGATIVE	Updated: 08/29/19 1750
	Comment:	INTERPRETATION: NEG: < OR = 10 mIUhCG/mL POS: > OR = 25 mIUhCG/mL		
<b>CBC W/ Diff [838583544] (Abnormal)</b>				Collected: 08/29/19 1645
Order Status: Completed		Specimen: Blood from Blood		Updated: 08/29/19 1724
	WBC COUNT	7.4	3.5 - 10.5 10E9/L	
	RBC Count	4.19	3.90 - 5.03 10E12/L	
	HGB	13.0	12.0 - 15.5 g/dL	
	Hematocrit	39	35 - 45 %	
	MCV	93	82 - 98 fL	
	MCH	31	26 - 34 pg	
	MCHC	33	32 - 36 g/dL	
	RDW	13.1	11.9 - 15.5 %	
	PLATELET	226	150 - 450 10E9/L	
	MPV	9.5	9.4 - 12.3 fL	
	% Immature Granulocytes	0		
	% NEUTROPHILS	62	%	
	% Lymphs	28	%	
	% Monos	10	%	
	% EOS	0	%	
	% BASOS	0	%	
	→ Absolute Immature Granulocytes	<0.1	0.0 - 0.1 10E9/L	
	Absolute Neutrophils	4.6	1.7 - 7.0 10E9/L	
	Absolute Lymphs	2.1	1.5 - 4.0 10E9/L	
	Absolute Monos	0.7	0.3 - 0.9 10E9/L	
	→ Absolute EOS	<0.1 (L)	0.1 - 0.5 10E9/L	
	→ Absolute Baso	<0.1	0.0 - 0.3 10E9/L	
<b>POC Venous Lactate, draw 2 plasma samples 2 hours apart beginning 2 hours after the initial lactic acid [839114536]</b>				
Order Status: Canceled				
<b>Lactic Acid, plasma 2 hours apart x 2. If initial lactic acid is &lt;2.0 may cancel after consult with ED physician [839114538]</b>				
Order Status: Canceled		Specimen: Blood from Blood		Collected: 08/29/19 1651
<b>POC BMP iStat [839114526] (Abnormal)</b>				Updated: 08/29/19 1655
Order Status: Completed		Specimen: Blood from Blood		
	POC-SODIUM	140	136 - 145 mmol/L	
	→ POC-POTASSIUM	3.4 (L)	3.5 - 5.1 mmol/L	
	Comment: HEMOLYSIS, IF PRESENT, MAY AFFECT RESULTS			
	POC-CHLORIDE	106	95 - 110 mmol/L	
	POC-GLUCOSE	80	70 - 99 mg/dL	
	POC-BUN	10	7 - 21 mg/dL	
	→ POC-IONIZED CALCIUM	1.00 (L)	1.09 - 1.29 mmol/L	
	POC-CO2	25	20 - 28 mmol/L	
	→ POC-AGAP	14 (L)	15 - 23	
	POC HEMATOCRIT	39	33 - 51 %	
	POC-OPERATOR'S ID	55801		
	POC-CREATININE	0.6	0.44 - 1.03 mg/dL	
	POC-GFR NON AFRIC AMER	>90	>59 mL/min/1.73 m2	
	POC-GFR AFRICAN AMER	>90	>59 mL/min/1.73 m2	
<b>Pregnancy Test [839114524]</b>				
Order Status: Canceled		Specimen: Blood from Blood		
<b>Magnesium [839114522]</b>				Collected: 08/29/19 1640
Order Status: Canceled		Specimen: Blood from Blood		
<b>POC Chem8 [838583545]</b>				
Order Status: Sent				
<b>POCT pregnancy, urine [839114511]</b>				
Order Status: Canceled				

**Imaging Results****X-ray toe left (Final result)**

Result time 08/29/19 19:02:36

Final result by Joseph H Moyers, MD (08/29/19 19:02:36)

**Impression:**

Soft tissue swelling with no underlying bony abnormality.

Released By: JOSEPH H MOYERS, MD 8/29/2019 7:02 PM

**Narrative:**

EXAM: CH XR TOE LEFT

**CLINICAL INDICATION:**

swelling, redness and pain of 5th digit. Swelling redness, and pain little toe.

COMPARISON: No comparisons are available at this time.

**FINDINGS:**

Soft tissue swelling involves the lateral forefoot and little toe.

No fracture, dislocation, or bony destruction is evident.

Joint spaces are well preserved.

**CT head without contrast (Final result)**

Result time 08/29/19 18:28:48

Final result by Keirsun G Crockett, MD (08/29/19 18:28:48)

**Impression:**

No acute intracranial abnormality.

Released By: KEIRSUN CROCKETT, MD 8/29/2019 6:28 PM

**Narrative:**

EXAM: CT HEAD WITHOUT IV CONTRAST

CLINICAL INDICATION: Altered mental status after drug overdose 2 days ago, head injury the following day, diplopia, seizure like activity.

TECHNIQUE: CT scan of the head with multiplanar reformatted images generated from the data set without IV contrast. Dose reduction techniques utilized.

COMPARISON: None available.

FINDINGS: Normal brain configuration and attenuation. No intracranial hemorrhage, abnormal mass, or mass effect. No hydrocephalus.

Imaged paranasal sinuses and tympanomastoid cavities are predominantly clear. No acute fracture or aggressive osseous lesion.

**ECG Results****EKG -12 Lead (Show MD STAT upon completion) (Final result)**

Result time 08/30/19 10:19:34

Collection Time	Result Time	VENT RATE	Atrial Rate	PR Int.	QRS Duration	QT Int.	QTC Calculation	P Axis	R Axis	T Wave Ax.
08/29/19 16:53:05	08/30/19 10:19:27	117	117	156	72	334	465	78	53	40

**Final result****Impression:**

SINUS TACHYCARDIA

OTHERWISE NORMAL ECG

NO PREVIOUS ECGS AVAILABLE

CONFIRMED BY EDUPUGANTI, RAVI (60754) ON 8/30/2019 10:19:24 AM

**Home Medications**

Med List Status: Med History Specialist Reviewed Set By: Hali Sullivan, CPHT at 08/30/2019 1:14 PM

	Taking?	Last Dose	Start Date	End Date	Provider
lamoTRIgine (LAMICTAL) 150 MG tablet	<input checked="" type="checkbox"/>	8/28/2019	--	--	Historical Provider, MD
LORazepam (ATIVAN) 1 MG tablet	<input checked="" type="checkbox"/>	8/29/2019	--	--	Historical Provider, MD
LORazepam (ATIVAN) 2 mg/ml injection	<input checked="" type="checkbox"/>	8/29/2019	--	--	Historical Provider, MD
OLANzapine (ZYPREXA) 10 MG tablet	<input checked="" type="checkbox"/>	8/29/2019	--	--	Historical Provider, MD
OLANzapine (ZYPREXA) injection	<input checked="" type="checkbox"/>	8/28/2019	--	--	Historical Provider, MD

**Medication Comments**

\*\* No Medication Comments Found \*\*

**Medication Documentation Review Audit**

Reviewed by Jimmy Burchett, RN (Registered Nurse) on 08/30/19 at 1348

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
lamoTRIgine (LAMICTAL) 150 MG tablet	839114557	Yes	Take 150 mg by mouth daily	Historical Provider, MD	8/28/2019 2100	Active
LORazepam (ATIVAN) 1 MG tablet	839114555	Yes	Take 1 mg by mouth every 6 (six) hours as needed for anxiety	Historical Provider, MD	8/29/2019 1158	Active
LORazepam (ATIVAN) 2 mg/mL Injection	839114558	Yes	Inject 1 mg into the vein once	Historical Provider, MD	8/29/2019 0145	Active
OLANzapine (ZYPREXA) 10 MG tablet	839114556	Yes	Take 10 mg by mouth nightly	Historical Provider, MD	8/29/2019 1158	Active
OLANzapine (ZYPREXA) injection	839114559	Yes	Inject 10 mg into the muscle once as needed for agitation	Historical Provider, MD	8/28/2019 0145	Active

Reviewed by Hali Sullivan, CPHT (Technician) on 08/30/19 at 1315

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
lamoTRIgine (LAMICTAL) 150 MG tablet	839114557	Yes	Take 150 mg by mouth daily	Historical Provider, MD	8/28/2019 2100	Active
LORazepam (ATIVAN) 1 MG tablet	839114555	Yes	Take 1 mg by mouth every 6 (six) hours as needed for anxiety	Historical Provider, MD	8/29/2019 1158	Active
LORazepam (ATIVAN) 2 mg/mL Injection	839114558	Yes	Inject 1 mg into the vein once	Historical Provider, MD	8/29/2019 0145	Active
OLANzapine (ZYPREXA) 10 MG tablet	839114556	Yes	Take 10 mg by mouth nightly	Historical Provider, MD	8/29/2019 1158	Active
OLANzapine (ZYPREXA) injection	839114559	Yes	Inject 10 mg into the muscle once as needed for agitation	Historical Provider, MD	8/28/2019 0145	Active

**Discharge Orders Needing Review**

Order	Details	Provider	Order Origin	Reason
benztropine (COGENTIN) tablet	1 mg, Oral, 2 Times daily, First dose on Fri 8/30/19 at 0015	Peter J Hairston, PA	Inpatient	
clindamycin (CLEOCIN) capsule	300 mg, Oral, 4 times daily, First dose on Thu 8/29/19 at 1915 Reason for Ordering Antimicrobial: Cellulitis Expected days of therapy: 7	Angel R Bridges, PA	Inpatient	
neomycin-bacitracin-polymyxin (NEOSPORIN) ointment	2.7 g (rounded from 3 g), Topical, Daily, First dose on Thu 8/29/19 at 2130 Apply to	Kevin D Little, MD	Inpatient	

## Reviewed Discharge Orders

None

## Released Discharge Orders

Order	Details	Provider	Status	Reason
lamoTRIgine (LAMICTAL) 150 MG tablet	Take 150 mg by mouth daily	Angel R Bridges, PA	Resume at Discharge (Patient Reported)	
Last Dose: 8/28/2019 at 2100 LORazepam (ATIVAN) 1 MG tablet	Take 1 mg by mouth every 6 (six) hours as needed for anxiety	Angel R Bridges, PA	Resume at Discharge (Patient Reported)	
Last Dose: 8/29/2019 at 1158 LORazepam (ATIVAN) 2 mg/mL injection	Inject 1 mg into the vein once	Angel R Bridges, PA	Resume at Discharge (Patient Reported)	
Last Dose: 8/29/2019 at 0145 OLANzapine (ZYPREXA) 10 MG tablet	Take 10 mg by mouth nightly	Angel R Bridges, PA	Resume at Discharge (Patient Reported)	
Last Dose: 8/29/2019 at 1158 OLANzapine (ZYPREXA) injection	Inject 10 mg into the muscle once as needed for agitation	Angel R Bridges, PA	Resume at Discharge (Patient Reported)	
Last Dose: 8/28/2019 at 0145				

## Medication Administration from 08/29/2019 1457 to 08/30/2019 1705

Date/Time	Order	Dose	Route	Action	Action by	Comments
08/29/2019 1640	sodium chloride 0.9% (NS) bolus 1,000 mL	1,000 mL	Intravenous	New Bag	Jimmy Burchett, RN	
08/29/2019 1746	sodium chloride 0.9% (NS) bolus 1,000 mL	0 mL	Intravenous	Stopped	Jimmy Burchett, RN	
08/29/2019 1640	ondansetron (PF) (ZOFTRAN) injection 2 mg/mL	4 mg	Intravenous	Given	Jimmy Burchett, RN	
08/29/2019 1723	sodium chloride 0.9% (NS) bolus 1,000 mL	1,000 mL	Intravenous	New Bag	Jimmy Burchett, RN	
08/29/2019 1953	sodium chloride 0.9% (NS) bolus 1,000 mL	0 mL	Intravenous	Stopped	Violent M Silverman, RN	
08/29/2019 2010	clindamycin (CLEOCIN) capsule	300 mg	Oral	Given	Violent M Silverman, RN	
08/29/2019 2252	clindamycin (CLEOCIN) capsule	300 mg	Oral	Given	Kimberly Stastny, RN	
08/30/2019 1054	clindamycin (CLEOCIN) capsule	300 mg	Oral	Given	Kimberly Newsome, RN	
08/30/2019 1425	clindamycin (CLEOCIN) capsule	300 mg	Oral	Given	Jimmy Burchett, RN	
08/29/2019 2012	sodium chloride 0.9% (NS) bolus 1,000 mL	1,000 mL	Intravenous	New Bag	Violent M Silverman, RN	
08/29/2019 2208	sodium chloride 0.9% (NS) bolus 1,000 mL	0 mL	Intravenous	Stopped	Violent M Silverman, RN	
08/29/2019 2312	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment	2.7 g	Topical	Given	Violent M Silverman, RN	
08/30/2019 1426	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment	2.7 g	Topical	Given	Jimmy Burchett, RN	
08/30/2019 0023	benztropine (COGENTIN) tablet	0 mg	Oral	Hold	Violent M Silverman, RN	hold per PA
08/30/2019 0954	benztropine (COGENTIN) tablet	0 mg	Oral	Hold	Kimberly Newsome, RN	Per PA Angel

## ED Prescriptions

None

## ED Medication Orders

Hide

Start	Ordered	Status	Ordering Provider
08/30/19 0900	08/29/19 2112	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment Daily Discontinued	HAIRSTON, PETER J
08/30/19 0015	08/30/19 0010	benztropine (COGENTIN) tablet 2 Times daily Discontinue	HAIRSTON, PETER J
08/29/19 2130	08/29/19 2118	neomycin-bacitracin-polymyxin (NEOSPORIN) ointment Daily Discontinue	HAIRSTON, PETER J
08/29/19 1920	08/29/19 1920	sodium chloride 0.9% (NS) bolus 1,000 mL Once	BRIDGES, ANGEL R
08/29/19 1915	08/29/19 1907	clindamycin (CLEOCIN) capsule 4 times daily Discontinue	BRIDGES, ANGEL R
08/29/19 1645	08/29/19 1640	sodium chloride 0.9% (NS) bolus 1,000 mL Once	BRIDGES, ANGEL R
08/29/19 1600	08/29/19 1555	sodium chloride 0.9% (NS) bolus 1,000 mL Once	BRIDGES, ANGEL R
08/29/19 1600	08/29/19 1555	ondansetron (PF) (ZOFTRAN) injection 2 mg/mL Once	BRIDGES, ANGEL R

## Code, Iso, Restraint

None

## ED Imaging Orders

Hide

Start	Ordered	Status	Ordering Provider
08/29/19 1710	08/29/19 1709	X-ray toe left 1 time imaging Completed	BRIDGES, ANGEL R
08/29/19 1640	08/29/19 1640	CT head without contrast 1 time imaging Completed	BRIDGES, ANGEL R



Past Medical History:

Diagnosis

Date

- Child victim of physical abuse
- Dissociative identity disorder (HCC)
- History of sexual molestation in childhood
- PTSD (post-traumatic stress disorder)
- Suicide attempt by multiple drug overdose (HCC) 08/27/2019



No past surgical history on file.

No family history on file.

Social History

Social History

- Marital status: Single
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: No
- Drug use: No
- Sexual activity: No

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

Allergies: Haldol [haloperidol]

Prior to Admission medications

Not on File

Review of Systems

Constitutional: Positive for decreased appetite and fatigue. Negative for appetite change, chills, diaphoresis and fever.

HENT: Negative for trouble swallowing.

Eyes: Positive for visual disturbance (states double vision ). Negative for photophobia and pain.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Positive for nausea and vomiting. Negative for abdominal pain and blood in stool.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Positive for gait problem. Negative for arthralgias, back pain, joint swelling, neck pain and neck stiffness.

Skin: Positive for wound.

Allergic/Immunologic: Negative for immunocompromised state.

Neurological: Positive for weakness and headaches. Negative for dizziness.

Psychiatric/Behavioral: Positive for confusion.

### Physical Exam

#### Vital signs upon initiating note

LMP (LMP Unknown)

#### Physical Exam

Nursing note reviewed and I agree with the documentation of the past medical, past surgical, social, and family histories. Vitals reviewed.

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion.

Cardiovascular: Regular rhythm and normal heart sounds. Tachycardia present. Exam reveals no gallop and no friction rub.

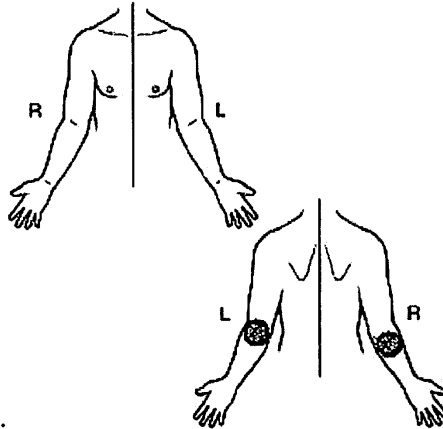
No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Normal appearance and bowel sounds are normal. She exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal:

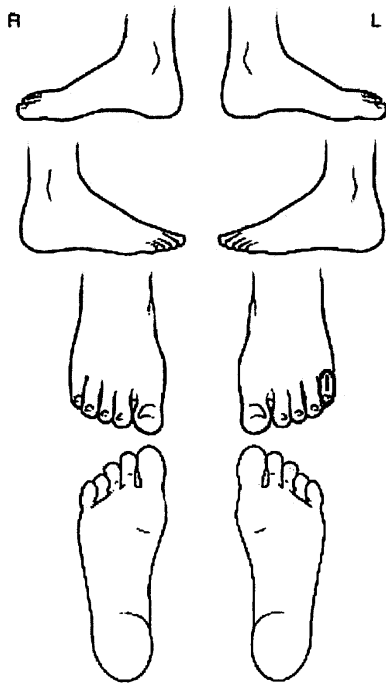
Left forearm: She exhibits no bony tenderness and no swelling.



Arms:

Left foot: There is bony tenderness and swelling (and erythema noted of little toe).

Feet:



Neurological: She is alert and oriented to person, place, and time. She is not disoriented. She displays no tremor. A cranial nerve deficit is present. No sensory deficit. She exhibits normal muscle tone. Coordination abnormal.

**Unable to examine gait due to pt stating she cannot stand. Normal strength and sensation noted bilaterally in UEs and LEs. Pt unable to follow commands to complete CN exam. Spastic random movements noted of arms and legs bilaterally. No clonus noted bilaterally**

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. There is erythema. No pallor.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

#### Lab Results:

Results for orders placed or performed during the hospital encounter of 08/29/19

#### CBC W/ Diff

Result	Value	Ref Range
WBC COUNT	7.4	3.5 - 10.5 10E9/L
RBC Count	4.19	3.90 - 5.03 10E12/L
HGB	13.0	12.0 - 15.5 g/dL
Hematocrit	39	35 - 45 %
MCV	93	82 - 98 fL
MCH	31	26 - 34 pg
MCHC	33	32 - 36 g/dL
RDW	13.1	11.9 - 15.5 %
PLATELET	226	150 - 450 10E9/L
MPV	9.5	9.4 - 12.3 fL
% Immature Granulocytes	0	
% NEUTROPHILS	62	%
% Lymphs	28	%
% Monos	10	%

% EOS	0	%
% BASOS	0	%
Absolute Immature Granulocytes	<0.1	0.0 - 0.1 10E9/L
Absolute Neutrophils	4.6	1.7 - 7.0 10E9/L
Absolute Lymphs	2.1	1.5 - 4.0 10E9/L
Absolute Monos	0.7	0.3 - 0.9 10E9/L
Absolute EOS	<0.1 (L)	0.1 - 0.5 10E9/L
Absolute Baso	<0.1	0.0 - 0.3 10E9/L
Hepatic function panel		
Result	Value	Ref Range
ALBUMIN,S	4.4	3.5 - 5.2 g/dL
BILIRUBIN, TOTAL	1.3 (H)	0.0 - 1.2 mg/dL
Bilirubin,Direct	0.2	0.0 - 0.3 mg/dL
ALKALINE PHOS	68	35 - 104 IU/L
AST (SGOT)	36 (H)	0 - 32 IU/L
ALT (SGPT)	19	0 - 33 IU/L
PROTEIN,TOTAL	7.2	6.4 - 8.3 g/dL
Troponin T		
Result	Value	Ref Range
Troponin T	<0.01	0.00 - 0.02 ng/mL
Acetaminophen level		
Result	Value	Ref Range
ACETAMINOPHEN	<5 (L)	10 - 30 mg/L
Salicylate level		
Result	Value	Ref Range
SALICYLATE	<1 (L)	15 - 30 mg/dL
Pregnancy Test		
Result	Value	Ref Range
PREGNANCY TEST	NEGATIVE	NEGATIVE
CK		
Result	Value	Ref Range
CK	704 (H)	26 - 192 IU/L
Lactic Acid,plasma 2 hours apart x 2. If initial lactic acid is <2.0 may cancel after consult with ED physician		
Result	Value	Ref Range
LACTIC ACID	0.8	0.5 - 2.2 mmol/L
Magnesium, Bld		
Result	Value	Ref Range
Magnesium	1.9	1.6 - 2.6 mg/dL
POC BMP iStat		
Result	Value	Ref Range
POC-SODIUM	140	136 - 145 mmol/L
POC-POTASSIUM	3.4 (L)	3.5 - 5.1 mmol/L
POC-CHLORIDE	106	95 - 110 mmol/L
POC-GLUCOSE	80	70 - 99 mg/dL
POC-BUN	10	7 - 21 mg/dL
POC-IONIZED CALCIUM	1.00 (L)	1.09 - 1.29 mmol/L
POC-CO2	25	20 - 28 mmol/L
POC-AGAP	14 (L)	15 - 23
POC HEMATOCRIT	39	33 - 51 %
POC-OPERATOR'S ID	55801	
POC-CREATININE	0.6	0.44 - 1.03 mg/dL
POC-GFR NON AFRIC AMER	>90	>59 ml/min/1.73 m2
POC-GFR AFRICAN AMER	>90	>59 ml/min/1.73 m2

**Imaging results:**

Results for orders placed or performed during the hospital encounter of 08/29/19

CT head without contrast

***Narrative***

EXAM: CT HEAD WITHOUT IV CONTRAST

CLINICAL INDICATION: Altered mental status after drug overdose 2 days ago, head injury the following day, diplopia, seizure like activity.

TECHNIQUE: CT scan of the head with multiplanar reformatted images generated from the data set without IV contrast. Dose reduction techniques utilized.

COMPARISON: None available.

FINDINGS: Normal brain configuration and attenuation. No intracranial hemorrhage, abnormal mass, or mass effect. No hydrocephalus.

Imaged paranasal sinuses and tympanomastoid cavities are predominantly clear. No acute fracture or aggressive osseous lesion.

***Impression***

No acute intracranial abnormality.

Released By: KEIRSUN CROCKETT, MD 8/29/2019 6:28 PM

X-ray toe left

***Narrative***

EXAM: CH XR TOE LEFT

CLINICAL INDICATION: swelling, redness and pain of 5th digit. Swelling redness, and pain little toe.

COMPARISON: No comparisons are available at this time.

**FINDINGS:**

Soft tissue swelling involves the lateral forefoot and little toe.

No fracture, dislocation, or bony destruction is evident.

Joint spaces are well preserved.

***Impression***

Soft tissue swelling with no underlying bony abnormality.

Released By: JOSEPH H MOYERS, MD 8/29/2019 7:02 PM

## ED Course

ED Course as of Aug 29 1918

Thu Aug 29, 2019

1700 Spoke with Shannon at poison control. States pt should not be experiencing symptoms from drug overdose 8/27/19. States pt likely experiencing reaction to meds given while in treatment at Ridgeview-zyprexa, ativan, latuda, and lamictal. Recommends checking CK and lactic acid in addition to repeat of tox screens. States pt possibly having tardive dyskinesia or neuroleptic malignant syndrome. States to call back to poison control once everything is complete

Procedures

Calculators

No consult orders placed this encounter

Last four vital signs

08/29/19 1627

BP: 115/83  
Pulse: 108  
Resp: 21  
Temp: 98 °F (36.7 °C)  
TempSrc: Oral  
SpO2: 96%

7:17 PM

Pt states feeling somewhat better  
continues to complain of diplopia  
Lactic acid negative  
CBC wnl  
CK 750  
clinda given for infection in toe  
Pt handed off to Peter Hairston, PA-C

Electronically signed by

Angel R Bridges, PA  
08/29/19 1919

**EXHIBIT 35**

**EXHIBIT 35**

**EXHIBIT 35**

## Biopsychosocial Assessment

### Demographics

Date: 09/08/2019 Admit Date: 09/03/2019

Resident Name: Emily Reed

Patient ID#: 60479

Address: 20762 Crestview Lane Huntington Beach, CA 92646-5929

Telephone (Home):

Cell:

Date of Birth: 11/16/1996 Age: 22

Sex: Female

Transgender: ☐

### Presenting Problem

#### Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:

Resident suffered abuse from the age of 5 years of age until she was 16. She is here for treatment due to PTSD, DID, anxiety, depression. Before coming to facility resident tried to overdose.

### Other Demographics

☒ Initial Assessment ☐ Re-Assessment

Level of Care Smoky Mountain Lodge-RTC

#### Source of Information

☒ Resident

☒ Family

☐ Previous Records

☐ Referral Source

☐ Other

#### Guardian

Do you have a Psychiatric Advanced Directive? ☐ Yes ☒ No

If no, do you need assistance creating an Advanced Directive? ☐ Yes ☐ No

### General Information

Do you receive any type of disability insurance (SSI, SSDI, Medicaid, Medicare)? ☒ No ☐ Yes

What is your primary language? english

Do you have trouble with either reading or writing English? ☒ No ☐ Yes

Do you use any assistive devices (i.e.: wheelchair, walking devices, etc.) ☒ No ☐ Yes

Do you have reliable transportation? ☐ No ☐ Yes

Explain:

Do you have a valid driver's license? ☐ No ☒ Yes

Residence: ☐ Own ☐ Rent ☐ Living w/family ☐ Living w/friends ☐ Group/Boarding Home ☐ Shelter ☐ No stable residence  
☐ Homeless

Lives with? mother and 2 brothers

Is your current living environment safe? ☐ No ☐ Yes

What has been your usual living arrangement for the past three years?  
living with mother and brothers

Is your living environment supportive? ☐ No ☒ Yes

Explain:



Can you return there or do you need placement? ☐ Return Home ☐ Need Placement ☐ Uncertain

Explain as needed:

### Emergency Contact Information

In case of an emergency, contact - Name: alecia

Telephone #: in record Relationship: MOTHER

Address: Long Beach, CA

Name of Primary Care Physician (PCP): n/a

Telephone # of PCP: n/a

Address of PCP: n/a

### Descriptive Information

Race: ☐ African American/Black ☐ American Indian or Alaska Native ☐ Asian ☒ Caucasian/White ☐ Hawaii or Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic ☒ Not Hispanic ☐ Other

Any identifying physical characteristics (scars, tattoos):  
n/a

Have you been in a controlled environment in the last 30 days: ☐ No ☒ Yes

If YES, please explain:  
hospital after suicide attempt, then here

### Substance Abuse History

Does the Substance Abuse table apply? ☐ Yes ☒ No, do not display

### Chemical Dependence Treatment History

Have you ever been treated for a substance abuse issue? ☒ No ☐ Yes

If yes, list treatment below:

Where Treated (Facility/location)	Dates of Tx.	Level of Care (Include all Levels, See Key)	Length of Stay	Length of sobriety	Outcome: If relapsed, why?
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#### Key:

**Level 1: OUTPATIENT SERVICES (including traditional outpatient treatment or ambulatory detox without extended on-site monitoring.)**

**Level 2: INTENSIVE OUTPATIENT / PARTIAL HOSPITALIZATION SERVICES (including ambulatory detox with extensive on-site monitoring)**

**Level 3: RESIDENTIAL / INPATIENT SERVICES**

**Level 4: MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES**

☒ Chemical Dependence Treatment History has been reviewed by clinical staff and updated as required.

### Client Directed Outcome Informed Screen

What are your expectations/outcomes from this treatment?  
to be able to better deal with anxiety

What specific problems do you want to address while in treatment?  
anxiety, depression, feel safe

What are your long-term goals after treatment?  
to be stable

**Client's self reported:**

**Strengths:**

"I don't know"

**Needs:**

self soothing skills

**Abilities:**

cooking

**Treatment Preferences:**

one on one, group therapy, rec therapy, medication management, animal assisted therapy

**Client's self reported problems and challenges:**

anxiety, voices in head, dissociation

**Client's self reported interests and activities:**

cooking, writing, animals

Has there been any change in these interests and activities as a result of substance use: ☒ No ☐ Yes

List other people that you would like to be involved in your treatment and their relationship to you:

mother alecia, grandmother

Confidential Releases of Information signed? ☐ No ☒ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

**Emotional/Behavioral**

Have you ever been given a psychiatric diagnosis? ☐ No ☒ Yes

**History/Description of Psychiatric Problems/Symptoms and Date of Onset:**

DID, depression, PTSD

**History/Description of my baseline level of functioning**

client has been having difficulties since age 5.

**Factors that help maintain my baseline level of functioning:**

low stress

**Factors that escalate my psychiatric symptoms:**

stress, fear

**If yes, diagnosis**

DID, PTSD, see nursing assessment

**Who made the diagnosis:      When?**

Have you received mental health services or are you currently receiving services? ☐ No ☒ Yes

If yes, list treatment below:

	Name of Program	Duration of Treatment	Dates of Treatment	Response to Treatment
Outpatient				
PHP				
Residential				
Hospitalization				
Other				

☒ Mental Health Treatment History has been reviewed by clinical staff and updated as required

Are you concerned you may have an eating disorder? ☒ No ☐ Yes

Have you ever been treated for an eating disorder? ☒ No ☐ Yes

Are you concerned you may have a gambling issue? ☒ No ☐ Yes

Have you ever been treated for a gambling issue? ☒ No ☐ Yes

Are you concerned you may have sexual compulsivity? ☒ No ☐ Yes

Have you ever been treated for sexual compulsivity? ☐ No ☐ Yes

Do you have a history of grief, bereavement or loss? ☒ No ☐ Yes

Was grief counseling ever sought? ☐ No ☐ Yes

Will these issues be incorporated into current the treatment plan? ☒ No ☐ Yes

Were referrals given? ☒ No ☐ Yes

If no, refused referral or issues resolved? n/a

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Post-Admission Safety Assessment

#### Section I: Suicide Screening

Current suicidal thoughts? ☒ No ☐ Yes. complete separate Risk Assessment

#### Section II: Self-Harm Screening

None (skip to next section) ☒ None ☐ Self-mutilation (complete separate Risk Assessment)

#### Section III: Aggression Screening

☒ None (skip to next section) ☐ Verbal (complete separate Risk Assessment) ☐ Physical (complete separate Risk Assessment)

Individual Risk Features (Describe in detail all factors specific to this individual that could place them at risk for self-harm (i.e., history of suicide attempts, family history of suicide, high risk behaviors with no regard to personal safety, etc.)

Environmental Risk Features (Describe in detail all factors specific to the individual's environment that could place them at risk for self-harm (i.e., access to weapons, drugs/prescribed medications, lack of family/social supports, isolation, etc.)

n/a. in controlled environment

#### Section IV: Risk Category

Risk Category (See Key): ☐ No safety risk ☐ Mild safety risk ☐ Moderate safety risk ☐ High safety risk

##### Key:

##### NO SAFETY RISK:

1. Routine Monitoring: 2. No thoughts: 3. No plan: 4. No notification: 5. Safety environment

##### MILD SAFETY RISK:

1. Routine monitoring: 2. Discuss mild risk status with clinical team: 3. Some thought: 4. No plan: 5. Notify therapist

##### MODERATE SAFETY RISK:

1. Implement increased supervision: 2. Discuss moderate risk status with clinical team: 3. Some thought: 4. No plan: 5. Notify therapist: 6. Develop Personal Safety Plan (add to Tx Plan)

##### HIGH SAFETY RISK:

1. Place on Visuals 2. Call Psychiatrist 3. Re-evaluation of risk daily 4. Develop Personal Safety Plan (add to Tx Plan)

### Family History

Mother's Name: Alecia Reed Age: 56

Father's Name: Mr. Reed Age: unknown

Step-parents or surrogate? ☐ No ☐ Yes

If yes, complete questions below where applicable:

Name: Relationship: Age:

Name: Relationship: Age:

Name: Relationship: Age:

Name of Sibling(s) / Step Siblings and Age?  
2 younger brothers

Is there any current or past family history of substance related disorders and/or psychiatric illness? ☒ No ☐ Yes

Is there any current or past family history of medical issues (diabetes, etc)? ☒ No ☐ Yes

Raised by: ☒ Parents ☐ One Parent ☐ Relatives ☐ Foster ☐ Adoptive

**Describe your childhood:**

From mother "significant sexual and physical abuse that was very ritualistic and possibly satanic that occurred when father would leave children at a friends house for baby sitting. The abuser's name is Roy and he was recently sentenced to 5-15 years in prison for the abuse.

**Describe your past and current relationships with parents/siblings/others (important bonds, strained relationships, losses, etc):**  
good relationship with brothers and mother. Relationship with father is strained and very triggering.

As a child, did you feel that all your physical and emotional needs were met by your parents or caregivers? ☒ No ☐ Yes

**If no, please explain:**

from mother-severe abuse at the hands of father's friend

**List or describe how your substance abuse or another family member's substance abuse has affected your family:**  
n/a

Were you or any other family member emotionally, physically, mentally or sexually abused, exploited or neglected? ☐ No ☒ Yes

**Has this been reported? If so, when and by who?**  
possibly by the same man. but mother is unsure.

**If yes, please list the relationship of the abused, abuser and type of abuse, date and what happened:**  
sexual, physical, ritualistic satanic abuse that lasted from 5- age 16.

**What was the impact of the abuse, exploitation or neglect?**  
severe complex trauma

Did you ever receive treatment for the abuse, exploitation or neglect? ☐ No ☒ Yes

If yes, what was your response to treatment? ☐ Completed ☐ Dropped out ☒ Partial remissions

**Explain**  
still in treatment

Would you like counseling for these issues? ☐ No ☒ Yes

If yes, please list referral name given.

Do you or any other family member have a history of other trauma (Medical, Combat, Crime Victim or Witness, Natural Disaster, Other)? ☒ No ☐ Yes

Are you experiencing any family problems? ☒ No ☐ Yes

Are you interested in counseling for family problems? ☐ No ☐ Yes

Will your family or significant other participate in your treatment? ☐ No ☒ Yes

**Explain**  
mother and grandmother is very involved in treatment

**What is your family / significant other's expectation of your treatment?**  
continued integration of alters

**Interview with family / significant other (if applicable):**  
yes-much of the info contained in the assessment came from mother.

**With whom do you spend most of your free time and how?**  
mother and grandmother

Do you have a recovery support network in place? ☐ No ☒ Yes

**Please describe:**  
mother and grandmother

Are you experiencing any social problems? ☐ No ☒ Yes

**If yes, please explain:**  
unable to function socially

Are you interested in counseling for social problems? ☐ No ☒ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

**Relationship / Marital History**

Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Significant Other ☒ Single

How many times have you been married? (Include length of time and status for each marriage)

Has any relationship dissolved due to alcohol / drug problems? ☒ No ☐ Yes ☐ N/A

If currently married or in a relationship, name and age of partner: n/a

Is partner living with you? ☐ No ☐ Yes ☒ N/A

Are you satisfied with your current relationship? ☐ No ☐ Yes ☒ N/A

Other than client, does anyone in the home abuse alcohol/drugs? ☒ No ☐ Yes ☐ N/A

Does anyone in the home have any other addiction problems (i.e, gambling, pornography, eating, Internet, etc)? ☒ No ☐ Yes ☐ N/A

Are you experiencing or have you experienced any domestic violence issues? ☒ No ☐ Yes

Any children? ☒ No ☐ Yes ☐ N/A

Are there any current or past problems with your children? ☐ No ☐ Yes ☒ N/A

Are you interested in family or couples counseling? ☐ No ☐ Yes ☒ N/A

Is the information noted above significantly distorted? ☒ No ☐ Yes

### School/Education

*(If adolescent, you must complete the Psychosocial Addendum for Adolescents)*

What was the highest grade you completed? 12 GED: ☐ No ☐ Yes ☐ N/A

If you did not graduate, explain why?

Training or technical education completed?

Are you interested in furthering your education? ☒ No ☐ Yes

Any behavioral issues, learning barriers (such as disabilities, illiteracy), physical limitations (such as vision/hearing) or traumatic experiences that are significant to educational history? ☒ No ☐ Yes

Are you aware of having had any developmental delays age 0-5 years (speech, walking, toileting, socializing, reading)? ☒ No ☐ Yes

List or describe any substance abuse history that created problems and / or consequences that occurred during school years:

College Graduate? ☒ No ☐ Yes

If NO, how long did you n/a Why did you leave? n/a

### Cultural / Spiritual History

Spiritual beliefs, upbringing and values within family of origin and how it affected you:  
n/a

Do you have a spiritual belief, or a higher power? ☒ No ☐ Yes

Explain

Are your beliefs and spiritual practices a significant part of your life? ☒ No ☐ Yes

Do you attend formal religious / spiritual practice? ☒ No ☐ Yes

Do you meditate or pray regularly? ☒ No ☐ Yes

How has your substance abuse affected your spiritual aspect of life?  
n/a

Do you feel your spiritual belief/higher power will have an impact on your recovery? ☒ No ☐ Yes

History of cultural influences:  
n/a

Are there any cultural, racial or ethnic background issues that will impact your recovery? ☒ No ☐ Yes

What is your cultural attitude toward substance abuse?  
it is bad

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Sexual History / Orientation

Describe your current sexual orientation: heterosexual

Have you always had the same sexual orientation? ☐ No ☒ Yes

Have you been sexually active? ☐ No ☒ Yes

If so, at what age did you become sexually active? 5

Was your participation consensual? ☒ No ☐ Yes ☐ N/A

Explain:  
sexual abuse

Have you had multiple sexual partners? ☒ No ☐ Yes ☐ N/A

Have you ever engaged in unprotected sex? ☐ No ☒ Yes ☐ N/A

If yes, explain:  
sexual abuse

Have you ever experienced gender identity issues? ☒ No ☐ Yes

Have you ever experienced Sexual Compulsivity / Addiction? ☒ No ☐ Yes

Are you experiencing any guilt or shame regarding your sexual orientation and/or sexual practices? ☒ No ☐ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Recreation

Describe what type of recreation activities you have enjoyed:  
cooking, animals

During the past year, how often have you participated in these activities:  
daily, weekly

Has the frequency of these activities been affected by your relationship with substances? ☒ No ☐ Yes

Describe what type of recreation activities you would like to learn or start to engage in:  
writing, cooking, animal assisted

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Employment History

Currently employed? ☒ No ☐ Yes

If no, how long unemployed and how do you support yourself?  
mother

Previous job history (types of jobs held, where, when and reason for leaving):  
n/a

Ever had problems at work related to substance use: ☒ No ☐ Yes

Has anyone at work expressed concern about your substance use? ☒ No ☐ Yes

Does your employer require notification of your treatment? ☒ No ☐ Yes

Does someone contribute to your financial support? ☐ No ☒ Yes

If YES, explain:  
mother

Do people depend on you for basic needs (food, shelter, etc.)? ☒ No ☐ Yes

Vocational interests and goals:  
n/a

Have you ever managed your finance independently? ☒ No ☐ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Legal History

Have you ever been arrested? ☒ No ☐ Yes

Pending charges? ☒ No ☐ Yes

Upcoming court dates? ☒ No ☐ Yes

Have any of your charges resulted in convictions? ☒ No ☐ Yes

Have you ever been incarcerated? ☒ No ☐ Yes

Are you currently on probation or parole? ☒ No ☐ Yes

Required to register under Megan's Law? ☒ No ☐ Yes

Explain:

Would counseling for legal issues be of interest to you now? ☒ No ☐ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Military History

Have you ever been in the Armed Forces? ☒ No ☐ Yes

Where you ever demoted due to substance use? ☒ No ☐ Yes

Is the information noted above significantly distorted? ☒ No ☐ Yes

### Mental Status Summary

#### General Observations:

#### Interviewing Counselors Interpretations

- |  |                                  |  |                                |
|--|----------------------------------|--|--------------------------------|
| <input checked="" type="checkbox"/> neat | <input type="checkbox"/> dirty   | <input type="checkbox"/> appears younger | <input type="checkbox"/> messy |
| <input type="checkbox"/> clean           | <input type="checkbox"/> unkempt | <input type="checkbox"/> appears older   |                                |

#### Physical Attire:

- |   |  |                                       |                                 |
|---|--|---------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> appropriate | <input type="checkbox"/> inappropriate | <input type="checkbox"/> well groomed | <input type="checkbox"/> flashy |
|---|--|---------------------------------------|---------------------------------|

#### General Manner:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> reserved | <input checked="" type="checkbox"/> shy | <input checked="" type="checkbox"/> tense      | <input type="checkbox"/> suspicious             |
| <input type="checkbox"/> apathetic           | <input type="checkbox"/> embarrassed    | <input checked="" type="checkbox"/> distant    | <input type="checkbox"/> defiant                |
| <input type="checkbox"/> resentful           | <input type="checkbox"/> candid         | <input checked="" type="checkbox"/> submissive | <input type="checkbox"/> high strung            |
| <input checked="" type="checkbox"/> fragile  | <input type="checkbox"/> grandiose      | <input checked="" type="checkbox"/> monotone   | <input type="checkbox"/> serious                |
| <input type="checkbox"/> defensive           | <input type="checkbox"/> irritable      | <input checked="" type="checkbox"/> courteous  | <input checked="" type="checkbox"/> cooperative |
| <input type="checkbox"/> indifferent         | <input type="checkbox"/> perceptive     | <input type="checkbox"/> hostile               |   |

#### Thought Process:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> appropriate             | <input type="checkbox"/> manipulative       | <input type="checkbox"/> irrelevant            | <input checked="" type="checkbox"/> vague       |
| <input type="checkbox"/> calculating             | <input checked="" type="checkbox"/> elusive | <input type="checkbox"/> indirect              | <input type="checkbox"/> flight of ideas        |
| <input type="checkbox"/> distractible            | <input type="checkbox"/> spontaneous        | <input type="checkbox"/> expressionless        | <input type="checkbox"/> circumstantial         |
| <input checked="" type="checkbox"/> disconnected | <input type="checkbox"/> mute               | <input checked="" type="checkbox"/> tangential | <input type="checkbox"/> overly inclusive       |
| <input type="checkbox"/> confronting             | <input type="checkbox"/> sarcastic          | <input type="checkbox"/> slow                  | <input checked="" type="checkbox"/> emotionless |

#### Emotional Reactions:

- |   |                                       |                                    |                                    |
|---|---------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> spontaneous | <input type="checkbox"/> apprehensive | <input type="checkbox"/> elated    | <input type="checkbox"/> perplexed |
| <input type="checkbox"/> superficial            | <input type="checkbox"/> dissatisfied | <input type="checkbox"/> depressed | <input type="checkbox"/> angry     |
| <input type="checkbox"/> confused               | <input type="checkbox"/> indifferent  | <input type="checkbox"/> fearful   | <input type="checkbox"/> anxious   |

☐ euphoric      ☐ apathetic      ☐ tearful

**Speech:**

☒ flat      ☐ appropriate      ☐ rambling      ☐ slurred  
☐ pressured

**Affect:**

☐ appropriate      ☒ shallow      ☐ incongruent      ☐ blunt  
☒ flat

**Orientation:**

☒ time      ☒ person      ☒ place      ☒ situation

**Hallucinations:**

Hallucinations    ☐ No    ☒ Yes

If YES, check types:

☐ auditory      ☒ visual      ☐ olfactory      ☐ tactile

If YES, describe content, frequency and duration:

client states that someone is triggering her but can't explain or describe who they are, what they look like, or where they are.

**Delusions**

Delusions    ☒ No    ☐ Yes

If YES, check types:    ☐ themes      ☐ grandiose      ☐ persecutory

**Evaluative Summary**

Motivation level is:    ☐ Precontemplation    ☒ Contemplation    ☐ Preparation    ☐ Action    ☐ Maintenance    ☐ Relapse

After meeting and reviewing medical, substance abuse, mental health and social history, client challenges (i.e., overuse of defense mechanisms, distrust, cognitive limitations, etc.) during treatment may include:

lack of emotional regulation skills and extreme dependence on others

After meeting and reviewing medical, substance abuse, psychiatric and social history, client is likely to excel in the following areas during their treatment stay:

client is very cooperative and is interested in treatment

What approach (or combination of services) will most likely yield the most effective treatment outcome for this client?

self soothing skills to get through difficult experiences, trigger awareness, and encouragement to make decisions on her own. One on one therapy, group therapy, rec therapy, animal assisted therapy, medication management

**Interpretive Summary**

**Client Composite** (describe the central themes that will need to be addressed during the client's treatment, including the client's psychological assessment and any co-occurring disorders or disabilities):

Client demonstrates complex trauma, psychosis, and dissociation. She is fearful of the world and also, according to her mother, thinks like she deserves to get punished. She has a few distress tolerance skills and is very shy about trusting others. Her alters appear, sometimes dramatically, and appear as a coping mechanism. She is also very concerned about making mistakes and getting into trouble possibly as a result of abuse. Lastly, she appears to be very compliant with requests and consistently wants others to tell her what to do.

**Presenting Illness and Underlying Problems:**

DID, PTSD

**Recommended Program/Level of Care:**

RTC, the client is very fragile and unable to function on her own.

**Client Strengths, Needs, Abilities and Preferences** (Clinician's impressions):

She is very cooperative and is genuinely interested in therapy.

**Client Needs that will be Addressed in Treatment:**

distress tolerance skills, encourage client to make choices on her own, build trust with therapist.



**Client Needs that will NOT be Addressed in Treatment:**

It is unclear if treatment at SML will progress to the point of alter integration.

**Support System:**

mother, grandmother

**Clinical Impressions:**

Client is suffering from complex trauma, PTSD, and carries a diagnosis of DID.

**Discharge Planning:** living arrangements, after care provider if known, long term goals:  
live at home with mother

**Contact Signatures****Treatment Team Signatures**

--Digitally Signed: 09/08/2019 12:29 pm	Therapist Timothy Meeks, MSSW
--Digitally Signed: 09/08/2019 03:19 pm	Therapist Clyde Johnson, Ph.D.
--Digitally Signed: 09/08/2019 03:35 pm	Head Nurse Rachel Stewart, RN
--Digitally Signed: 09/09/2019 06:37 am	Therapist Rena Arwood, M.S.
--Digitally Signed: 09/11/2019 07:57 am	Registered Nurse Brittany Wolfe, RN
--Digitally Signed: 09/30/2019 09:52 pm	Psychiatrist Reggie Raman, M.D.
--Digitally Signed: 11/12/2019 06:08 pm	Recreation Therapist Matt Hicks, CTRS
--Digitally Signed: 01/22/2020 07:21 am	Psychotherapist Thomas Breitung, LPC, NCC

## Nursing Assessment

### Demographics

Date: 09/03/2019 Admit Date: 09/03/2019

Resident Name: Emily Reed

Patient ID#: 60479

Address: 20762 Crestview Lane Huntington Beach, CA 92646-5929

Telephone (Home):

Cell:

Date of Birth: 11/16/1996 Age: 22

Sex: Female

Transgender: ☐

### Other Demographics

Admit Date 09/03/19

Primary Pharmacy Provider ☐ Colonial Drugs ☐ Omnicare Pharmacy ☐ Other Mc Farland

Primary Lab Provider ☐ BioReference Laboratories ☐ Solstas Labs ☐ LeConte Medical Center ☐ Other LeConte, Solstas

### Presenting Problem

#### Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:

Resident suffered abuse from the age of 5 years of age until she was 16. She is here for treatment due to PTSD, DID, anxiety, depression. Before coming to facility resident tried to overdose.

### Vital Signs

Temperature: 98.1 Pulse: 86 Respirations: 16 Blood Pressure: 125/81

Height (ft): 5 Height (in): 3 Weight (lbs): 120.4 BMI: 21.33

Pupil Size: ☒ Equal ☐ Pinpoint ☐ Reactive ☐ Dilated ☐ Other

### Substance Abuse History

Substance Abuse History? ☐ Yes ☐ Does not apply

Substance	Current Usage Past 30 Days	If yes, pattern of use last 30 days (include amount and frequency)	Age of 1st Use	Age this became a problem?	Pattern of use for at least last 6 months (use Resident's Own Words)	Primary Route:(Oral, IV, etc.)	Date, Time, and amount of last use
Alcohol	<input type="radio"/> No <input type="radio"/> Yes						
Amphetamines	<input type="radio"/> No <input type="radio"/> Yes						
Barbiturates	<input type="radio"/> No <input type="radio"/> Yes						
Benzodiazepines	<input type="radio"/> No <input type="radio"/> Yes						
Xanax	<input type="radio"/> No <input type="radio"/> Yes						
Valium	<input type="radio"/> No <input type="radio"/> Yes						
Klonopin	<input type="radio"/> No <input type="radio"/> Yes						
Cocaine	<input type="radio"/> No <input type="radio"/> Yes						
Hallucinogens	<input type="radio"/> No <input type="radio"/> Yes						
Inhalants	<input type="radio"/> No <input type="radio"/> Yes						
Marijuana	<input type="radio"/> No <input type="radio"/> Yes						
Methamphetamine	<input type="radio"/> No <input type="radio"/> Yes						
Opioids	<input type="radio"/> No <input type="radio"/> Yes						
Hydrocodone	<input type="radio"/> No <input type="radio"/> Yes						
Oxycodone	<input type="radio"/> No <input type="radio"/> Yes						
Morphine	<input type="radio"/> No <input type="radio"/> Yes						
Methadone	<input type="radio"/> No <input type="radio"/> Yes						
Heroin	<input type="radio"/> No <input type="radio"/> Yes						
Oxycontin	<input type="radio"/> No <input type="radio"/> Yes						
Other opioid	<input type="radio"/> No <input type="radio"/> Yes						
Bath Salts	<input type="radio"/> No <input type="radio"/> Yes						
Designer Drugs	<input type="radio"/> No <input type="radio"/> Yes						

## Allergy Information

Allergy Type	Allergy	Reaction
Medication Allergy	Haldol	swollen tongue, muscles become ridged
Food Allergy	NKA	
Environmental Allergy	NKA	

## Mobility

- ☒ Ambulatory
- ☐ Assistive Devices
- ☐ Any other equipment or special needs required to complete ADL's?

## Withdrawal Screening

Withdrawal Symptoms evident on admission:

Nausea:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Headaches:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Vomiting:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Bowel Problems:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Elevated Pulse:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Elimination	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Elevated temperature:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Anxiety:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Abdominal	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Piloerection:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Appetite disturbance:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Lacrimation:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Hot/cold	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Anorexia:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Angry outbursts:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Arthralgias:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Restlessness:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Myalgias:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Rhinorrhea:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Sweats:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Craving:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Tremors:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Insomnia:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Chills:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Hallucinations:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Mydriasis:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Delusions:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A	Depression:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A
Paranoia:	<input type="checkbox"/> Current <input type="checkbox"/> Past <input checked="" type="checkbox"/> N/A		

Delirium Tremens ☐ No ☐ Yes

Seizures ☐ No ☐ Yes

Other ☐ No ☐ Yes

History of Blackouts? ☐ No ☐ Yes

Have you ever been hospitalized due to your alcohol/drug use? ☐ No ☐ Yes

Have you been hospitalized in the past 30 days? ☒ No ☐ Yes

Have you been seen in the ER in the last 30 days? ☐ No ☒ Yes

If yes, describe:

Taken to ER after overdosing on Rx meds.

Have you had an injury in the last 30 days? ☐ No ☐ Yes

If yes, describe:

LT and RT elbow abrasion that happened in ER.

Have you ever engaged in IV drug use? ☐ No ☐ Yes

Have you ever shared needles? ☐ No ☐ Yes

Have you engaged in sexual activity with anyone whose health status is unknown to you? ☐ No ☐ Yes

Have you engaged in sexual activity with partners who were diagnosed with any of the following?

☒ No ☐ HIV ☐ AIDS ☐ Hepatitis ☐ Past ☐ Chlamydia ☐ Syphilis

### Chemical Dependence Treatment History

Have you ever been treated for a substance abuse issue? ☐ No ☐ Yes

### Mental Health Treatment History

Have you ever been given a psychiatric diagnosis? ☐ No ☐ Yes

If yes, diagnosis:

PTSD, severe anxiety, depressive disorder 2014. The DID more recent diagnosis 2018.

Who made the diagnosis: UCI medical center When? 2014

Have you received mental health services or are you currently receiving services? ☐ No ☐ Yes

If yes, list treatments below:

MH Treatment Provider/ Facility	Date of Treatment	Level of Care	Duration of Treatment	Diagnosis or reason in treatment	Completed Treatment
Dr. Jennifer Love Amen clinic	since 2014	outpatient	ongoing	PTSD, Anx/dep. DID	<input type="radio"/> No <input type="radio"/> Yes
Texas UBH Collin Ross	2018	RTC	"few months"	DID	<input type="radio"/> No <input type="radio"/> Yes

#### Other details:

Resident was abused from age 5 -16 yo. (total of 12 years) Nothing was known or reported until she was 16yo when she had "mental break" the story came out. Mother reports resident's relationship with the abuser became a "Stockholm Syndrome type" relationship. The perpetrator is in prison for 5-15 years. Mother is resident's guardian and conservator.

### Nutritional Assessment

Weight change during past 6 months: ☐ Gained ☐ Lost ☐ None

Approximate # of lbs N/A

Explain any fluctuations: N/A

Was weight gain or weight loss related to drug use ☐ No ☐ Yes

Was weight gain or weight loss related to MH symptoms ☐ No ☐ Yes

Special diet: ☐ No ☐ Yes

If yes, type: no beef or pork

Assessment of nutritional habits:  
will eat fish and chicken

Does patient understand the basics of a healthy diet? ☐ No ☐ Yes

Does patient use food as a coping mechanism? ☐ No ☐ Yes

History of eating disorder: ☐ No ☐ Yes

Received treatment: ☐ No ☐ Yes

Level of physical activity: regular exercise boxing, rowing 3 days a week

### Nutritional Screen for Dietitian:

Further assessment is needed in the following areas (check all that apply):

☒ No Referral Needed

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ileostomy                 | <input type="checkbox"/> Cirrhosis          | <input type="checkbox"/> Idiosyncratic Diet (Pica, etc.)   |
| <input type="checkbox"/> AIDS/HIV+                 | <input type="checkbox"/> Acute Pancreatitis | <input type="checkbox"/> Diabetes (new) w/o ADA diet order |
| <input type="checkbox"/> HTN w/o low sodium diet   | <input type="checkbox"/> New Onset Diabetes | <input type="checkbox"/> Renal Disease w/o Diet            |
| <input type="checkbox"/> Diagnosis of Malnutrition | <input type="checkbox"/> Low-fat Diet       | <input type="checkbox"/> Anorexia/Bulimia/Bulimarexia      |
| <input type="checkbox"/> Compulsive Overeating     | <input type="checkbox"/> Obesity            |  |

Name of R.D. consult and date of appointment or refusal Refuses consult. Resident understands healthy well balanced diet, regular exercise and drinking plenty of fluids and understands the importance and verbalizes this.

### Medical

Do you have current medical problems? ☐ No ☐ Yes

☒ Client denies history of surgery or hospitalization

### Surgical and Hospitalization History:

Treated for:	Date[s] treated	Length of Stay	Place of Service/City/State
--------------	-----------------	----------------	-----------------------------

Is there any family history of medical problems: ☐ No ☐ Yes

Do you currently have a Primary Care Physician? ☐ No ☐ Yes

If yes, name and date of last visit:

Jennifer Love Amen

Reason for last visit:

Physical

If accepting prior History and Physical, are there changes since the last exam? ☐ No ☐ Yes

Do you currently use non-medication treatment methods, such as acupuncture, chiropractic? ☐ No ☐ Yes

### Medications

**ALL medications including herbal supplements, vitamin supplements, mineral supplements, and/or homeopathic remedies currently used.**

Medication name	Dose & Frequency	Route	Length of Time	Last dose, date & time	Prescribing Physician	Reason Prescribed	Do you believe the medication is effective?	Continue
Pristiq	50 mg	po	"about a year"	09/03/19	Dr. Amen	depression	yes	<input type="radio"/> No <input type="radio"/> Yes
Lamotrigine	150 mg	po	"about a year"	09/03/19	Dr. Amen	moods	yes	<input type="radio"/> No <input type="radio"/> Yes
Gabapentin	300 mg PRN	po	"about a year"	09/03/19	Dr. Amen	anxiety	yes	<input type="radio"/> No <input type="radio"/> Yes
Clindamycin	300 mg	po	"week or so"	09/03/19	Dr. Amen	cellulitis	yes	<input type="radio"/> No <input type="radio"/> Yes
Midol	2 tabs	po	as needed	09/03/19	OTC	cramps	yes	<input type="radio"/> No <input type="radio"/> Yes

**Psychoactive medications, herbal/vitamin/mineral supplements, homeopathic remedies that have been used in the PAST 3 YEARS but are no longer being used.**

Medication name & reason prescribed	Dose & Frequency	Route	Length of Time	Last dose, date & time	Prescribing Physician	Reason discontinued	Do you believe the medication was effective?
Haldol	unknown	po	one dose	unknown	unknown	allergic/tongue swelled and ridged muscles	no

Did you experience any side effects, allergies or adverse reactions to any of the medications used in the past 3 years? ☐ No ☐ Yes

If yes, describe:

Allergy to Haldol-caused tongue to swell and muscles to be ridged.

**Functional Assessment**

Independently or with staff supervision, is the resident:

Capable of Self Preservation? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Maintain Personal Daily Hygiene and Grooming? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Self-Administer Medication? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Initiate and Participate in Social Interaction? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Perform Household Chores? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Prepare Meals? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Conduct Financial Affairs? ☐ Yes ☐ No ☐ With Staff Supervision

Able to Use Public Transportation? ☐ Yes ☐ No ☐ With Staff Supervision

**Systems Review**

**Vision:**

☒ Denies Problems

☐ Impaired

☐ Glaucoma

☐ Blind

☐ Infection

☐ Glasses

☐ Contact Lenses

Comments:

**Hearing:**

☒ Denies Problems

☐ Impaired

☐ Deaf

☐ Ear Infection

☐ Hearing Aid

Comments:

**Nose:**

☒ Denies Problems

☐ Sinus Problems

☐ Loss of Smell

☐ Nose Bleeds

Comments:

**Throat:**

☒ Denies Problems

☐ Infection

☐ Swollen Glands

☐ Trouble Swallowing

Comments:

**Cardiovascular:**

☒ Denies Problems

☐ HTN

☐ MI\*

☐ CHF\*

☐ Chest Pain\*

☐ Irregular Heart Beat\*

☐ Pacemaker\*

☐ Stroke\*

☐ Fainting Spells\*

☐ Edema of Hands, Feet or Legs\*

\*Report findings to MD if opiate detox admission

Comments:

**Respiratory:**

☒ Denies Problems

☐ Infection

☐ Asthma

☐ Emphysema

☐ COPD

☐ Cancer

☐ SOB with Exertion

☐ Frequent Cough

☐ Coughing up Blood

☐ Smoker

☐ Non-smoker

☐ TB

☐ Positive PPD Reactor

If smoker, N/A

Conversion Date: N/A

Date of last 09/03/19

Comments:  
PPD given RT forearm

**Genitourinary:**

☒ Denies Problems

☐ Retention

☐ Hematuria

☐ Penile/Vaginal Discharge

Comments:

**Dental:**

☒ Denies Problems

☐ Caries/Abscesses

☐ Gums

☐ Mouth

Last Dental Visit: 4 mo ago

Name, location of provider Dental care associates

Name of Dental Consult and date of appointment or refusal Denies need for dental consult

Comments

**Endocrine:**

☒ Denies Problem

☐ Diabetes

☐ Thyroid

Comments:

**STD:**

☒ Denies

☐ Chlamydia

☐ HPV-genital Warts

☐ Syphilis



☐ Gonorrhea

☐ Herpes

Comments:

**Hemopoietic:**

☒ Denies Problems

☐ Bleeding/Hemorrhage

☐ Anemia

☐ HIV+

☐ AIDS

☐ Blood Disorders

If Anemia, Tx N/A

If AIDS, Year of N/A

If Blood N/A

Comments:

**Neuro-Musculoskeletal:**

☒ Denies Problems

☐ Lupus

☐ Epilepsy/Seizures

☐ Crohn's Disease

☐ Multiple Sclerosis

☐ Lyme's Disease

☐ Acute Pain

☐ Chronic Pain

☐ Endometriosis

☐ Muscle Weakness

☐ Neuropathies

☐ Headaches

☐ Tremors

☐ Bone Disease

☐ Fractures

☐ Dizziness

☐ Hepatitis A, B, C

Specify Chronic Pain: denies chronic pain

Comments:

**Gastrointestinal:**

☒ Denies Problems

☐ Indigestion

☐ Vomiting

☐ Esophageal varices

☐ Constipation

☐ Jaundice

☐ Pancreatitis

☐ Diarrhea

☐ Nausea

☐ Ulcers

Comments:

**Female:** ☐ Yes ☐ Does not apply

Gravida: 0

Para: 0

Abortion: 0

Miscarriage: 0

Last Menses: 08/15/19

Difficulty with heavy cramping. N/V

Possible Pregnancy? N/A

History PID? N/A

Prophylaxis? N/A

Last PAP? N/A

Comments:

**Sleep Pattern:**

Normally retires at: 9:30-10pm Normally rises at: 9am # naps per day: sometimes

- ☐ No Sleep Issues ☒ Difficulty Falling Asleep  
☒ Nightmares ☐ Drug dreams ☒ Night sweats ☒ Frequent awakening

Patient uses sleep aid medications: ☐ No ☐ YesDoes patient have a history of sleep apnea? ☐ No ☐ Yes**Skin:**

- ☒ Warm ☒ Dry ☒ Cool ☒ Moist

Identify: open wounds, abscesses, cuts bruises, scars, rashes, tattoos, track marks

Belly button, ears bilaterally

Self-mutilation: ☐ No ☐ Yes

If yes, describe in detail:

Frequency:

occasionally scratches arms with finger nails when stressed.

Where on body:

arms

With what:

fingernails

Required medical intervention: ☐ No ☐ Yes

If yes,

**Literacy Screen**What is the best way for the resident to learn? ☐ written ☐ information ☐ have information read to them ☐ demonstration ☐ Other**Literacy/Difficulties:**

- ☐ Within Normal Limits ☐ Mild [Inability to complete 2 sentences correctly] ☐ Moderate [Inability to complete full sentences]  
☐ Severe [Unable to recognize words / 3-4 letters] ☐ Total illiteracy ☐ Literacy difficulties due to language barrier

**Speech/Impediments:**

- ☒ Within Normal Limits ☐ Aphasia  
☐ Repeated letter mispronounced ☐ Slurred speech  
☐ Stuttering speech ☐ Interrupted speech pattern

List primary language and language fluency English

Comments:

Processing problems in school and still has problems processing.

**Mental Status Summary****Interviewing Nurse's interpretation****General Observations:**

- ☒ Neat ☐ Clean ☐ Dirty ☐ Unkempt  
☐ Appears Younger ☐ Appears Older ☐ Messy

**Physical Attire:**

- ☒ Appropriate ☐ Inappropriate ☐ Well Groomed ☐ Flashy

**General Manner:**

- ☒ Reserved ☐ Apathetic ☐ Resentful ☐ Fragile

- |                                      |   |                                      |                                      |
|--------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Defensive   | <input checked="" type="checkbox"/> Indifferent | <input type="checkbox"/> Shy         | <input type="checkbox"/> Embarrassed |
| <input type="checkbox"/> Candid      | <input type="checkbox"/> Grandiose              | <input type="checkbox"/> Irritable   | <input type="checkbox"/> Perceptive  |
| <input type="checkbox"/> Tense       | <input type="checkbox"/> Distant                | <input type="checkbox"/> Submissive  | <input type="checkbox"/> Monotone    |
| <input type="checkbox"/> Courteous   | <input type="checkbox"/> Hostile                | <input type="checkbox"/> Suspicious  | <input type="checkbox"/> Defiant     |
| <input type="checkbox"/> High Strung | <input type="checkbox"/> Serious                | <input type="checkbox"/> Cooperative |                                      |

**Thought Process:**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Appropriate     | <input type="checkbox"/> Calculating    | <input checked="" type="checkbox"/> Distractible | <input type="checkbox"/> Disconnected |
| <input type="checkbox"/> Confronting     | <input type="checkbox"/> Manipulative   | <input type="checkbox"/> Elusive                 | <input type="checkbox"/> Spontaneous  |
| <input type="checkbox"/> Mute            | <input type="checkbox"/> Sarcastic      | <input type="checkbox"/> Irrelevant              | <input type="checkbox"/> Indirect     |
| <input type="checkbox"/> Expressionless  | <input type="checkbox"/> Tangential     | <input type="checkbox"/> Slow                    | <input type="checkbox"/> Vague        |
| <input type="checkbox"/> Flight of Ideas | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Overly Inclusive        | <input type="checkbox"/> Emotionless  |

**Emotional Reactions:**

- |                                       |                                       |   |                                    |
|---------------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Spontaneous  | <input type="checkbox"/> Superficial  | <input type="checkbox"/> Confused               | <input type="checkbox"/> Euphoric  |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Dissatisfied | <input checked="" type="checkbox"/> Indifferent | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Elated       | <input type="checkbox"/> Depressed    | <input type="checkbox"/> Fearful                | <input type="checkbox"/> Tearful   |
| <input type="checkbox"/> Perplexed    | <input type="checkbox"/> Angry        | <input type="checkbox"/> Anxious                |                                    |

**Speech:**

- |  |                                      |                                   |                                  |
|--|--------------------------------------|-----------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Flat | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Rambling | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Pressured       |                                      |                                   |                                  |

**Affect:**

- |  |                                  |                                      |                                |
|--|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Appropriate     | <input type="checkbox"/> Shallow | <input type="checkbox"/> Incongruent | <input type="checkbox"/> Blunt |
| <input checked="" type="checkbox"/> Flat |                                  |                                      |                                |

**Orientation:**

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Time | <input checked="" type="checkbox"/> Person | <input checked="" type="checkbox"/> Place | <input checked="" type="checkbox"/> Situation |
|--|--|---|---|

**Hallucinations:**

Hallucinations: ☐ No ☐ Yes

If YES, check types: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

If YES, describe content, frequency and duration  
denies

**Delusions:**

Delusions: ☐ No ☐ Yes

If YES, check types: ☐ Themes ☐ Grandiose ☐ Persecutory

**Pain Assessment**

Chronic pain, not associated with WITHDRAWAL symptoms (specify):  
Denies

Client reports current pain issues: ☐ No ☐ Yes

If patient answered yes, do pain screening:

Patient currently rates pain at: ☐ 1 (lowest) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (highest)

What is pain due to:

Denies

Description of pain:

N/A

Consult with physician for referral for pain management: ☐ No ☐ Yes

Nursing Comment Box

### Falls Risk Assessment V1.1

Age:

☒ 0 = 18-59

☐ 1 = 60-70

☐ 2 = 71>

Gender:

☐ 0 = Male

☒ 1 = Female

Mental Status:

☒ 0 = Oriented and cooperative

☐ 1 = Oriented and uncooperative

☐ 2 = Confused, memory loss, forgets limitations, intoxicated

Physical Status:

☒ 0 = Healthy

☐ 1 = Generalized muscle weakness

☐ 2 = Dizzy, vertigo, syncope, orthostatic hypotension

☐ 3 = Cachexia and wasting

Elimination:

☒ 0 = Independent and continent

☐ 1 = Catheter, ostomy

☐ 2 = Elimination with assistance, diarrhea or incontinence

☐ 3 = Independent and incontinent, urgency, or frequency

Impairments:

☒ 0 = None

☐ 1 = Uncorrected visual, hearing, language, speech

☐ 2 = Limb amputation

☐ 3 = Neurological paralysis, paresthesia

Gait or

☒ 0 = Able to walk/stand unassisted or fully ambulatory

☐ 1 = Physically unable to walk/stand (but may attempt)

☐ 2 = Walks with cane

☐ 3 = Unsteady walking, standing, walker, crutches, furniture

History of Falls in

☒ 0 = No History

6 Months:

☐ 1 = Near falls or fear of falling

☐ 2 = Has fallen 1-2 times

☐ 3 = Multiple falls, more than 2 times

## MEDICATIONS

- Mood Stabilizer ☐ 0 = Not taking prior to admission
- Medications: ☒ 1 = Taking prior to admission
- ☐ 2 = Newly ordered
- Benzodiazepines: ☒ 0 = Not taking prior to admission
- ☐ 1 = Taking prior to admission
- ☐ 2 = Newly ordered
- Diuretics: ☒ 0 = Not taking prior to admission
- ☐ 1 = Taking prior to admission
- ☐ 2 = Newly ordered
- Narcotics: ☒ 0 = Not taking prior to admission
- ☐ 1 = Taking prior to admission
- ☐ 2 = Newly ordered
- Sedatives/Hypnotics: ☒ 0 = Not taking prior to admission
- ☐ 1 = Taking prior to admission
- ☐ 2 = Newly ordered
- Atypical AntiPsychotics ☒ 0 = Not taking prior to admission
- ☐ 1 = Taking prior to admission
- ☐ 2 = Newly ordered

## DETOX PROTOCOL

- 7 points if on detox ☒ 0 = Not on detox protocol
- protocol ☐ 7 = On detox protocol

## FALL RISK SCORE 2

(Generate a number based on the sum of the above items)

- Fall Risk Level: ☒ Score 0-6 = Low Risk
- ☐

☐ Fall Risk? (RN Clinical Judgment)

### Fall Risk Comments:

No history of falls and score of 2 therefore resident is not a falls risk.

## **Preliminary Discharge/Continuing Care Planning Needs**

Preliminary Discharge/Continuing Care Planning Needs

- ☒ Medical Follow-up/Self or Children

- ☐ Domestic Violence Programs
- ☐ Transportation assistance
- ☐ OB-GYN Follow-up/Prenatal Care
- ☐ Public Assistance
- ☐ Victims of Sexual Assault Programs
- ☒ Psychiatric Follow-up
- ☐ Halfway House Placement
- ☐ Intensive Case Management
- ☐ Psychological Follow-up
- ☒ Return Home
- ☒ Ongoing Medication Management

#### Client Orientation Checklist

- ☐ Medical Detoxification Procedures
- ☒ Medical Exams/Evals
- ☒ Infection Control
- ☒ Laboratory Testing
- ☒ Medication Administration

Were there any changes in the patient's affect, mood, cognition, and/or alertness from the beginning of the assessment to the end of the assessment?

☐ No ☐ Yes

After meeting and reviewing medical, substance abuse, psychiatric and social history, client's challenges during treatment may be:

Resident has been dx with DID and has 22 different alters as reported by resident's mother This may make it difficult to participate at times due to her stating "they are all talking at the same time."

After meeting and reviewing medical, substance abuse, psychiatric and social history, client is likely to excel in the following areas during their treatment stay:

Medication compliance and attending groups.

#### Nursing Objectives to be Reflected on the Treatment Plan

Emily will work towards symptom stabilization for depression, anxiety, PTSD, DID by demonstrating medication compliance as evidenced by taking all medications as prescribed for the next 30 days and will report all concerns and side effects to nursing staff immediately. This objective is supported by resident's desire to "feel better, less depressed" and "not feel nervous and anxious." Emily will complete this objective by participation in medication management appointments with psychiatrist 1x per week and Nursing Education Group Therapy 1x per week for the next 30 days.

#### Contact Signatures

#### Treatment Team Signatures

--Digitally Signed: 09/07/2019 12:28 am Registered Nurse Christy Moyers, RN  
 --Digitally Signed: 09/08/2019 06:44 pm Head Nurse Rachel Stewart, RN

## Psychiatric Admissions Evaluation

### Demographics

Date: 09/06/2019 Admit Date: 09/03/2019

Resident Name: Emily Reed

Patient ID#: 60479

Address: 20762 Crestview Lane Huntington Beach, CA 92646-5929

Telephone (Home):

Cell:

Date of Birth: 11/16/1996 Age: 22

Sex: Female

Transgender: ☐

### Presenting Problem

#### Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:

Resident suffered abuse from the age of 5 years of age until she was 16. She is here for treatment due to PTSD, DID, anxiety, depression. Before coming to facility resident tried to overdose.

### Allergies

Allergy Type	Allergy	Reaction
Medication Allergy	Haldol	swollen tongue, muscles become ridged
Food Allergy	NKA	
Environmental Allergy	NKA	

### Symptom Presentation

#### Initial Presentation (age, gender, race, etc.):

22yo female presents appropriately dressed. Timid in talking with me. Hesitated at the door before she would come in and tech had to help her and give her reassurance to enter and meet someone new.

#### Presenting Symptoms:

DID, PTSD, depression and anxiety  
multiple personalities  
nightly flashbacks and vivid nightmares that affect her rest, sleep and how she feels the next day.

#### Precipitating event leading to enrollment:

Discharged from psych hospital. Was at hospital due to 1 of her alters SA via OD. client states she doesn't know why and doesn't have completely clear recall of the events..Denies that there was any known trigger.

### History of Mental Illness

#### History/Description of Psychiatric Problems/Symptoms and Date of Onset:

Starting around age 5 yrs sexual abuse began and continued to around age 16yrs. The abuser was the caregivers spouse (in prison now). Client has a Stockholm syndrome "love relationship". Recent hospital stay was for SA via OD by one of her "alters". She has no recollection of when her DID began. Her mom noticed a difference in her around age 7 years. Her alters/personalities: Sally-was one that attempted OD. Heidi-energetic. Emma-strict doesn't like disorder. Lily-outgoing. gets involved in things. Jamie-mute, does sign and writes. Michael-no communication with him whatsoever. Says there are others but these are the main personalities. Has always had sensory issues with clothing, things can't touch her neck, doesn't like to be touched.

#### Factors that Escalate Psychiatric Symptoms:

she is unable to give any specifics, stating that her alters sometimes act on their own

### Past Psychiatric Treatment History

Have you ever been given a psychiatric diagnosis? ☐ No ☒ Yes

#### If yes, diagnosis:

PTSD, severe anxiety, depressive disorder 2014. The DID more recent diagnosis 2018.

Who made the diagnosis: UCI medical center When? 2014

Have you received mental health services or are you currently receiving services? ☐ No ☒ Yes

If yes, list treatments below:

MH Treatment Provider/ Facility	Date of Treatment	Level of Care	Duration of Treatment	Diagnosis or reason in treatment	Completed Treatment
Dr. Jennifer Love Amen clinic	since 2014	outpatient	ongoing	PTSD, Anx/dep, DID	No Yes
Texas UBH Collin Ross	2018	RTC	"few months"	DID	No Yes

**Other details:**

Resident was abused from age 5 -16 yo. (total of 12 years) Nothing was known or reported until she was 16yo when she had "mental break" the story came out. Mother reports resident 's relationship with the abuser became a "Stockholm Syndrome type" relationship. The perpetrator is in prison for 5-15 years. Mother is resident's guardian and conservator.

### Substance Abuse History

Does the Substance Abuse table apply? ☐ Yes ☒ No, do not display

Other Addictive Behaviors: ☐ Food ☐ Gaming ☐ Gambling ☐ Internet ☐ Sex ☐ Shopping ☐ Other ☒ None

Have you ever attended AA, NA, RR or used any 12-step support group? ☐ Yes ☐ No ☒ N/A

Do you have a sponsor? ☐ Yes ☐ No ☒ N/A

Do you have a family history of addiction or substance abuse? ☐ Yes ☐ No ☒ N/A

### Medical History

Treated for:	Date[s] treated	Length of Stay	Place of Service/City/State
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If accepting prior History and Physical, are there changes since the last exam? ☒ No ☐ Yes

### Mental Status Exam

**Appearance/Attitude:**

- |   |   |                                     |                                       |
|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Healthy            | <input type="checkbox"/> Unkempt            | <input type="checkbox"/> Interested | <input type="checkbox"/> Well Groomed |
| <input checked="" type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Angry      | <input type="checkbox"/> Attentive    |
| <input type="checkbox"/> Cooperative        | <input type="checkbox"/> Apathetic          | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Paranoid     |
| <input type="checkbox"/> Hostile            | <input type="checkbox"/> Depressed          | <input type="checkbox"/> Posture    | <input type="checkbox"/> Gait         |
| <input type="checkbox"/> Other:             |   |                                     |                                       |

**Behavior:**

- |  |                                      |   |                                    |
|--|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Appropriate                     | <input type="checkbox"/> Eye contact | <input type="checkbox"/> Relaxed          | <input type="checkbox"/> Agitated  |
| <input type="checkbox"/> Rigid                           | <input type="checkbox"/> Hyperactive | <input checked="" type="checkbox"/> Tense | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Abnormal involuntary movements: |                                      |   |                                    |

**Speech:**

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Normal                | <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Short answers | <input type="checkbox"/> Unresponsive               |
| <input type="checkbox"/> Neologisms            | <input type="checkbox"/> Slurred     | <input type="checkbox"/> Hesitant      | <input type="checkbox"/> Pressured                  |
| <input type="checkbox"/> Slow                  | <input type="checkbox"/> Monotonous  | <input type="checkbox"/> Loud          | <input checked="" type="checkbox"/> Abnormal rhythm |
| <input type="checkbox"/> Articulation disorder |                                      |  |   |

**Mood:**

- |                                    |   |                                    |                                    |
|------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal    | <input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Hypomanic | <input type="checkbox"/> Manic     |
| <input type="checkbox"/> Expansive | <input type="checkbox"/> Irritable          | <input type="checkbox"/> Euphoric  | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Dysphoric          |                                    |                                    |



**Affect:**

- |  |                                    |                                    |                                      |
|--|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Appropriate           | <input type="checkbox"/> Modulated | <input type="checkbox"/> Labile    | <input type="checkbox"/> Constricted |
| <input checked="" type="checkbox"/> Restricted | <input type="checkbox"/> Flat      | <input type="checkbox"/> Expansive | <input type="checkbox"/> Intensity:  |
| <input type="checkbox"/> Other:                |                                    |                                    |                                      |

**Thought Content:**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> normal | <input type="checkbox"/> delusions          | <input type="checkbox"/> hallucinations | <input type="checkbox"/> suicidality |
| <input type="checkbox"/> homicidality      | <input type="checkbox"/> obsessive thinking |   |                                      |

**Thought Process:**

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> linear             | <input type="checkbox"/> goal directed | <input checked="" type="checkbox"/> flight of ideas | <input type="checkbox"/> rambling |
| <input type="checkbox"/> loose associations | <input type="checkbox"/> tangential    | <input type="checkbox"/> circumstantial             |                                   |

**Sensorium:**

- |   |   |                                      |                                  |
|---|---|--------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> alert | <input checked="" type="checkbox"/> oriented in all spheres | <input type="checkbox"/> disoriented | <input type="checkbox"/> sedated |
|---|---|--------------------------------------|----------------------------------|

**Memory:**

- |                                 |  |   |                                 |
|---------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> remote | <input checked="" type="checkbox"/> short term | <input checked="" type="checkbox"/> long term | <input type="checkbox"/> intact |
|---------------------------------|--|---|---------------------------------|

**Judgment:**

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> adequate | <input type="checkbox"/> limited | <input checked="" type="checkbox"/> poor |
|-----------------------------------|----------------------------------|--|

**Insight:**

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> adequate | <input type="checkbox"/> limited | <input checked="" type="checkbox"/> poor |
|-----------------------------------|----------------------------------|--|

**Impulse Control:**

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> adequate | <input type="checkbox"/> limited | <input checked="" type="checkbox"/> poor |
|-----------------------------------|----------------------------------|--|

**Concentration:**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> distractibility | <input type="checkbox"/> no impairments | <input checked="" type="checkbox"/> impaired |
|---|---|--|

**Suicidal Ideation:**

- |  |  |  |                               |
|--|--|--|-------------------------------|
| <input type="checkbox"/> Suicidal Ideation Present | <input checked="" type="checkbox"/> No plan              | <input checked="" type="checkbox"/> No intent      | <input type="checkbox"/> Plan |
| <input type="checkbox"/> Intent                    | <input checked="" type="checkbox"/> No suicidal ideation | <input type="checkbox"/> Risk Assessment Completed |                               |

**Homicidal Ideation:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Homicidal Ideation present | <input checked="" type="checkbox"/> No plan               | <input checked="" type="checkbox"/> No intent      |
| <input type="checkbox"/> Plan                       |   |  |
| <input type="checkbox"/> Intent                     | <input checked="" type="checkbox"/> No Homicidal ideation | <input type="checkbox"/> Risk Assessment Completed |

**Discussion and Recommendations****Discussions and Recommendations:**

doesnt currently meet criteria for psychiatric hospital admission

**Treatment Plan**

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> CBT                 | <input checked="" type="checkbox"/> Diagnosis Education | <input checked="" type="checkbox"/> Medication Education | <input checked="" type="checkbox"/> Medication Management |
| <input checked="" type="checkbox"/> Family Consultation |   |  |   |

Add prazosin to help decrease her flashbacks and nightmares

**Admitting Medications**

Medications: <table  
cellspacing="

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active		Gabapentin	anxiety	300 mg	mornings as needed - as needed
			Prescribing Provider: Angela Wentworth			
	Active	PS	Pristiq	depression	50 mg	mornings
			Start Date: 09/03/2019		Stop Date:	
			Prescribing Provider: AngelaWentworth			
	Active	PS	Lamotrigine	Moods	150 mg	mornings
			Start Date: 09/04/2019		Stop Date:	
			Prescribing Provider: Angela Wentworth			
	Active		Clindamycin	infection/cellulitis on foot	300 mg	four times daily
			Start Date: 09/04/2019		Stop Date:	
		Notes: take until supply is exhausted				
		Prescribing Provider: Angela Wentworth				
	Active		Midol	cramping with menses	2 tabs	every 6 hrs - as needed
			Start Date: 09/04/2019		Stop Date:	
		Prescribing Provider: Angela Wentworth				
OTC	Active		Benadryl	allergy relief/allergic reaction	25mg (tablet)	every 6 hrs - as needed
			Start Date: 09/04/2019		Stop Date:	
	Active		Imodium AD	diarrhea	1 tab Q4-6hrs (tablet)	- as needed
			Start Date: 09/04/2019		Stop Date:	
	Active		Pepto Bimol	nausea/upset stomach	2 tbsps/30sp (tablet)	three times daily - as needed
			Start Date: 09/04/2019		Stop Date:	
	Active		Cough drop	cough	1 lozenge (tablet)	every 2 hrs - as needed
			Start Date: 09/04/2019		Stop Date:	
	Active		Tylenol	pain/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs - as needed
			Start Date: 09/04/2019		Stop Date:	
	Active		Calcium carbonate	heartburn/indigestion	1 chew (tablet)	every 4 hrs - as needed
			Start Date: 09/04/2019		Stop Date:	

' > ☐ Update Medication for Psychotropic

Explain changes to admitting medications:

start prazosin 1mg qhs PRN for flashbacks/nightmares

☐ Update Medication for Other

Explain changes to admitting medications:

<b>Diagnosis</b>
------------------

Code System	Code	Description
DSM5	300.14 (F44.81)	F44.81 Dissociative identity disorder
DSM5	309.81 (F43.10)	F43.10 Posttraumatic stress disorder

<b>Contact Signatures</b>
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<b>Treatment Team Signatures</b>
----------------------------------

--Digitally Signed: 09/06/2019 07:13 pm Nurse Practitioner Angela Wentworth, PMHNP-BC --Digitally Signed: 09/17/2019 07:54 pm Psychiatrist John Kupfner, M.D.
--

## Nursing Assessment

### Demographics

Date: 09/03/2019

Admit Date:

Resident Name: Emily Reed

Patient ID#: 60479

Address: 20762 Crestview Lane Huntington Beach, CA 92646-5929

Telephone (Home):

Cell:

Date of Birth: 11/16/1996

Age: 22

Sex: Female

Transgender: ☐

### Other Demographics

Admit Date 09/03/19

Primary Pharmacy Provider ☐ Colonial Drugs ☐ Omnicare Pharmacy ☒ Other McFarland

Primary Lab Provider ☐ BioReference Laboratories ☐ Solstas Labs ☐ LeConte Medical Center ☒ Other LeConte, Solstas

### Presenting Problem

#### Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:

Resident suffered abuse from the age of 5 years of age until she was 16. She is here for treatment due to PTSD, DID, anxiety, depression. Before coming to facility resident tried to overdose.

### Vital Signs

Temperature: 98.1 Pulse: 86 Respirations: 16 Blood Pressure: 125/81

Height (ft): 5 Height (in): 3 Weight (lbs): 120.4 BMI: 21.33

Pupil Size: ☒ Equal ☐ Pinpoint ☐ Reactive ☐ Dilated ☐ Other

### Substance Abuse History

Substance Abuse History? ☐ Yes ☒ Does not apply

Substance	Current Usage Past 30 Days	If yes, pattern of use last 30 days (include amount and frequency)	Age of 1st Use	Age this became a problem?	Pattern of use for at least last 6 months (use Resident's Own Words)	Primary Route:(Oral, IV, etc.)	Date, Time, and amount of last use
Alcohol	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Amphetamines	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Barbiturates	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Benzodiazepines	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Xanax	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Valium	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Klonopin	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Cocaine	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Hallucinogens	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Inhalants	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Marijuana	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Methamphetamine	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Opioids	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Hydrocodone	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Oxycodone	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Morphine	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Methadone	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Heroin	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Oxycontin	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Other opioid	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Bath Salts	<input checked="" type="radio"/> No <input type="radio"/> Yes						
Designer Drugs	<input checked="" type="radio"/> No <input type="radio"/> Yes						

**Allergy Information**

Allergy Type	Allergy	Reaction
Medication Allergy	Haldol	swollen tongue, muscles become ridged
Food Allergy	NKA	
Environmental Allergy	NKA	

**Mobility**

- ☒ Ambulatory
- ☐ Assistive Devices
- ☐ Any other equipment or special needs required to complete ADL's?

**Withdrawal Screening**

Withdrawal Symptoms evident on admission:

Nausea:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Headaches:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Vomiting:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Bowel Problems:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Elevated Pulse:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Elimination	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Elevated temperature:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Anxiety:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Abdominal	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Piloerection:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Appetite disturbance:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Lacrimation:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Hot/cold	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Anorexia:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Angry outbursts:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Arthralgias:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Restlessness:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Myalgias:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Rhinorrhea:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Sweats:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Craving:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Tremors:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Insomnia:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Chills:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Hallucinations:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Mydriasis:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Delusions:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A	Depression:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A
Paranoia:	<input type="checkbox"/> Current	<input type="checkbox"/> Past	<input checked="" type="checkbox"/> N/A				

Delirium Tremens ☒ No ☐ Yes

Seizures ☒ No ☐ Yes

Other ☒ No ☐ Yes

History of Blackouts? ☒ No ☐ Yes

Have you ever been hospitalized due to your alcohol/drug use? ☒ No ☐ Yes

Have you been hospitalized in the past 30 days? ☐ No ☐ Yes

Have you been seen in the ER in the last 30 days? ☐ No ☐ Yes

Have you had an injury in the last 30 days? ☐ No ☒ Yes

If yes, describe:

LT and RT elbow abrasion that happened in ER.

Have you ever engaged in IV drug use? ☒ No ☐ Yes

Have you ever shared needles? ☒ No ☐ Yes

Have you engaged in sexual activity with anyone whose health status is unknown to you? ☒ No ☐ Yes

Have you engaged in sexual activity with partners who were diagnosed with any of the following?

☒ No ☐ HIV ☐ AIDS ☐ Hepatitis ☐ Past ☐ Chlamydia ☐ Syphilis

### Chemical Dependence Treatment History

Have you ever been treated for a substance abuse issue? ☒ No ☐ Yes

### Mental Health Treatment History

Have you ever been given a psychiatric diagnosis? ☐ No ☒ Yes

If yes, diagnosis:

PTSD, severe anxiety, depressive disorder 2014, The DID more recent diagnosis 2018.

Who made the diagnosis: UCI medical center When? 2014

Have you received mental health services or are you currently receiving services? ☐ No ☒ Yes

If yes, list treatments below:

MH Treatment Provider/ Facility	Date of Treatment	Level of Care	Duration of Treatment	Diagnosis or reason in treatment	Completed Treatment
Dr. Jennifer Love Amen clinic	since 2014	outpatient	ongoing	PTSD, Anx/dep. DID	<input checked="" type="radio"/> No <input type="radio"/> Yes
Texas UBH Collin Ross	2018	RTC	"few months"	DID	<input type="radio"/> No <input type="radio"/> Yes

#### Other details:

Resident was abused from age 5 -16 yo. (total of 12 years) Nothing was known or reported until she was 16yo when she had "mental break" the story came out. Mother reports resident's relationship with the abuser became a "Stockholm Syndrome type" relationship. The perpetrator is in prison for 5-15 years. Mother is resident's guardian and conservator.

### Nutritional Assessment

Weight change during past 6 months: ☐ Gained ☐ Lost ☒ None

Approximate # of lbs N/A

Explain any fluctuations: N/A

Was weight gain or weight loss related to drug use ☒ No ☐ Yes

Was weight gain or weight loss related to MH symptoms ☒ No ☐ Yes

Special diet: ☐ No ☒ Yes

If yes, type: no beef or pork

Assessment of nutritional habits:

will eat fish and chicken

Does patient understand the basics of a healthy diet? ☐ No ☒ Yes

Does patient use food as a coping mechanism? ☒ No ☐ Yes

History of eating disorder: ☒ No ☐ Yes

Received treatment: ☒ No ☐ Yes

Level of physical activity: regular exercise boxing, rowing 3 days a week

### Nutritional Screen for Dietitian:

Further assessment is needed in the following areas (check all that apply):

☒ No Referral Needed

☐ Ileostomy

☐ Cirrhosis

☐ Idiosyncratic Diet (Pica, etc.)

- ☐ AIDS/HIV+      ☐ Acute Pancreatitis      ☐ Diabetes (new) w/o ADA diet order  
☐ HTN w/o low sodium diet      ☐ New Onset Diabetes      ☐ Renal Disease w/o Diet  
☐ Diagnosis of Malnutrition      ☐ Low-fat Diet      ☐ Anorexia/Bulimia/Bulimarexia  
☐ Compulsive Overeating      ☐ Obesity

Name of R.D. consult and date of appointment or refusal    refuses consult

### Medical

Do you have current medical problems? ☒ No ☐ Yes

☒ Client denies history of surgery or hospitalization

### Surgical and Hospitalization History:

Treated for:	Date[s] treated	Length of Stay	Place of Service/City/State
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Is there any family history of medical problems: ☒ No ☐ Yes

Do you currently have a Primary Care Physician? ☐ No ☒ Yes

If yes, name and date of last visit:

Reason for last visit:

If accepting prior History and Physical, are there changes since the last exam? ☒ No ☐ Yes

Do you currently use non-medication treatment methods, such as acupuncture, chiropractic? ☒ No ☐ Yes

### Medications

**ALL medications including herbal supplements, vitamin supplements, mineral supplements, and/or homeopathic remedies currently used.**

Medication name	Dose & Frequency	Route	Length of Time	Last dose, date & time	Prescribing Physician	Reason Prescribed	Do you believe the medication is effective?	Continue
Pristiq	50 mg	po						<input type="radio"/> No <input checked="" type="radio"/> Yes
Lamotrigine	150 mg	po						<input type="radio"/> No <input checked="" type="radio"/> Yes
Gabapentin	300 mg PRN	po						<input type="radio"/> No <input checked="" type="radio"/> Yes
Clindamycin	300 mg	po						<input type="radio"/> No <input checked="" type="radio"/> Yes
Midol	2 tabs	po						<input type="radio"/> No <input checked="" type="radio"/> Yes

**Psychoactive medications, herbal/vitamin/mineral supplements, homeopathic remedies that have been used in the PAST 3 YEARS but are no longer being used.**

Medication name & reason prescribed	Dose & Frequency	Route	Length of Time	Last dose, date & time	Prescribing Physician	Reason discontinued	Do you believe the medication was effective?
Haldol	unknown	po	one dose	unknown	unknown	allergic/tounge swelled and ridged muscels	no

Did you experience any side effects, allergies or adverse reactions to any of the medications used in the past 3 years? ☐ No ☒ Yes

If yes, describe:

Allergy to Haldol-caused tongue to swell and muscles to be ridged.



## Functional Assessment

Independently or with staff supervision, is the resident:

- Capable of Self Preservation? ☒ Yes ☐ No ☐ With Staff Supervision
- Able to Maintain Personal Daily Hygiene and Grooming? ☒ Yes ☐ No ☐ With Staff Supervision
- Able to Self-Administer Medication? ☐ Yes ☐ No ☒ With Staff Supervision
- Able to Initiate and Participate in Social Interaction? ☐ Yes ☐ No ☒ With Staff Supervision
- Able to Perform Household Chores? ☐ Yes ☐ No ☒ With Staff Supervision
- Able to Prepare Meals? ☐ Yes ☐ No ☒ With Staff Supervision
- Able to Conduct Financial Affairs? ☐ Yes ☐ No ☒ With Staff Supervision
- Able to Use Public Transportation? ☐ Yes ☐ No ☒ With Staff Supervision

## Systems Review

### Vision:

- |   |                                   |   |                                |
|---|-----------------------------------|---|--------------------------------|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Impaired | <input type="checkbox"/> Glaucoma       | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Infection                  | <input type="checkbox"/> Glasses  | <input type="checkbox"/> Contact Lenses |                                |

Comments:

### Hearing:

- |   |                                   |                               |  |
|---|-----------------------------------|-------------------------------|--|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Impaired | <input type="checkbox"/> Deaf | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Hearing Aid                |                                   |                               |  |

Comments:

### Nose:

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Loss of Smell | <input type="checkbox"/> Nose Bleeds |
|---|---|--|--------------------------------------|

Comments:

### Throat:

- |   |                                    |   |   |
|---|------------------------------------|---|---|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Infection | <input type="checkbox"/> Swollen Glands | <input type="checkbox"/> Trouble Swallowing |
|---|------------------------------------|---|---|

Comments:

### Cardiovascular:

- |   |  |                                     |                                  |
|---|--|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> HTN                           | <input type="checkbox"/> MI*        | <input type="checkbox"/> CHF*    |
| <input type="checkbox"/> Chest Pain*                | <input type="checkbox"/> Irregular Heart Beat*         | <input type="checkbox"/> Pacemaker* | <input type="checkbox"/> Stroke* |
| <input type="checkbox"/> Fainting Spells*           | <input type="checkbox"/> Edema of Hands, Feet or Legs* |                                     |                                  |

\*Report findings to MD if opiate detox admission

Comments:

### Respiratory:

- |   |                                    |  |   |
|---|------------------------------------|--|---|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Infection | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Emphysema      |
| <input type="checkbox"/> COPD                       | <input type="checkbox"/> Cancer    | <input type="checkbox"/> SOB with Exertion | <input type="checkbox"/> Frequent Cough |
| <input type="checkbox"/> Coughing up Blood          | <input type="checkbox"/> Smoker    | <input type="checkbox"/> Non-smoker        | <input type="checkbox"/> TB             |
| <input type="checkbox"/> Positive PPD Reactor       |                                    |  |   |

If smoker, N/A  
Conversion Date: N/A  
Date of last 09/03/19

Comments:  
PPD given RT forearm

**Genitourinary:**

- ☒ Denies Problems      ☐ Retention      ☐ Hematuria  
☐ Penile/Vaginal Discharge

Comments:

**Dental:**

- ☒ Denies Problems      ☐ Caries/Abscesses      ☐ Gums      ☐ Mouth

Last Dental Visit: 4 mo ago

Name, location of provider Dental care associates

Name of Dental Consult and date of appointment or refusal Denies need for dental consult

Comments

**Endocrine:**

- ☒ Denies Problem      ☐ Diabetes      ☐ Thyroid

Comments:

**STD:**

- ☒ Denies      ☐ Chlamydia      ☐ HPV-genital Warts  
☐ Syphilis  
☐ Gonorrhea      ☐ Herpes

Comments:

**Hemopoietic:**

- ☒ Denies Problems      ☐ Bleeding/Hemorrhage      ☐ Anemia  
☐ HIV+  
☐ AIDS      ☐ Blood Disorders

If Anemia, Tx N/A

If AIDS, Year of N/A

If Blood N/A

Comments:

**Neuro-Musculoskeletal:**

- ☒ Denies Problems      ☐ Lupus      ☐ Epilepsy/Seizures  
☐ Crohn's Disease  
☐ Multiple Sclerosis      ☐ Lyme's Disease      ☐ Acute Pain  
☐ Chronic Pain  
☐ Endometriosis      ☐ Muscle Weakness      ☐ Neuropathies  
☐ Headaches  
☐ Tremors      ☐ Bone Disease      ☐ Fractures  
☐ Dizziness  
☐ Hepatitis A, B, C

Specify Chronic Pain: denies chronic pain

Comments:

**Gastrointestinal:**

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Denies Problems | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Vomiting     |
| <input type="checkbox"/> Esophageal varices         |                                      |                                       |
| <input type="checkbox"/> Constipation               | <input type="checkbox"/> Jaundice    | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Diarrhea                   |                                      |                                       |
| <input type="checkbox"/> Nausea                     | <input type="checkbox"/> Ulcers      |                                       |

Comments:

**Female:** ☒ Yes ☐ Does not apply

Gravida: 0  
Para: 0  
Abortion: 0  
Miscarriage: 0  
Last Menses: 08/15/19  
Difficulty with heavy cramping. N/V  
Possible Pregnancy? N/A  
History PID? N/A  
Prophylaxis? N/A  
Last PAP? N/A

Comments:

**Sleep Pattern:**

Normally retires at: 9:30-10pm Normally rises at: 9am # naps per day: sometimes

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> No Sleep Issues       | <input checked="" type="checkbox"/> Difficulty Falling Asleep |  |  |
| <input checked="" type="checkbox"/> Nightmares | <input type="checkbox"/> Drug dreams                          | <input checked="" type="checkbox"/> Night sweats | <input checked="" type="checkbox"/> Frequent awakening |

Patient uses sleep aid medications: ☒ No ☐ Yes

Does patient have a history of sleep apnea? ☒ No ☐ Yes

**Skin:**

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> Warm | <input checked="" type="checkbox"/> Dry | <input checked="" type="checkbox"/> Cool | <input checked="" type="checkbox"/> Moist |
|--|---|--|---|

Identify: open wounds, abscesses, cuts bruises, scars, rashes, tattoos, track marks  
Belly button. ears bilaterally

Self-mutilation: ☐ No ☒ Yes

If yes, describe in detail:

**Frequency:**  
occasionally scratches arms with finger nails when stressed.

**Where on body:**  
arms

**With what:**  
fingernails

Required medical intervention: ☒ No ☐ Yes

If yes,

**Literacy Screen**

What is the best way for the resident to learn? ☐ written ☐ information ☐ have information read to them ☒ demonstration ☐ Other

**Literacy/Difficulties:**

- ☒ Within Normal Limits ☐ Mild [Inability to complete 2 sentences correctly] ☐ Moderate [Inability to complete full sentences]  
☐ Severe [Unable to recognize words / 3-4 letters] ☐ Total illiteracy ☐ Literacy difficulties due to language barrier

**Speech/Impediments:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Within Normal Limits | <input type="checkbox"/> Aphasia                    |
| <input type="checkbox"/> Repeated letter mispronounced   | <input type="checkbox"/> Slurred speech             |
| <input type="checkbox"/> Stuttering speech               | <input type="checkbox"/> Interrupted speech pattern |

List primary language and language fluency English

**Comments:**

Processing problems in school and still has problems processing.

<b>Mental Status Summary</b>
------------------------------

**Interviewing Nurse's interpretation****General Observations:**

- |  |  |                                |                                  |
|--|--|--------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Neat | <input type="checkbox"/> Clean         | <input type="checkbox"/> Dirty | <input type="checkbox"/> Unkempt |
| <input type="checkbox"/> Appears Younger | <input type="checkbox"/> Appears Older | <input type="checkbox"/> Messy |                                  |

**Physical Attire:**

- |   |  |                                       |                                 |
|---|--|---------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Appropriate | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Well Groomed | <input type="checkbox"/> Flashy |
|---|--|---------------------------------------|---------------------------------|

**General Manner:**

- |  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Reserved | <input type="checkbox"/> Apathetic              | <input type="checkbox"/> Resentful   | <input type="checkbox"/> Fragile     |
| <input type="checkbox"/> Defensive           | <input checked="" type="checkbox"/> Indifferent | <input type="checkbox"/> Shy         | <input type="checkbox"/> Embarrassed |
| <input type="checkbox"/> Candid              | <input type="checkbox"/> Grandiose              | <input type="checkbox"/> Irritable   | <input type="checkbox"/> Perceptive  |
| <input type="checkbox"/> Tense               | <input type="checkbox"/> Distant                | <input type="checkbox"/> Submissive  | <input type="checkbox"/> Monotone    |
| <input type="checkbox"/> Courteous           | <input type="checkbox"/> Hostile                | <input type="checkbox"/> Suspicious  | <input type="checkbox"/> Defiant     |
| <input type="checkbox"/> High Strung         | <input type="checkbox"/> Serious                | <input type="checkbox"/> Cooperative |                                      |

**Thought Process:**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Appropriate     | <input type="checkbox"/> Calculating    | <input checked="" type="checkbox"/> Distractible | <input type="checkbox"/> Disconnected |
| <input type="checkbox"/> Confronting     | <input type="checkbox"/> Manipulative   | <input type="checkbox"/> Elusive                 | <input type="checkbox"/> Spontaneous  |
| <input type="checkbox"/> Mute            | <input type="checkbox"/> Sarcastic      | <input type="checkbox"/> Irrelevant              | <input type="checkbox"/> Indirect     |
| <input type="checkbox"/> Expressionless  | <input type="checkbox"/> Tangential     | <input type="checkbox"/> Slow                    | <input type="checkbox"/> Vague        |
| <input type="checkbox"/> Flight of Ideas | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Overly Inclusive        | <input type="checkbox"/> Emotionless  |

**Emotional Reactions:**

- |                                       |                                       |   |                                    |
|---------------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Spontaneous  | <input type="checkbox"/> Superficial  | <input type="checkbox"/> Confused               | <input type="checkbox"/> Euphoric  |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Dissatisfied | <input checked="" type="checkbox"/> Indifferent | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Elated       | <input type="checkbox"/> Depressed    | <input type="checkbox"/> Fearful                | <input type="checkbox"/> Tearful   |
| <input type="checkbox"/> Perplexed    | <input type="checkbox"/> Angry        | <input type="checkbox"/> Anxious                |                                    |

**Speech:**

- |  |                                      |                                   |                                  |
|--|--------------------------------------|-----------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Flat | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Rambling | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Pressured       |                                      |                                   |                                  |

**Affect:**

- |  |                                  |                                      |                                |
|--|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Appropriate     | <input type="checkbox"/> Shallow | <input type="checkbox"/> Incongruent | <input type="checkbox"/> Blunt |
| <input checked="" type="checkbox"/> Flat |                                  |                                      |                                |

**Orientation:**

☒ Time

☒ Person

☒ Place

☒ Situation

**Hallucinations:**

Hallucinations: ☒ No ☐ Yes

If YES, check types: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

If YES, describe content, frequency and duration  
denies

**Delusions:**

Delusions: ☒ No ☐ Yes

If YES, check types: ☐ Themes ☐ Grandiose ☐ Persecutory

**Pain Assessment**

Chronic pain, not associated with WITHDRAWAL symptoms (specify):  
Denies

Client reports current pain issues: ☒ No ☐ Yes

If patient answered yes, do pain screening:

Patient currently rates pain at: ☐ 1 (lowest) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (highest)

What is pain due to:  
Denies

Description of pain:  
N/A

Consult with physician for referral for pain management: ☒ No ☐ Yes

Nursing Comment Box

**Falls Risk Assessment V1.1**

Age: ☒ 0 = 18-59  
☐ 1 = 60-70  
☐ 2 = 71>

Gender: ☐ 0 = Male  
☒ 1 = Female

Mental Status: ☒ 0 = Oriented and cooperative  
☐ 1 = Oriented and uncooperative  
☐ 2 = Confused, memory loss, forgets limitations, intoxicated

Physical Status: ☒ 0 = Healthy  
☐ 1 = Generalized muscle weakness  
☐ 2 = Dizzy, vertigo, syncope, orthostatic hypotension  
☐ 3 = Cachexia and wasting

Elimination: ☒ 0 = Independent and continent  
☐ 1 = Catheter, ostomy

- ☐ 2 = Elimination with assistance, diarrhea or incontinence  
☐ 3 = Independent and incontinent, urgency, or frequency

**Impairments:**

- ☒ 0 = None  
☐ 1 = Uncorrected visual, hearing, language, speech  
☐ 2 = Limb amputation  
☐ 3 = Neurological paralysis, paresthesia

**Gait or**

- ☒ 0 = Able to walk/stand unassisted or fully ambulatory  
☐ 1 = Physically unable to walk/stand (but may attempt)  
☐ 2 = Walks with cane  
☐ 3 = Unsteady walking, standing, walker, crutches, furniture

**History of Falls in  
6 Months:**

- ☒ 0 = No History  
☐ 1 = Near falls or fear of falling  
☐ 2 = Has fallen 1-2 times  
☐ 3 = Multiple falls, more than 2 times

**MEDICATIONS**

**Mood Stabilizer**

- ☐ 0 = Not taking prior to admission  
☒ 1 = Taking prior to admission  
☐ 2 = Newly ordered

**Medications:**

**Benzodiazepines:**

- ☒ 0 = Not taking prior to admission  
☐ 1 = Taking prior to admission  
☐ 2 = Newly ordered

**Diuretics:**

- ☒ 0 = Not taking prior to admission  
☐ 1 = Taking prior to admission  
☐ 2 = Newly ordered

**Narcotics:**

- ☒ 0 = Not taking prior to admission  
☐ 1 = Taking prior to admission  
☐ 2 = Newly ordered

**Sedatives/Hypnotics:**

- ☒ 0 = Not taking prior to admission  
☐ 1 = Taking prior to admission  
☐ 2 = Newly ordered

**Atypical AntiPsychotics**

- ☒ 0 = Not taking prior to admission  
☐ 1 = Taking prior to admission  
☐ 2 = Newly ordered

### DETOX PROTOCOL

7 points if on detox protocol ☒ 0 = Not on detox protocol  
☐ 7 = On detox protocol

### FALL RISK SCORE 2

(Generate a number based on the sum of the above items)

Fall Risk Level: ☒ Score 0-6 = Low Risk  
☐

☐ Fall Risk? (RN Clinical Judgment)

#### Fall Risk Comments:

No history of falls and score of 2 therefore resident is not a falls risk.

### **Preliminary Discharge/Continuing Care Planning Needs**

#### Preliminary Discharge/Continuing Care Planning Needs

- ☒ Medical Follow-up/Self or Children
- ☐ Domestic Violence Programs
- ☐ Transportation assistance
- ☐ OB-GYN Follow-up/Prenatal Care
- ☐ Public Assistance
- ☐ Victims of Sexual Assault Programs
- ☒ Psychiatric Follow-up
- ☐ Halfway House Placement
- ☐ Intensive Case Management
- ☐ Psychological Follow-up
- ☒ Return Home
- ☒ Ongoing Medication Management

### **Client Orientation Checklist**

- ☐ Medical Detoxification Procedures
- ☒ Medical Exams/Evals
- ☒ Infection Control
- ☒ Laboratory Testing
- ☒ Medication Administration

Were there any changes in the patient's affect, mood, cognition, and/or alertness from the beginning of the assessment to the end of the assessment?

☒ No ☐ Yes

After meeting and reviewing medical, substance abuse, psychiatric and social history, client's challenges during treatment may be:

Resident has been dx with DID and has 22 different alters as reported by resident's mother. This may make it difficult to participate at times due to her stating "they are all talking at the same time."

After meeting and reviewing medical, substance abuse, psychiatric and social history, client is likely to excel in the following areas during their treatment stay:

Medication compliance and attending groups.

#### Nursing Objectives to be Reflected on the Treatment Plan

Emily will work towards symptom stabilization for depression, anxiety, PTSD, DID by demonstrating medication compliance as evidenced by taking all medications as prescribed for the next 30 days and will report all concerns and side effects to nursing staff immediately. This objective is supported by resident's desire to "stop hearing the voices" and "not feel crazy." Emily will complete this objective by participation in medication management appointments with psychiatrist 1x per week and Nursing Education Group Therapy 1x per week for the next 30 days.

<b>Contact Signatures</b>

<b>Treatment Team Signatures</b>
--Digitally Signed: 09/04/2019 12:49 am   Registered Nurse Christy Moyers, RN



**Emily Reed**  
October 1, 2019 11:13am

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

Session Summary:  
Date:  
Duration:  
Learning Objectives:

Individual Participant Notes:  
Appearance:  
Affect:  
Participation:  
Treatment Progress:  
Plan:  
participated

--Digitally Signed: 10/01/2019 11:18 am Therapist Timothy Meeks, MSSW

**Emily Reed**  
September 30, 2019 11:00am

**Pasadena Villa**  
Carrie Koehler, M.S.

---

**Group Note**

**Session Summary:**

Date: 9/30/19

Duration: 50 min.

Learning Objectives: Group discussed the 5 basic needs: survival, love & belonging, freedom, power, & fun, and how humans behavior in order to meet these needs. Th. discussed how one can control his/her thoughts & behaviors in order to control one's feelings & physical symptoms. Group participated in an activity about reaching a goal & deciding which needs that goal was meeting.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/30/2019 01:42 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
September 30, 2019 10:56am

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

**Session Summary:**

Date:

Duration:

Learning Objectives:

**Individual Participant Notes:**

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 09/30/2019 11:02 am Therapist Timothy Meeks, MSSW

**Emily Reed**  
September 30, 2019 9:26am

**Pasadena Villa**  
Whitney Newman

---

**Group Note**

**Session Summary:**

Date: 09/29/2019

Duration: 50 minutes

Learning Objectives: Journaling about what we are grateful for in our lives.

**Individual Participant Notes:**

Appearance: thoughtful

Affect:

Participation: 10/10

Treatment Progress:

Plan:

--Digitally Signed: 09/30/2019 09:41 am Psychiatric Technician Whitney Newman

**Emily Reed**  
September 29, 2019 4:00pm

**Pasadena Villa**  
Matt Hicks, CTRS

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**Group Note**

**Session Summary:**

Date: 9/29/2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Leisure Education group where we started with an explanation of Leisure and Recreation, explored the way we categorize how our time is spent, and some of the various benefits of recreation on the four major life domains (social, cognitive, emotional and physical). Residents were then asked to participate in a Leisure activity where they formed two smaller groups and had to generate a list of leisure and recreational activities based on a topic I suggested. The various topics presented for exploration were: activities with a ball, water related activities, winter and snow/ice related activities. The activity seemed well received and residents appeared to enjoy the friendly interaction.

**Individual Participant Notes:**

Resident was appropriate and pleasant. Resident seemed engaged and focused throughout the activity, smiling and seeming to enjoy the friendly competition.

--Digitally Signed: 09/30/2019 01:48 pm Recreation Therapist Matt Hicks, CTRS

**Emily Reed**  
September 29, 2019 2:00pm

**Pasadena Villa**  
Matt Hicks, CTRS

---

**Group Note**

**Session Summary:**

Date: 9/29/2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Mindfulness group where we discussed the concepts of mindfulness, what they recommended for an effective meditative experience, and then engaged in a 25 minute guided meditation experience. Residents then were encouraged to share their experience with the group; what was positive or negative about the experience. Residents were also given handouts provided by the therapist that usually conducts this group, for them to take and look over before the next weeks session.

**Individual Participant Notes:**

Resident was pleasant and appropriate. Resident was engaged and seemed to enjoy the activity as evidenced by seeming relaxed afterward.

--Digitally Signed: 09/30/2019 01:39 pm Recreation Therapist Matt Hicks, CTRS

**Emily Reed**  
September 29, 2019 10:56am

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

Session Summary:  
Date:  
Duration:  
Learning Objectives:

Individual Participant Notes:  
Appearance:  
Affect:  
Participation:  
Treatment Progress:  
Plan:  
participated

--Digitally Signed: 09/29/2019 11:02 am Therapist Timothy Meeks, MSSW

**Emily Reed**  
September 23, 2019 3:30pm

**Pasadena Villa**  
Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9/23/19

Duration: 75 min.

Learning Objectives: Cts. participated in group activity "Chill Skills." Each ct. drew a share card & a tip card. Group members took turns sharing their experience about managing anger as it related to the card. Th. wrote out a master list of the tips that were shared, & cts. had the opportunity to write in additional healthy ways to manage anger.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/23/2019 05:05 pm Therapist Carrie Koehler, M.S.



**Emily Reed**  
September 23, 2019 11:30am

**Pasadena Villa**  
Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9/23/19

Duration: 75 min.

Learning Objectives: Cts. answered a series of questions about themselves & created their own personal coat of arms based on their answers to those questions. Cts. were given the opportunity to share their values, strengths, & future goals via the coat of arms. Group discussed that a shield can be used to protect or hide, & they discussed what makes those two different. Group members then identified one of their negative core beliefs & used information from their coat of arms to provide evidence against that negative core belief.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/23/2019 03:15 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
September 18, 2019 2:00pm

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

**Session Summary:**

Date:

Duration:

Learning Objectives:

**Individual Participant Notes:**

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 09/24/2019 12:53 pm Therapist Timothy Meeks, MSSW

**Emily Reed**  
September 17, 2019 2:00pm

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

Session Summary:  
Date:  
Duration:  
Learning Objectives:

Individual Participant Notes:  
Appearance:  
Affect:  
Participation:  
Treatment Progress:  
Plan:

--Digitally Signed: 09/24/2019 12:52 pm Therapist Timothy Meeks, MSSW

**Emily Reed**

September 16, 2019 11:30am

**Pasadena Villa**

Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9-16-19

Duration: 75 min.

Learning Objectives: Residents looked at a list of 10 ways to improve self-esteem. The group had a discussion on which suggestions they thought helpful, while suggestions they want to modify, and which suggestions they want to disregard.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/18/2019 01:43 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
September 11, 2019 3:30pm

**Pasadena Villa**  
Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9/11/19

Duration: 75 min.

Learning Objectives: Group members spent 30 min. creating their individuals mandalas while listening to music. Once completed, residents shared their mandalas with each other. Th. led discussion on Joan Kellog's 12 stages; residents discussed while stage they currently see themselves in & what is going on in their lives that fits with that particular stage. Th. gave descriptions of what art from each stage looks like according to Kellog, & group members discussed if the art was relatable or not to them.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/11/2019 05:04 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
September 10, 2019 2:00pm

**Pasadena Villa**  
Timothy Meeks, MSSW

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**Group Note**

Session Summary:  
Date:  
Duration:  
Learning Objectives:

Individual Participant Notes:  
Appearance:  
Affect:  
Participation:  
Treatment Progress:  
Plan:

--Digitally Signed: 09/24/2019 12:54 pm Therapist Timothy Meeks, MSSW

**Emily Reed**  
September 9, 2019 3:30pm

**Pasadena Villa**  
Carrie Koehler, M.S.

---

**Group Note**

**Session Summary:**

Date: 9/9/19

Duration: 75 min.

Learning Objectives: Residents had the opportunity to process & share with the group or pass & listen to other group members.

**Individual Participant Notes:**

Attended but chose to pass.

--Digitally Signed: 09/10/2019 11:05 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
September 6, 2019 2:00pm

**Pasadena Villa**  
Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9/6/19

Duration: 75 min.

Learning Objectives: Th. provided some bullet journal examples in order to creatively make a coping strategies list for depression, anxiety, anger, etc. Group members created the bullet journal entry to fit them best, whether it was minimalistic or detailed & colorful. Group members created a large master list by sharing examples with each other.

**Individual Participant Notes:**

Attended & participated.

--Digitally Signed: 09/11/2019 01:46 pm Therapist Carrie Koehler, M.S.



**Emily Reed**  
September 4, 2019 3:30pm

**Pasadena Villa**  
Carrie Koehler, M.S.

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**Group Note**

**Session Summary:**

Date: 9/4/19

Duration: 75 min.

Learning Objectives: Th. led group discussion on the topic of "love." Group members discussed how they show love, what the different types of love are, and who in their lives are their support systems. Th. provided musical examples on various types of love, & residents provided examples for the group to listen to. Group ended with members stating what they are grateful for.

**Individual Participant Notes:**

Attended & participated at the beginning of group. Once music started playing, she asked to leave. Th. observed her crying as she left; th. asked psych tech to check on her.

--Digitally Signed: 09/10/2019 10:24 pm Therapist Carrie Koehler, M.S.

**Emily Reed**  
October 2, 2019 1:09pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/02/2019  
Topic:

Summary: |

Individual Participant Notes:

Update from Caitlin from LeConte Medical Center. Waiting for mobile crisis to reevaluate. She indicated that she will call with any updates.

--Digitally Signed: 10/02/2019 01:12 pm Head Nurse Rachel Stewart, RN

**Emily Reed**  
October 2, 2019 6:39am

**Pasadena Villa**  
Tiffany Meece, LPN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/02/2019  
Topic:  
Update from LeConte ER

Summary: |

Individual Participant Notes:

Spoke with Sarah RN at LeConte ER for an update on Emily's status. Per Sarah RN, mobile crisis has evaluated Emily and "our MD will be getting in touch with your (SML) MD in a few hours to discuss a few things." Emily is currently in the ER at this time. Possible placement pending once ER MD speaks with SML MD per Sarah RN.

--Digitally Signed: 10/02/2019 06:45 am LPN Tiffany Meece, LPN

**Emily Reed**  
October 1, 2019 10:51pm

**Pasadena Villa**  
Haley Crow, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/01/2019  
Topic:

Summary: |

Individual Participant Notes:

Nurse Sarah at LeConte ER stated Mobile Crisis was consulted and they are currently seeking placement at another facility for Emily. Therapist Jay was notified (per his request) so he could update Emily's family.

--Digitally Signed: 10/01/2019 10:54 pm Registered Nurse Haley Crow, RN

**Emily Reed**  
October 1, 2019 4:50pm

**Pasadena Villa**  
Haley Crow, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/01/2019  
Topic:

Summary: |

Individual Participant Notes:

Liz RN from LeConte ER called to report Emily's UDS was positive for PCP. She requested to know what her drug screen on admission was. The results of admission UDS were negative. She stated it may be a false positive. She indicated she would be calling Emily's mother to update her. LeConte has called Mobile Crisis to evaluate Emily, which will take place later this evening. We will continue to call LeConte for updates.

--Digitally Signed: 10/01/2019 04:53 pm Registered Nurse Haley Crow, RN

**Emily Reed**  
October 1, 2019 1:16pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/01/2019  
Topic:

Summary: ]

Individual Participant Notes:

Emily was transported to LeConte Medical Center by SCSD Officer Huskey.

--Digitally Signed: 10/01/2019 01:17 pm Head Nurse Rachel Stewart, RN

**Emily Reed**  
October 1, 2019 11:35am

**Pasadena Villa**  
Jeannie McMichael

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 10/01/2019

Topic:

On 10/01/2019 Staff found resident going down embankment beside the garage on property. Staff tried to get resident to stop as she was in kudzu. Staff went down embankment and wrapped arms around resident to retrieve to safety. resident was crying and would not respond to staff. Staff assist resident to her feet and assist back up hill to safety. resident was taken to nursing to be checked for injuries.

Summary: |

Individual Participant Notes:

--Digitally Signed: 10/01/2019 11:42 am Psychiatric Technician Jeannie McMichael

**Emily Reed**  
September 30, 2019 5:00pm

**Pasadena Villa**  
Christy Moyers, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/30/2019  
Topic:

Summary: |

Individual Participant Notes:

Resident returned from Urgent Care after physical exam. No problems noted with exam, results within normal limits.

--Digitally Signed: 09/30/2019 09:04 pm Registered Nurse Christy Moyers, RN



**Emily Reed**  
September 30, 2019 12:28pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/30/2019  
Topic:

Summary: ]

Individual Participant Notes:

Lisa transported Emily to American Family Care for physical exam.

--Digitally Signed: 09/30/2019 12:29 pm Head Nurse Rachel Stewart, RN

**Emily Reed**  
September 27, 2019 11:16am

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/27/2019  
Topic:

Summary: ]

Individual Participant Notes:

Called in Pristiq 50mg and 25mg tablets to Lee at Walgreens 714-969-1368. Notified Alecia Draper and she indicated that she would pick the medication up and have it shipped. Alecia also indicated that it was fine to order a "six day" supply from McFarland.

--Digitally Signed: 09/27/2019 11:22 am Head Nurse Rachel Stewart, RN

**Emily Reed**  
September 26, 2019 9:18pm

**Pasadena Villa**  
Haley Crow, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/26/2019  
Topic:

Summary: |

Individual Participant Notes:

Emily came to nursing station with an abrasion to her right upper forearm. It appeared to be healing and was scabbed over. No signs of infection noted. She stated this happened 2 days ago during an episode where she dissociated and scratched herself. She requested and was given a BandAid. Emily was advised to return to nursing if she noticed any s/s of infection.

--Digitally Signed: 09/26/2019 09:27 pm Registered Nurse Haley Crow, RN

**Emily Reed**  
September 25, 2019 5:09am

**Pasadena Villa**  
Amberley Boyd

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/25/2019  
Topic:

Summary: ]

Individual Participant Notes:

Staff was unable to find resident at 11:15pm checks. The entire night staff were searching for her and finally located her under the ford flex in the parking lot behind the lodge. Resident appeared to be scared, tearful and apologetic for worrying staff. It took quite a while to coax her out from under the vehicle. Resident asked staff to "please kill me" Resident told this writer that she had a flash back earlier in the day of a little boy being killed in front of her when she was younger. Resident got a PRN medication from nursing staff and then went to bed. Resident was placed on visuals per MD on call.

--Digitally Signed: 09/25/2019 06:33 am Psychiatric Technician Amberley Boyd

**Emily Reed**  
September 24, 2019 10:37pm

**Pasadena Villa**  
Melanie Lallier

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/24/2019

Topic:

Traumatic Memory/Dissociative Episode

Summary: ]

Individual Participant Notes:

Resident was found curled in a ball on her floor crying and saying, "I don't want to see it anymore." Staff approached and talked calmly to her until she began to respond. Emily eventually told this writer that she had just had a new memory in which a little boy was killed and she was not able to save him. Resident says she can remember his face, his eyes, and his scream. She also states she can remember the smell. Resident was very upset. Staff took her to nursing for a PRN and then took her walking through the gardens. Resident followed this writer and another tech around for over an hour before she felt calm enough to try taking a nap. Resident woke from her nap crying and said she had a bad dream. Resident had a short dissociative episode later this night (around 8:30 p.m.) in which she laid on the floor in the fetal position, eyes open, blank stare, and would not respond to people for approximately 20 minutes. Eventually "Heidi" came out and Emily came back around 9:45 p.m.

--Digitally Signed: 09/24/2019 10:48 pm Psychiatric Technician Melanie Lallier

**Emily Reed**  
September 22, 2019 9:26pm

**Pasadena Villa**  
Christopher Stephenson

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/22/2019

Topic:

Emily was found in the road next to the lower deck, during Q15 checks, writer tried to get Emily to respond and come inside. Emily ignored and walked towards a ditch, multiple staff members attempted to redirect the resident inside, she walked into the ditch where she laid until nursing arrived.

Summary: ]

Individual Participant Notes:

Emily was found in the road next to the lower deck, during Q15 checks, writer tried to get Emily to respond and come inside. Emily ignored and walked towards a ditch, multiple staff members attempted to redirect the resident inside, she walked into the ditch where she laid until nursing arrived.

--Digitally Signed: 09/22/2019 09:34 pm Psychiatric Technician Christopher Stephenson

**Emily Reed**  
September 21, 2019 3:12pm

**Pasadena Villa**  
Whitney Newman

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/21/2019  
Topic:

Summary: |

Individual Participant Notes:

Resident was attending ACT group and suddenly got up from her seat and stormed out. At first, staff could not find resident. Soon, staff found ER in the parking lot crying, laying on the ground, with two other residents consoling her on the ground. After some persuasion, ER got up and followed staff into the building. It was indicated by the resident that she was having a dissociative episode and we were interacting with one of her alters. Resident confided in writer that she was "Dory" and that ER was scared because she was sitting next to a resident who was "stinky" and it scared her. Resident was able to work through and finally ER reemerged.

--Digitally Signed: 09/21/2019 03:23 pm Psychiatric Technician Whitney Newman

**Emily Reed**  
September 18, 2019 7:18pm

**Pasadena Villa**  
Colin Cole, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/18/2019  
Topic:

Summary: ]

Individual Participant Notes:

RN was called to great room to assess Resident. Resident was laying on the floor, ML informed RN that Resident stated "my muscles hurt" and was assisted to the floor by ML per report. ML and Resident denied any head contact with the floor. Resident shaking and was able to verbalize "I'm okay." Resident able to sit up after 5 minutes and states "I'm okay, I don't need to go to the hospital" upon offer of medical consult. Resident A&O x 4, PERRLA, Tylenol 650mg for pain and Gabapentin 300mg for anxiety administered by JS RN. Resident continued to be observed on Visual precautions per TM therapist. Per ML Resident observed eating dinner and engaging with peers.

--Digitally Signed: 09/18/2019 07:36 pm Registered Nurse Colin Cole, RN  
--Digitally Signed: 09/18/2019 07:50 pm Psychiatric Nurse Jodi Sotlar, RN  
--Digitally Signed: 09/19/2019 12:15 am Psychiatric Technician Melanie Lallier



**Emily Reed**  
September 18, 2019 1:48pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/18/2019  
Topic:

Summary: |

Individual Participant Notes:

Pristiq and Lamictal ER called into Walgreens at 714-969-1368. Notified Alecia Draper and she indicated that she will get the medication shipped out.

--Digitally Signed: 09/18/2019 01:49 pm Head Nurse Rachel Stewart, RN

**Emily Reed**

September 17, 2019 12:04am

**Pasadena Villa**

Patrick Kelly, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/17/2019

Topic:

Summary: |

Individual Participant Notes:

Emily Reed was pacing during the night and ran into the stairs as she paced. I went to assess the resident there was no blood from the area and no edema noted at this time. I ask the resident if she was ok the resident nodded and did not want to be touched. I had one of the techs sit with her on the couch to make sure she was doing ok.

--Digitally Signed: 09/17/2019 12:07 am Registered Nurse Patrick Kelly, RN

**Emily Reed**

September 16, 2019 11:23pm

**Pasadena Villa**

Melanie Lallier

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/16/2019

Topic:

Leaving the Property

Summary: |

Individual Participant Notes:

Between 10:30 p.m. ND 10:45 p.m. checks resident got up from bed and started wandering around the facility not responding to staff. Techs followed resident through the parking lot and front yard. Resident then began to run away from staff and left the property at the front of the front yard. This writer followed/chased resident. This writer caught up with resident down the road and asked who resident was. Resident's only reply was, "wings wings wings" as she flapped her hands in front of her face like wings. This writer introduced herself as "Melanie, a friend of Emily and Heidi's" and told resident I was there to keep her safe. This writer then guided resident back to the lodge with my hand around her waist. Resident continued waving her hands and saying "wings" over and over again. Other techs arrived with a lodge vehicle but resident refused to get in so we continued to walk back to the lodge. Once back in the great room, resident paced in circles waving her hands.

--Digitally Signed: 09/16/2019 11:35 pm Psychiatric Technician Melanie Lallier

**Emily Reed**  
September 16, 2019 10:20pm

**Pasadena Villa**  
Melanie Lallier

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/16/2019  
Topic:  
Pseudo-Seizure

Summary: |

Individual Participant Notes:

At dinnertime checks, this writer found resident on the floor between the beds in her room. Resident stated she had a seizure. but "not the brain kind" and that she was too weak to get up. This writer sat on the floor beside resident while another tech went to get nursing. Resident stated that "everything hurts" and that this has happened before, she just has "to work through it." Nursing staff spoke with resident and brought her a medication. This writer stayed with resident until she was ready to get up and eat dinner. Resident told this writer that she has been to the hospital for these seizures in the past and was told they were "pseudo-seizures" and were not a health risk. Resident says her last one was a few days ago. Resident also stated she has been making a strong conscious effort not to dissociate and feels that may have something to do with the seizures.

--Digitally Signed: 09/16/2019 10:38 pm Psychiatric Technician Melanie Lallier

**Emily Reed**  
September 12, 2019 8:28am

**Pasadena Villa**  
Brittany Wolfe, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/12/2019  
Topic:

Summary: ]

Individual Participant Notes:

Labs drawn this AM. Specimen transported to Solstas by Nikki. Tolerated well.

--Digitally Signed: 09/12/2019 08:31 am Registered Nurse Brittany Wolfe, RN

**Emily Reed**  
September 12, 2019 7:45am

**Pasadena Villa**  
Amberley Boyd

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/12/2019  
Topic:  
dis associative episode

Summary: |

Individual Participant Notes:

Resident was found cowering behind to door in her room. Staff brought resident into the great room to sit with female staff. Resident sat with staff she had her hair in her face and appeared to be scared and unable to talk. Resident fell asleep on the couch. Resident was disoriented when she woke up because she didn't remember coming to the great room.

--Digitally Signed: 09/13/2019 02:19 am Psychiatric Technician Amberley Boyd

**Emily Reed**  
September 8, 2019 5:08pm

**Pasadena Villa**  
Jodi Sotlar, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/08/2019  
Topic:

Summary: ]

Individual Participant Notes:

Emily approached the nurses station as her alter Heidi. Right hand with 3 areas of abrasions. States she does not know what happened, they would not tell her. Right hand cleansed and dressed with TAO.

--Digitally Signed: 09/08/2019 05:14 pm Psychiatric Nurse Jodi Sotlar, RN

**Emily Reed**  
September 5, 2019 8:54am

**Pasadena Villa**  
Brittany Wolfe, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/05/2019  
Topic:

Summary: |

Individual Participant Notes:

Labs drawn this AM. Transported to Solstas. Tolerated well.

--Digitally Signed: 09/05/2019 08:56 am Registered Nurse Brittany Wolfe, RN



**Emily Reed**  
September 3, 2019 11:44pm

**Pasadena Villa**  
Christy Moyers, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/03/2019  
Topic:

Summary: ]

Individual Participant Notes:

Residents mother would like to speak to Emily's therapist ASAP  
. Thank you

--Digitally Signed: 09/03/2019 11:53 pm Registered Nurse Christy Moyers, RN

**Emily Reed**  
September 3, 2019 11:30pm

**Pasadena Villa**  
Christy Moyers, RN

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**Pasadena Villa Network of Services  
Interdisciplinary Progress Note**

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Date: 09/03/2019  
Topic:

Summary: ]

Individual Participant Notes:

Rapid urine drug screen results negative for all drugs tested.

--Digitally Signed: 09/03/2019 11:31 pm Registered Nurse Christy Moyers, RN

**Emily Reed**  
October 1, 2019 9:05am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Psychiatric Progress Report**

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**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Subjective Report:**

" having a hard time remembering, having some body memories". Tolerating the increased pristiq well without any negative side effects. Continues to have some episodes of dissociating -"hard to tell i dont know". No more issues with leaving the property. Visuals stopped yesterday. Sleep is ok but doesnt feel rested the next day, continues to have a good appetite. Denies any SI or plan for self harm. "I feel safe now". She states she would tell staff if she started to have SI.

**Objective Report:**

client back on q 15min  
has been attending groups  
working on utilizing techniques learned in individual therapy

**Mental Status Exam and Observation:**

**Appearance**

- Healthy
- Interested
- Attentive

**Behavior:**

- Appropriate
- Eye contact

**Speech:**

- Normal

**Mood:**

- Anxious

**Affect:**

- Appropriate

**Thought Content:**

- normal

**Thought Process:**

- goal directed

**Sensorium:**

- alert
- oriented in all spheres

**Memory:**

- intact

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- impaired

Suicidal Ideation: No plan, No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Assessment:**

Distracted today, tapping fingers together when ask questions. Appears to have poor focus this morning, needs to be redirected back to our conversation. unsure if the increased pristiq has started to help or not-just increased 4 days ago.

**Medical Necessity criteria for continued care:**

**Medical Necessity:** Recent Suicidal/Homicidal Thoughts (last 30-45 days), History of Attempts or Gestures, History of Self-Harm and Recent Suicidal gesture or attempt (last 30-45 days), Unstable Mood, , , , Anxiety Disorder and Mood Disorder, Recent inpatient hospitalization requiring step down to RTC, Need for medication stabilization; requires monitoring (recent change in medication, high maintenance/high alert psychotropic medications, side effects requiring monitoring) and Poor Social Skills

**Plan:**

continue to monitor meds

**Progress to date:**

- Cooperative

**Allergies:** Haldol**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: AngelaWentworth</i>	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active		<b>Midol</b>	Cramping	2 tabs (tablet)	every 6 hrs as needed

Start Date: 09/04/2019			Stop Date:	
Prescribing Provider: Angela Wentworth				
OTC	Active	Benadryl	Allergy relief/allergic reaction	25mg (tablet) every 6 hrs as needed
Start Date: 09/04/2019			Stop Date:	
	Active	Imodium AD	Diarrhea	1 tab Q4-6hrs (tablet) as needed
Start Date: 09/04/2019			Stop Date:	
	Active	Pepto Bimol	Nausea/upset stomach	2 tbsp/30sp (tablet) three times daily as needed
Start Date: 09/04/2019			Stop Date:	
	Active	Cough drop	Cough	1 lozenge (tablet) every 2 hrs as needed
Start Date: 09/04/2019			Stop Date:	
	Active	Tylenol	P/elevated temp	325 mg 2 tabs (tablet) every 6 hrs as needed
Start Date: 09/04/2019			Stop Date:	
	Active	Calcium carbonate	Heartburn/indigestion	2 chews (tablet) every 4 hrs as needed
Start Date: 09/04/2019			Stop Date:	
Rx	Active	PRAZOSIN HYDROCHLORIDE	Flashbacks/nightmares	1mg (1 capsule) daily at bedtime
Start Date: 09/13/2019			Stop Date:	
	Active PS	Lamictal ER	Anxiety	200mg (1 tablet) daily
Start Date: 09/13/2019			Stop Date:	
	Active	Vistaril	Anxiety	25mg (1 capsule) three times daily as needed
Start Date: 09/13/2019			Stop Date:	

**Changes to Medication:**

none

**Explanation of changes to medication:**

na

**Labs and Tests:**

routine

**Signature:**

--Digitally Signed: 10/01/2019 09:16 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Emily Reed**  
September 27, 2019 8:37am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services**  
**Psychiatric Progress Report**

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**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
**309.81 (F43.10) - F43.10 Posttraumatic stress disorder**

**Subjective Report:**

" had extremely vivid flashback with all my senses admit was a shock, it was something new, its all kind of cloudy". Had episode of feeling sick to her stomach, ran outside and ended up under a vehicle but says she is not sure how she got there. Denies any SI or plan for self harm. "I feel safe here and don't want to hurt myself". Having episode of flash backs or triggered by something (she is not sure of triggers), when this happens "i dissociate" because it makes her feel safer to mentally remove her from this. Feels muscle relaxation helps some. Sleep is "still not where I want it to be but ok"  
Having difficulty falling asleep, less frequent nightmares. Appetite is good. Some depression but she is unable to clarify how much, anxiety seems to have increased as well.

**Objective Report:**

client back on visuals  
has been attending groups  
working on utilizing techniques learned in individual therapy

**Mental Status Exam and Observation:**

**Appearance/Attitude:**

- Healthy
- Interested
- Attentive

**Behavior:**

- Appropriate
- Eye contact

**Speech:**

- Normal

**Mood:**

- Anxious

**Affect:**

- Appropriate

•

**Thought Content:**

- normal

**Thought Process:**

- goal directed

**Sensorium:**

- alert
- oriented in all spheres

**Memory:**

- intact

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- impaired

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Assessment:**

Distracted this morning but easily redirected. Reflects over the weeks events. Verbalizes multiple times that she is not suicidal or thinking about self harming.

Increased prazosin last visit has decreased nightmare some.

**Medical Necessity criteria for continued care:**

**Medical Necessity:** Recent Suicidal/Homicidal Thoughts (last 30-45 days), History of Attempts or Gestures, History of Self-Harm and Recent Suicidal gesture or attempt (last 30-45 days), Unstable Mood, , , , Anxiety Disorder and Mood Disorder, Recent inpatient hospitalization requiring step down to RTC, Need for medication stabilization; requires monitoring (recent change in medication, high maintenance/high alert psychotropic medications, side effects requiring monitoring) and Poor Social Skills

**Plan:**

adjust med

**Progress to date:**

- Cooperative

**Allergies:** Haldol

**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: AngelaWentworth</i>	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed

	Active	Midol	Cramping	2 tabs (tablet)	every 6 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
		Prescribing Provider: Angela Wentworth			
OTC	Active	Benadryl	Allergy relief/allergic reaction	25mg (tablet)	every 6 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	Imodium AD	Diarrhea	1 tab Q4-6hrs (tablet)	as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	Pepto Bimol	Nausea/upset stomach	2 tbsp/30sp (tablet)	three times daily as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	Cough drop	Cough	1 lozenge (tablet)	every 2 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	Tylenol	P/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	Calcium carbonate	Heartburn/indigestion	2 chews (tablet)	every 4 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
Rx	Active	PRAZOSIN HYDROCHLORIDE	Flashbacks/nightmares	1mg (1 capsule)	daily at bedtime
		Start Date: 09/13/2019		Stop Date:	
	Active PS	Lamictal ER	Anxiety	200mg (1 tablet)	daily
		Start Date: 09/13/2019		Stop Date:	
	Active	Vistaril	Anxiety	25mg (1 capsule)	three times daily as needed
		Start Date: 09/13/2019		Stop Date:	

**Changes to Medication:**

increase pristiq to total of 75mg daily

**Explanation of changes to medication:**

depression and anxiety

**Labs and Tests:**

routine

**Signature:**

--Digitally Signed: 09/27/2019 08:56 am Nurse Practitioner Angela Wentworth, PMHNP-BC



**Emily Reed**  
September 20, 2019 9:41am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Psychiatric Progress Report**

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**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019

**Current Level of Care:** SML

**Diagnosis:**

300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Subjective Report:**

"its ok, yeah, I understand the visuals and why its necessary" Having passive SI but states "its not invasive, no plan, i feel safe now, not like it was"

Sleep is ok but has some nights its taking longer to fall asleep. "Im sleeping and I know Im asleep but I can hear everything around me but i cant do anything about it. Feels tired daily. Appetite is good. Reporting meditation group make her feel worse and more distant.

**Objective Report:**

client on visuals  
has been attending groups

**Mental Status Exam and Observation:**

**Appearance/Attitude:**

- Healthy
- Interested
- Attentive

**Behavior:**

- Appropriate
- Eye contact

**Speech:**

- Normal

**Mood:**

- Anxious

**Affect:**

- Appropriate

**Thought Content:**

- normal

**Thought Process:**

- goal directed

**Sensorium:**

- alert

- oriented in all spheres

**Memory:**

- intact

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- impaired

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Assessment:**

Brighter affect today. Stays on subject much better, i dont have to regain her attention. Complains of nightmares and pm flashbacks. Prazosin has helped but not as much as it did.

**Medical Necessity criteria for continued care:**

**Medical Necessity:** Recent Suicidal/Homicidal Thoughts (last 30-45 days), History of Attempts or Gestures, History of Self-Harm and Recent Suicidal gesture or attempt (last 30-45 days), Unstable Mood, . . . Anxiety Disorder and Mood Disorder, Recent inpatient hospitalization requiring step down to RTC, Need for medication stabilization; requires monitoring (recent change in medication, high maintenance/high alert psychotropic medications, side effects requiring monitoring) and Poor Social Skills

**Plan:**

increase the qhs prazosin to decrease night terrors

**Progress to date:**

- Cooperative

**Allergies:** Haldol

**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: AngelaWentworth</i>	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active		<b>Midol</b> <i>Start Date: 09/04/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Cramping	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed

OTC	Active	<b>Benadryl</b>	Allergy relief/allergic reaction	25mg (tablet)	every 6 hrs as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
	Active	<b>Imodium AD</b>	Diarrhea	1 tab Q4-6hrs (tablet)	as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
	Active	<b>Pepto Bimol</b>	Nausea/upset stomach	2 tbsp/30sp (tablet)	three times daily as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
	Active	<b>Cough drop</b>	Cough	1 lozenge (tablet)	every 2 hrs as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
	Active	<b>Tylenol</b>	P/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
	Active	<b>Calcium carbonate</b>	Heartburn/indigestion	2 chews (tablet)	every 4 hrs as needed
		<i>Start Date:</i> 09/04/2019		<i>Stop Date:</i>	
Rx	Active	<b>PRAZOSIN HYDROCHLORIDE</b>	Flashbacks/nightmares	1mg (1 capsule)	daily at bedtime
		<i>Start Date:</i> 09/13/2019		<i>Stop Date:</i>	
	Active PS	<b>Lamictal ER</b>	Anxiety	200mg (1 tablet)	daily
		<i>Start Date:</i> 09/13/2019		<i>Stop Date:</i>	
	Active	<b>Vistaril</b>	Anxiety	25mg (1 capsule)	three times daily as needed
		<i>Start Date:</i> 09/13/2019		<i>Stop Date:</i>	

**Changes to Medication:**

increase prazosin to 2mg qhs

can use OTC hydrocortisone cream to itching and bug bites

**Explanation of changes to medication:**

night terrors

bug bites

**Labs and Tests:**

tine

**Signature:**

--Digitally Signed: 09/20/2019 09:16 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

**Emily Reed**  
September 13, 2019 11:01am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Psychiatric Progress Report**

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**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/13/2019

**Current Level of Care:** SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
**309.81 (F43.10) - F43.10 Posttraumatic stress disorder**

**Subjective Report:**

"some suicidal thoughts but no plan, some days are worse than others". Continues to have significant depression and anxiety. Feels she did much better with the lamictal as an ER. Some AH of voice telling her to self harm but states 'i didnt listen but it got stronger'. "i dont want to hurt myself but not sure". Haivng VH of "images I see i dont want to see anymore" of past abuse that cause her much tear and causes nausea. Says they are different than flashbacks she has had in the past. States she feels a level of agitation but not sure why. she is extremely anxious about the date being the 13th and Friday but doesnt know why she feels this way. Significant increase in overall anxiety since this morning. Having random "ugly thoughts of wanting to hurt others but i wouldnt"

Has been losing track of time, found herself on the sofa in middle of night and cant recall how she got there, gets confused, scared, "terrified". States this happened in her home setting as well. "feel like its not me talking sometimes, doesnt feel like its coming from me".

**Objective Report:**

fleeing SI, She is unsure of which personality is coming out.

**Mental Status Exam and Observation:**

**Appearance/Attitude:**

- Anxious
- Guarded
- Cooperative
- Paranoid

**Behavior:**

- Rigid

**Speech:**

- Hesitant

**Mood:**

- Anxious
- Depressed

**Affect:**

- Flat

•

**Thought Content:**

- normal

**Thought Process:**

- rambling

**Sensorium:**

- oriented in all spheres
- alert

**Memory:**

- intact

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- distractibility
- impaired

Suicidal Ideation: No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

having fleeting passive SI, placed on visuals and request therapist assessment

**Assessment:**

She appears distant, drifting off while talking with me. Reportsing losing gaps of time, waking up in the place she didnt go to bed in and doesn't recall how she got there. Passive SI without a plan for harm, States she doesn't want to harm self. 1 of her other personalities did the most recent SA.

**Medical Necessity criteria for continued care:**

**Medical Necessity:** Recent Suicidal/Homicidal Thoughts (last 30-45 days), History of Attempts or Gestures, History of Self-Harm, Recent Suicidal gesture or attempt (last 30-45 days) and Recent Self-Harm (less 30-45 days), Withdrawn/Isolated and Unstable Mood, , , , Mood Disorder and Anxiety Disorder, Recent inpatient hospitalization requiring step down to RTC and Need for medication stabilization; requires monitoring (recent change in medication, high maintenance/high alert psychotropic medications, side effects requiring monitoring)

**Plan:**

place on visuals

requested therapist assessment

to ER for assessment with active SI and plan for harm or increased passive SI

**Progress to date:**

none

**Allergies:** Haldol

**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	Pristiq	Depression	50 mg (tablet)	mornings
			Start Date: 09/03/2019		Stop Date:	
			Prescribing Provider: AngelaWentworth			

Active	<b>Gabapentin</b>	Anxiety	300 mg (tablet)	mornings as needed as needed
	Start Date: 09/03/2019		Stop Date:	
	Prescribing Provider: Angela Wentworth			
Active PS	<b>Lamotrigine</b>	Moods	150 mg	mornings
	Start Date: 09/04/2019		Stop Date:	
	Prescribing Provider: Angela Wentworth			
Active	<b>Midol</b>	Cramping	2 tabs (tablet)	every 6 hrs as needed
	Start Date: 09/04/2019		Stop Date:	
	Prescribing Provider: Angela Wentworth			
OTC Active	<b>Benadryl</b>	Allergy relief/allergic reaction	25mg (tablet)	every 6 hrs as needed
	Start Date: 09/04/2019		Stop Date:	
Active	<b>Imodium AD</b>	Diarrhea	1 tab Q4-6hrs (tablet)	as needed
	Start Date: 09/04/2019		Stop Date:	
Active	<b>Pepto Bimol</b>	Nausea/upset stomach	2 tbsp/30sp (tablet)	three times daily as needed
	Start Date: 09/04/2019		Stop Date:	
Active	<b>Cough drop</b>	Cough	1 lozenge (tablet)	every 2 hrs as needed
	Start Date: 09/04/2019		Stop Date:	
Active	<b>Tylenol</b>	P/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs as needed
	Start Date: 09/04/2019		Stop Date:	
Active	<b>Calcium carbonate</b>	Heartburn/indigestion	2 chews (tablet)	every 4 hrs as needed
	Start Date: 09/04/2019		Stop Date:	
Rx Active	<b>PRAZOSIN HYDROCHLORIDE</b>	Flashbacks/nightmares	1mg (capsule)	evenings at bedtime as needed
	Start Date: 09/07/2019		Stop Date:	

**Changes to Medication:**

discontinue lamictal 150mg daily  
start lamictal ER 200mg daily, make the prazosin 1mg qhs as scheduled  
start vistaril 25mg TID prn

**Explanation of changes to medication:**

anxiety

**Labs and Tests:**

routine

**Signature:**

**Emily Reed**  
October 1, 2019 12:25pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 10/01/2019  
**Time:** 12:26 pm

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Send to LeConte Medical Center for further evaluation due elopement/danger to self  
Begin visuals until transported to LeConte Medical Center

**Rationale:**

Telephone Order/Verbal Order Read Back and Verified:  
Dr. John Kupfner/Rachael Stewart, RN

--Digitally Signed: 10/01/2019 12:28 pm Head Nurse Rachel Stewart, RN  
--Digitally Signed: 11/08/2019 08:14 pm Psychiatrist John Kupfner, M.D.

**Appended by:** Tiffany Meece, LPN, 3:21am 10/2/2019  
noted

**Emily Reed**  
September 30, 2019 3:17pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/30/2019  
**Time:** 3:17 pm

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discontinue visuals  
Begin Q15min checks

**Rationale:**

therapist recommendation, risk assessment updated

Telephone Order/Verbal Order Read Back and Verified:  
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 09/30/2019 04:02 pm Head Nurse Rachel Stewart, RN

--Digitally Signed: 10/01/2019 09:05 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Rachel Stewart, RN, 4:02pm 9/30/2019  
notified staff



**Emily Reed**  
September 27, 2019 8:50am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/27/2019  
**Time:** 8:51 am

**Current Level of Care:**SML

**Diagnosis:**

300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

increase pristiq to total of 75mg daily  
pristiq 25mg daily #30  
pristiq 50mg daily, #30

**Rationale:**

depression/anxiety

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/27/2019 08:52 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Brittany Wolfe, RN, 10:09am 9/27/2019  
Faxed to McFarland. Transcribed in MAR. Charted in BN.

**Emily Reed**  
September 25, 2019 12:19am

**Pasadena Villa**  
Lisa Anguzza, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/25/2019  
**Time:** 12:19 am

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
**309.81 (F43.10) - F43.10 Posttraumatic stress disorder**

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Start visuals

**Rationale:**

elopement risk

Telephone Order/Verbal Order Read Back and Verified:  
John Kupfner, MD / Lisa Anguzza, RN

--Digitally Signed: 09/25/2019 12:24 am RN Lisa Anguzza, RN

--Digitally Signed: 09/25/2019 08:27 pm Psychiatrist John Kupfner, M.D.

**Appended by:** Lisa Anguzza, RN, 12:24am 9/25/2019  
Staff notified

**Emily Reed**  
September 20, 2019 1:58pm

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019  
**Time:** 1:58 pm

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discontinue visuals  
Begin Q15min checks for safety

**Rationale:**  
therapist recommendation, risk assessment updated

Telephone Order/Verbal Order Read Back and Verified:  
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 09/20/2019 01:59 pm Head Nurse Rachel Stewart, RN  
--Digitally Signed: 09/20/2019 09:10 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Rachel Stewart, RN, 2:00pm 9/20/2019  
notified psych tech Erin

**Emily Reed**  
September 20, 2019 9:49am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019  
**Time:** 9:49 am

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

can use OTC hydrocortisone cream

**Rationale:**  
bug bites, itching

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/20/2019 09:50 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Rachel Stewart, RN, 9:58am 9/20/2019  
**Order clarification:**  
Hydrocortisone cream apply to affected area QID prn itching/bug bites #1

**Appended by:** Rachel Stewart, RN, 10:00am 9/20/2019  
order faxed to mcfarland, updated in bn and transcribed in mor

**Emily Reed**  
September 20, 2019 9:46am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

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Sevierville, TN 37862  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/20/2019  
**Time:** 9:47 am

**Current Level of Care:** SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

increase prazosin to 2mg qhs #30

**Rationale:**  
flashbacks/nightmares

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/20/2019 09:48 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Rachel Stewart, RN, 10:01am 9/20/2019  
order faxed to mcfarland, updated in bn and transcribed in mor

**Emily Reed**  
September 18, 2019 5:47pm

**Pasadena Villa**  
Jodi Sotlar, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/18/2019  
**Time:** 4:15 pm

**Current Level of Care:**SML

**Diagnosis:**

300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Visual Observations

**Rationale:**

Therapist recommendation for safety, SI

Telephone Order/Verbal Order Read Back and Verified:

John Kupfner, M.D./Jodi Sotlar, RN

--Digitally Signed: 09/18/2019 05:49 pm Psychiatric Nurse Jodi Sotlar, RN

--Digitally Signed: 09/25/2019 09:18 pm Psychiatrist John Kupfner, M.D.

**Appended by:** Jodi Sotlar, RN, 5:52pm 9/18/2019

Therapist Jay notified staff at the time of Risk Assessment, Staff initiated visuals.

**Emily Reed**  
September 14, 2019 11:09pm

**Pasadena Villa**  
Colin Cole, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/14/2019  
**Time:** 11:09 pm

**Current Level of Care:**SML

**Diagnosis:**

300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Continue Lamictal 150mg PO QAM until Lamictal ER 200mg PO Daily available.

**Rationale:**

Lamictal ER on order

Telephone Order/Verbal Order Read Back and Verified:  
Jessica Paskwietz ARNP/Colin Cole RN

--Digitally Signed: 09/14/2019 11:12 pm Registered Nurse Colin Cole, RN

--Digitally Signed: 09/16/2019 02:29 pm Nurse Practitioner Jessica Paskwietz, ARNP

**Appended by:** Colin Cole, RN, 11:12pm 9/14/2019  
Noted.

**Emily Reed**  
September 14, 2019 2:26pm

**Pasadena Villa**  
Colin Cole, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/14/2019  
**Time:** 2:26 pm

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discontinue visual precautions, start 15 minute checks

**Rationale:**  
Per therapist risk assessment

Telephone Order/Verbal Order Read Back and Verified:  
Jessica Paskwietz ARNP/Colin Cole RN

--Digitally Signed: 09/14/2019 02:27 pm Registered Nurse Colin Cole, RN  
--Digitally Signed: 09/16/2019 02:30 pm Nurse Practitioner Jessica Paskwietz, ARNP

**Appended by:** Colin Cole, RN, 2:27pm 9/14/2019  
Staff notified.



**Emily Reed**  
September 13, 2019 1:03pm

**Pasadena Villa**  
Brittany Wolfe, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Sevierville, TN 37862  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/13/2019  
**Time:** 1:04 pm

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Start visuals

**Rationale:**  
Safety

Telephone Order/Verbal Order Read Back and Verified:  
Anglea Wentworth PMHNP-BC/Brittany Wolfe, RN

--Digitally Signed: 09/13/2019 01:04 pm Registered Nurse Brittany Wolfe, RN  
--Digitally Signed: 09/17/2019 11:06 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Brittany Wolfe, RN, 1:04pm 9/13/2019  
Staff aware.

**Emily Reed**  
September 13, 2019 11:20am

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

---

Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
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Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/13/2019  
**Time:** 11:21 am

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
**309.81 (F43.10) - F43.10 Posttraumatic stress disorder**

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

change prozosin 1mg qhs to scheduled

**Rationale:**

nightly flashbacks/nightmares

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/13/2019 11:22 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Jodi Sotlar, RN, 12:04pm 9/13/2019  
Faxed to McFarland. Transcribed in MAR. Charted in BN.

**Emily Reed**

September 13, 2019 11:11am

**Pasadena Villa**

Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/13/2019  
**Time:** 11:11 am

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

discontinue the lamictl 150mg daily  
start lamictal ER 200mg daily, #30  
start vistaril 25mg TID PRN, #90

**Rationale:**

med titration  
anxiety

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/13/2019 11:12 am Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Jodi Sotlar, RN, 12:03pm 9/13/2019  
Faxed to McFarland. Transcribed in MAR. Charted in BN.

ROA2284

**Emily Reed**  
September 9, 2019 11:18am

**Pasadena Villa**  
Rachel Stewart, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/09/2019  
**Time:** 11:18 am

**Current Level of Care:**SML

**Diagnosis:**  
**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Clindamycin completed on 9/6/19

**Rationale:**

Telephone Order/Verbal Order Read Back and Verified:  
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 09/09/2019 11:19 am Head Nurse Rachel Stewart, RN

**Appended by:** Rachel Stewart, RN, 11:19am 9/9/2019  
completed

**Emily Reed**  
September 6, 2019 2:42pm

**Pasadena Villa**  
Angela Wentworth, PMHNP-BC

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

Pasadena Villa  
119 Pasadena Place  
Orlando, FL 32803  
Phone: 407-246-5250  
Fax: 407-246-5271

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/06/2019  
**Time:** 2:42 pm

**Current Level of Care:**SML

**Diagnosis:**

**300.14 (F44.81) - F44.81 Dissociative identity disorder**  
**309.81 (F43.10) - F43.10 Posttraumatic stress disorder**

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

start prazosin 1mg qhs PRN, #30

**Rationale:**

flashbacks/nightmares

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 09/06/2019 02:43 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

**Appended by:** Colin Cole, RN, 1:43am 9/7/2019  
Faxed to pharmacy. Transcribed to BN and MOR.

**Emily Reed**  
September 3, 2019 6:48pm

**Pasadena Villa**  
Christy Moyers, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

---

Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/03/2019  
**Time:** 6:48 pm

**Current Level of Care:** SML

**Diagnosis:** PTSD, DID

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

CBC with differential and platelets

CMP

TSH

UDS

UA

Fasting lipid panel

Serum pregnancy test

Send resident to Leconte Medical Center for labs

**Rationale:**

New admit

Telephone Order/Verbal Order Read Back and Verified:  
Angela Wentworth, PMHNP-BC/Christy Moyers, RN

--Digitally Signed: 09/09/2019 09:41 pm Registered Nurse Christy Moyers, RN

**Appended by:** Tiffany Meece, LPN, 12:29am 9/5/2019  
noted on lab calendar, to be done 9/5

**Emily Reed**

September 3, 2019 6:36pm

**Pasadena Villa**

Christy Moyers, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

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Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed

**DOB:** 11/16/1996

**Date:** 09/03/2019

**Time:** 6:36 pm

**Current Level of Care:** SML

**Diagnosis:** PTSD, DID

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Pristiq 50 mg 1 tabs po QAM, depression (profile only)

Lamotrigine 150 mg po 1 tab QAM, mood stabilizer (profile only)

Gabapentin 300 mg 1 tab po, anxiety 1 tab per day PRN (profile only)

Clindamycin 300 mg QID (4 times per day) until current supply is exhausted, infection (profile only)

Midol 2 tabs Q 6 hrs PRN, cramps (profile only)

**Rationale:**

New admit

Telephone Order/Verbal Order Read Back and Verified:

Angela Wentworth, PMHNP-BC/Christy Moyers, RN

--Digitally Signed: 09/03/2019 11:05 pm Registered Nurse Christy Moyers, RN

**Appended by:** Christy Moyers, RN, 11:07pm 9/3/2019

Faxed to McFarland, BestNotes and MAR updated.

**Emily Reed**  
September 3, 2019 6:16pm

**Pasadena Villa**  
Christy Moyers, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

---

Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Date:** 09/03/2019  
**Time:** 6:16 pm

**Current Level of Care:** SML

**Diagnosis:** PTSD, DID

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Benadryl 25mg PO Q6H PRN allergy relief or allergic reaction (PROFILE ONLY)

Imodium AD 1 tab PO Q4-6H PRN diarrhea (PROFILE ONLY)

Pepto Bismol 2 Tbsp/30ml PO TID PRN nausea or upset stomach (PROFILE ONLY)

Cough drops 1 lozenge PO Q2H PRN cough (PROFILE ONLY)

Tylenol 325mg PO 2 tabs Q6H PRN pain or elevated temp (PROFILE ONLY)

Calcium Carbonate Tab Chew PO 2 tabs Q4H PRN heartburn or indigestion (PROFILE ONLY)

**Rationale:**  
New admit

Telephone Order/Verbal Order Read Back and Verified:  
Angela Wentworth, PMHNP\_BC/Christy Moyers,

--Digitally Signed: 09/03/2019 06:31 pm Registered Nurse Christy Moyers, RN

**Appended by:** Tiffany Meece, LPN, 6:42am 9/4/2019  
faxed to pharmacy. Updated BN/MOR.



**Emily Reed**

September 3, 2019 6:12pm

**Pasadena Villa**

Christy Moyers, RN

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**Pasadena Villa Network of Services  
Physician's Orders**

---

Smoky Mountain Lodge  
3889 Wonderland Drive  
Sevierville, TN 37862  
Phone: 865-366-7218  
Fax: 865-429-2653

**Name:** Emily Reed

**DOB:** 11/16/1996

**Date:** 09/03/2019

**Time:** 6:13 pm

**Current Level of Care:** SML

**Diagnosis:** PTSD, DID

**Allergies:** Haldol

**Physicians Orders** (Psychotropics MUST include **Diagnosis** indicated for each medication):

Admit to SML RTC

PPD

Vital signs every day for four days, then every week if stable

Physical exam if not done in past 60 days

Okay to take medications brought from home

Begin Q15 safety checks

**Rationale:**

New admit

Telephone Order/Verbal Order Read Back and Verified:

Angela Wentworth, PMHNP-BC/Christy Moyers, RN

--Digitally Signed: 09/03/2019 06:34 pm Registered Nurse Christy Moyers, RN

**Appended by:** Tiffany Meece, LPN, 6:51am 9/4/2019  
emailed scheduling team. PPD done.

# Pasadena Villa Network of Services

## Discharge Summary

### Demographics

<b>Resident Name:</b> Emily Reed	<b>Date:</b> 10/01/2019
<b>Provider:</b> Timothy Meeks, MSSW	<b>Time:</b> 1:00 PM
<b>MR#:</b> 60479	<b>Date of Original MTP:</b>
<b>Date of Birth:</b> 11/16/1996	<b>Admit Date:</b> 09/03/2019
<b>Age:</b> 22	<b>Date of Discharge:</b>

### Services Provided

Initial Assessments, Individual therapy, CBT, DBT, Medication Management
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### Type of Discharge

Planned
Unplanned
Administrative
AMA

### Reason for Admission

recent suicide attempt
------------------------

### Discharge Diagnosis

Code System	Code	Description
Diagnosis data not found!		

### Explanation of Changes to Diagnosis

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### Master Problem List

Date	#	Problem	EST Completed	Date Resolved

### Summary of Progress

### Strengths and Weaknesses

Strengths	
Needs	
Abilities	
Preferences	

### Medication

Psychotropic Medications	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	Rx	Active	PS	Lamictal ER	Anxiety	200mg (1 tablet)	daily
				Start Date: 09/13/2019		Stop Date:	
		Active	PS	Prazosin	Nightmares	2mg (capsule)	evenings at bedtime
				Start Date: 09/20/2019		Stop Date:	
	Active	PS	PRISTIQ	Depression/Anxiety	50mg (tablet, extended release)	daily	

				<i>Start Date: 09/27/2019</i>	<i>Stop Date:</i>		
	<i>Active</i>	PS	<b>PRISTIQ</b>	Depression/Anxiety	25mg (tablet, extended release) daily		
				<i>Start Date: 09/27/2019</i>	<i>Stop Date:</i>		
Other Medications	<b>Type</b>	<b>Status</b>	<b>PS</b>	<b>Medication</b>	<b>Indication</b>	<b>Dosage (Qty/Form)</b>	<b>Frequency</b>
	<b>Rx</b>	<i>Active</i>		<b>Gabapentin</b>	Anxiety	300 mg (tablet)	mornings as needed - as needed
				<i>Start Date: 09/03/2019</i>	<i>Stop Date:</i>		
				<i>Prescribing Provider: Angela Wentworth</i>			
		<i>Active</i>		<b>Midol</b>	Cramping	2 tabs (tablet)	every 6 hrs - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
				<i>Prescribing Provider: Angela Wentworth</i>			
	<b>OTC</b>	<i>Active</i>		<b>Benadryl</b>	Allergy relief/allergic reaction	25mg (tablet)	every 6 hrs - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
		<i>Active</i>		<b>Imodium AD</b>	Diarrhea	1 tab Q4-6hrs (tablet)	- as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
		<i>Active</i>		<b>Pepto Bimol</b>	Nausea/upset stomach	2 tbsps/30sp (tablet)	three times daily - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
		<i>Active</i>		<b>Cough drop</b>	Cough	1 lozenge (tablet)	every 2 hrs - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
		<i>Active</i>		<b>Tylenol</b>	P/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
		<i>Active</i>		<b>Calcium carbonate</b>	Heartburn/indigestion	2 chews (tablet)	every 4 hrs - as needed
				<i>Start Date: 09/04/2019</i>	<i>Stop Date:</i>		
	<b>Rx</b>	<i>Active</i>		<b>Vistaril</b>	Anxiety	25mg (1 capsule)	three times daily - as needed
				<i>Start Date: 09/13/2019</i>	<i>Stop Date:</i>		
	<b>OTC</b>	<i>Active</i>		<b>Hydrocortisone cream</b>	Bug bites/itching	Apply to affected area (cream)	four times daily - as needed
				<i>Start Date: 09/20/2019</i>	<i>Stop Date:</i>		
Disposition of Medication							
Explanation of Changes							

**Discharge Planning**

Anticipated Discharge Date	10/01/2019
Living Arrangements	
Education	
Therapy (Specify individual, family or group treatment)	
Discharge Transition Obstacles	

**Condition on Discharge**

Poor, client was hospitalizaed
--------------------------------

**Reason for Discharge**

Completed treatment
Exhaustion of personal finances
Against Medical Advice
Against Treatment Advice
Administrative Discharge
Transferred for further treatment
Dropped out of treatment
Exhaustion of insurance finances
Failed treatment for other reasons
Legal issues
Transferred for further treatment/Medical
Transferred for further treatment/Psychiatric
Other

**Family/Guardian Participation in Treatment**

Family updated on progress of client as well as critical events
---

**Critical Events & Interaction**

Multiple events involving client running into the woods from facility, running into the road
--

**Prognosis**

Poor client discharged to acute hospitalization
---

**Recommendations**

It is recommended the client admit to acute hospitalization at this time.
---

**Medical Follow-up**

Follow all recommendations for aftercare from psychiatrist
--

**Contact Signatures**

--

**Treatment Team Signatures**

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# Pasadena Villa Network of Services

## Initial Treatment Plan

### Demographics

<b>Resident Name:</b> Emily Reed	<b>Date:</b> 09/04/2019	<b>Date of Discharge:</b>
	<b>Time:</b> 10:00 AM	
<b>Provider:</b> Timothy Meeks, MSSW	<b>Admit Date:</b>	
<b>MR#:</b> 60479		
<b>Date of Birth:</b> 11/16/1996	<b>Age:</b> 22	

### Preliminary Diagnosis

Code System	Code	Description
DSM5	300.14 (F44.81)	F44.81 Dissociative identity disorder
DSM5	309.81 (F43.10)	F43.10 Posttraumatic stress disorder

### Reason for Admission

recent suicide attempt

### Initial Resident Care Needs

As identified by resident	"Advocating, communication, I don't know" then client switched to Heidi, an alter that is very childlike
As assessed by clinician	Stabilization and distress tolerance skills, trigger identification.

### Parent/Family Education Needs

As identified by resident	psychoeducation
As assessed by clinician	psychoeducation

### Initial Treatment Objectives

As identified by resident	unable to complete due to emergence of Heidi.
As assessed by clinician	Soothing skills to manage dissociation.

### Initial Treatment Care Interventions

Teach self soothing skills

### Contact Signatures

--Digitally Signed: 09/04/2019 04:55 pm: Emily Reed

### Treatment Team Signatures

--Digitally Signed: 09/04/2019 04:53 pm Therapist Timothy Meeks, MSSW  
 --Digitally Signed: 09/05/2019 07:11 pm Head Nurse Rachel Stewart, RN  
 --Digitally Signed: 09/08/2019 03:21 pm Therapist Clyde Johnson, Ph.D.  
 --Digitally Signed: 09/09/2019 06:41 am Therapist Rena Arwood, M.S.  
 --Digitally Signed: 09/30/2019 09:54 pm Psychiatrist Reggie Raman, M.D.  
 --Digitally Signed: 11/17/2019 11:45 am Recreation Therapist Matt Hicks, CTRS  
 --Digitally Signed: 01/22/2020 07:21 am Psychotherapist Thomas Breitung, LPC, NCC

# Pasadena Villa Network of Services

## Initial Treatment Plan

### Demographics

<b>Resident Name:</b> Emily Reed	<b>Date:</b> 09/04/2019	<b>Date of Discharge:</b>
	<b>Time:</b> 10:00 AM	
<b>Provider:</b> Timothy Meeks, MSSW	<b>Admit Date:</b>	
<b>MR#:</b> 60479		
<b>Date of Birth:</b> 11/16/1996	<b>Age:</b> 22	

### Preliminary Diagnosis

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DSM5	300.14 (F44.81)	F44.81 Dissociative identity disorder
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As identified by resident	"Advocating, communication, I don't know" then client switched to Heidi, an alter that is very childlike
As assessed by clinician	Stabilization and distress tolerance skills, trigger identification

### Parent/Family Education Needs

As identified by resident	psychoeducation
As assessed by clinician	psychoeducation

### Initial Treatment Objectives

As identified by resident	
As assessed by clinician	

### Initial Treatment Care Interventions

--

### Contact Signatures

--Digitally Signed: 09/04/2019 04:54 pm: Emily Reed

### Treatment Team Signatures

--Digitally Signed: 09/04/2019 10:07 am	Therapist Timothy Meeks, MSSW
--Digitally Signed: 09/04/2019 11:39 am	Therapist Clyde Johnson, Ph.D.
--Digitally Signed: 09/05/2019 07:13 pm	Head Nurse Rachel Stewart, RN
--Digitally Signed: 09/09/2019 06:41 am	Therapist Rena Arwood, M.S.
--Digitally Signed: 09/30/2019 09:55 pm	Psychiatrist Reggie Raman, M.D.
--Digitally Signed: 11/17/2019 11:45 am	Recreation Therapist Matt Hicks, CTRS
--Digitally Signed: 01/22/2020 07:21 am	Psychotherapist Thomas Breitung, LPC, NCC

Emily Reed  
September 28, 2019 12:29am

Pasadena Villa  
Tiffany Meece, LPN

Pasadena Villa Network of Services  
Weekly Nursing Summary

Name: Emily Reed  
DOB: 11/16/1996  
Allergies: Haldol

Current Level of Care: SML

Diagnosis:  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 9/22/19-9/28/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active		<b>Midol</b> <i>Start Date: 09/04/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Cramping	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
OTC	Active		<b>Benadryl</b> <i>Start Date: 09/04/2019</i>	Allergy relief/allergic reaction	25mg (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Imodium AD</b> <i>Start Date: 09/04/2019</i>	Diarrhea	1 tab Q4-6hrs (tablet) <i>Stop Date:</i>	as needed
	Active		<b>Pepto Bimol</b> <i>Start Date: 09/04/2019</i>	Nausea/upset stomach	2 tbsp/30sp (tablet) <i>Stop Date:</i>	three times daily as needed
	Active		<b>Cough drop</b> <i>Start Date: 09/04/2019</i>	Cough	1 lozenge (tablet) <i>Stop Date:</i>	every 2 hrs as needed
	Active		<b>Tylenol</b> <i>Start Date: 09/04/2019</i>	P/elevated temp	325 mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Calcium carbonate</b> <i>Start Date: 09/04/2019</i>	Heartburn/indigestion	2 chews (tablet) <i>Stop Date:</i>	every 4 hrs as needed

<b>Rx</b>	<i>Active</i>	<b>PS</b>	<b>Lamictal ER</b>	Anxiety	200mg (1 tablet)	daily
			<i>Start Date:</i> 09/13/2019		<i>Stop Date:</i>	
	<i>Active</i>		<b>Vistaril</b>	Anxiety	25mg (1 capsule)	three times daily as needed
			<i>Start Date:</i> 09/13/2019		<i>Stop Date:</i>	
<b>OTC</b>	<i>Active</i>		<b>Hydrocortisone cream</b>	Bug bites/itching	Apply to affected area (cream)	four times daily as needed
			<i>Start Date:</i> 09/20/2019		<i>Stop Date:</i>	
<b>Rx</b>	<i>Active</i>	<b>PS</b>	<b>Prazosin</b>	Nightmares	2mg (capsule)	evenings at bedtime
			<i>Start Date:</i> 09/20/2019		<i>Stop Date:</i>	

**Medication Changes:**

Increase Pristiq to 75mg Daily

**PRN's Administered:**

Vistaril, Hydrocortisone cream, Tylenol, Gabapentin

**Medication Compliance Issues:**

Resident has been med compliant this week. Denying any side effects.

**Consults:**

none

**Physical Complaints:**

all over pain, Abdominal pain

**Hygiene:**

Fair, Resident able to complete ADL's but needs prompting

**Diet and Weight:**

Regular diet, 118.8 lbs

**Sleep Patterns:**

Resident appears to be sleeping throughout the night.

**Safety Concerns:**

Resident denies SI/HI. Resident is currently on visual precautions for elopement risk. Resident left group this week and reported she was having a dissociative episode. Staff was able to help resident work through this and return inside from parking lot. She has also had several dissociative episodes this week.

**Mental Status:**

**Appearance/Attitude:**

- Anxious
- Guarded
- depressed

**Behavior:**

- appropriate

**Speech:**

- short answers



**Mood:**

- Anxious
- depressed

**Affect:**

- appropriate

•

**Thought Content:**

- hallucinations

**Thought Process:**

- goal directed

**Sensorium:**

- alert

**Memory:**

- short term
- long term

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- distractibility

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Signature/credential**

**Tiffany Meece LPN**

--Digitally Signed: 09/28/2019 12:43 am LPN Tiffany Meece, LPN

**Emily Reed**  
September 21, 2019 7:21am

**Pasadena Villa**  
Lisa Anguzza, RN

**Pasadena Villa Network of Services  
Weekly Nursing Summary**

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Allergies:** Haldol

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Week of:** 9/15/19-9/21/19

**Current Medications:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: AngelaWentworth</i>	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date: 09/03/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active		<b>Midol</b> <i>Start Date: 09/04/2019</i> <i>Prescribing Provider: Angela Wentworth</i>	Cramping	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
OTC	Active		<b>Benadryl</b> <i>Start Date: 09/04/2019</i>	Allergy relief/allergic reaction	25mg (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Imodium AD</b> <i>Start Date: 09/04/2019</i>	Diarrhea	1 tab Q4-6hrs (tablet) <i>Stop Date:</i>	as needed
	Active		<b>Pepto Bimol</b> <i>Start Date: 09/04/2019</i>	Nausea/upset stomach	2 tbsp/30sp (tablet) <i>Stop Date:</i>	three times daily as needed
	Active		<b>Cough drop</b> <i>Start Date: 09/04/2019</i>	Cough	1 lozenge (tablet) <i>Stop Date:</i>	every 2 hrs as needed
	Active		<b>Tylenol</b> <i>Start Date: 09/04/2019</i>	P/elevated temp	325 mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Calcium carbonate</b> <i>Start Date: 09/04/2019</i>	Heartburn/indigestion	2 chews (tablet) <i>Stop Date:</i>	every 4 hrs as needed
Rx	Active	PS	<b>Lamictal ER</b>	Anxiety	200mg (1 tablet)	daily

		<i>Start Date: 09/13/2019</i>	<i>Stop Date:</i>	
	Active	<b>Vistaril</b>	Anxiety	25mg (1 capsule) three times daily as needed
		<i>Start Date: 09/13/2019</i>	<i>Stop Date:</i>	
	OTC Active	<b>Hydrocortisone cream</b>	Bug bites/itching	Apply to affected area (cream) four times daily as needed
		<i>Start Date: 09/20/2019</i>	<i>Stop Date:</i>	
	Rx Active PS	<b>Prazosin</b>	Nightmares	2mg (capsule) evenings at bedtime
		<i>Start Date: 09/20/2019</i>	<i>Stop Date:</i>	

**Medication Changes:**

OTC Hydrocortisone cream QID PRN  
Increase Prazosin to 2mg PO QHS

**PRN's Administered:**

Gabapentin, tylenol

**Medication Compliance Issues:**

Resident is medication compliant. No reports of any unwanted side effects from medications at this time.

**Consults:**

Physical exam

**Physical Complaints:**

head Ache

**Hygiene:**

Fair. Resident must be prompted by staff to complete ADLs

**Diet and Weight:**

Regular diet. 117.4 lbs on admission

**Sleep Patterns:**

Resident appears to be sleeping throughout the night.

**Safety Concerns:**

Resident denies SI/HI. She has had several dissociative episodes this week and has required additional monitoring for safety.

**Mental Status:**

**Appearance/Attitude:**

- Anxious
- Guarded

**Behavior:**

- Tense

**Speech:**

- Abnormal rhythm

**Mood:**

- Anxious

**Affect:**

- Restricted

•

**Thought Content:**

- normal

**Thought Process:**

- flight of ideas

**Sensorium:**

- alert
- oriented in all spheres

**Memory:**

- short term
- long term

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- distractibility
- impaired

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Signature/credential**

--Digitally Signed: 09/21/2019 07:28 am RN Lisa Anguzza, RN

**Emily Reed**  
September 14, 2019 1:00am

**Pasadena Villa**  
Patrick Kelly, RN

**Pasadena Villa Network of Services**  
**Weekly Nursing Summary**

**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Allergies:** Haldol

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Week of:** 9/8/19-9/13/19

**Current Medications:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date:</i> 09/03/2019 <i>Prescribing Provider:</i> Angela Wentworth	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date:</i> 09/03/2019 <i>Prescribing Provider:</i> Angela Wentworth	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active		<b>Midol</b> <i>Start Date:</i> 09/04/2019 <i>Prescribing Provider:</i> Angela Wentworth	Cramping	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
OTC	Active		<b>Benadryl</b> <i>Start Date:</i> 09/04/2019	Allergy relief/allergic reaction	25mg (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Imodium AD</b> <i>Start Date:</i> 09/04/2019	Diarrhea	1 tab Q4-6hrs (tablet) <i>Stop Date:</i>	as needed
	Active		<b>Pepto Bimol</b> <i>Start Date:</i> 09/04/2019	Nausea/upset stomach	2 tbsp/30sp (tablet) <i>Stop Date:</i>	three times daily as needed
	Active		<b>Cough drop</b> <i>Start Date:</i> 09/04/2019	Cough	1 lozenge (tablet) <i>Stop Date:</i>	every 2 hrs as needed
	Active		<b>Tylenol</b> <i>Start Date:</i> 09/04/2019	P/elevated temp	325 mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed

<b>Rx</b>	Active	<b>Calcium carbonate</b>	Heartburn/indigestion	2 chews (tablet)	every 4 hrs as needed
		<i>Start Date: 09/04/2019</i>		<i>Stop Date:</i>	
	Active	<b>PRAZOSIN HYDROCHLORIDE</b>	Flashbacks/nightmares	1mg (1 capsule)	daily at bedtime
		<i>Start Date: 09/13/2019</i>		<i>Stop Date:</i>	
	Active PS	<b>Lamictal ER</b>	Anxiety	200mg (1 tablet)	daily
		<i>Start Date: 09/13/2019</i>		<i>Stop Date:</i>	
	Active	<b>Vistaril</b>	Anxiety	25mg (1 capsule)	three times daily as needed
		<i>Start Date: 09/13/2019</i>		<i>Stop Date:</i>	

**Medication Changes:**

discontinue the lamictl 150mg daily  
start lamictal ER 200mg daily, #30  
start vistaril 25mg TID PRN, #90  
change prozosin 1mg qhs to scheduled

**PRN's Administered:**

Gabapentin, tylenol

**Medication Compliance Issues:**

Resident is medication compliant. No reports of any unwanted side effects from medications at this time.

**Consults:**

Physical exam

**Physical Complaints:**

head Ache

**Hygiene:**

Fair. Resident must be prompted by staff to complete ADLs

**Diet and Weight:**

Regular diet. 120.4 lbs on admission

**Sleep Patterns:**

Resident appears to be sleeping throughout the night.

**Safety Concerns:**

Resident denies SI/HI.

**Mental Status:**

**Appearance/Attitude:**

- Anxious
- Guarded

**Behavior:**

- Tense

**Speech:**

- Abnormal rhythm

**Mood:**

- Anxious

**Affect:**

- Restricted

•

**Thought Content:**

- normal

**Thought Process:**

- flight of ideas

**Sensorium:**

- alert
- oriented in all spheres

**Memory:**

- short term
- long term

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- distractibility
- impaired

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Signature/credential**

**Patrick Kelly RN**

--Digitally Signed: 09/14/2019 01:03 am Registered Nurse Patrick Kelly. RN

**Emily Reed**  
September 7, 2019 3:07am

**Pasadena Villa**  
Lisa Anguzza, RN

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**Pasadena Villa Network of Services**  
**Weekly Nursing Summary**

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**Name:** Emily Reed  
**DOB:** 11/16/1996  
**Allergies:** Haldol

**Current Level of Care:**SML

**Diagnosis:**  
300.14 (F44.81) - F44.81 Dissociative identity disorder  
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

**Week of:** 9/1/19-9/7/19

**Current Medications:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
Rx	Active	PS	<b>Pristiq</b> <i>Start Date:</i> 09/03/2019 <i>Prescribing Provider:</i> Angela Wentworth	Depression	50 mg (tablet) <i>Stop Date:</i>	mornings
	Active		<b>Gabapentin</b> <i>Start Date:</i> 09/03/2019 <i>Prescribing Provider:</i> Angela Wentworth	Anxiety	300 mg (tablet) <i>Stop Date:</i>	mornings as needed as needed
	Active	PS	<b>Lamotrigine</b> <i>Start Date:</i> 09/04/2019 <i>Prescribing Provider:</i> Angela Wentworth	Moods	150 mg <i>Stop Date:</i>	mornings
	Active		<b>Clindamycin</b> <i>Start Date:</i> 09/04/2019 <i>Med Notes:</i> take until supply is exhausted <i>Prescribing Provider:</i> Angela Wentworth	infection/cellulitis on foot	300 mg <i>Stop Date:</i>	four times daily
	Active		<b>Midol</b> <i>Start Date:</i> 09/04/2019 <i>Prescribing Provider:</i> Angela Wentworth	Cramping	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
OTC	Active		<b>Benadryl</b> <i>Start Date:</i> 09/04/2019	Allergy relief/allergic reaction	25mg (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		<b>Imodium AD</b> <i>Start Date:</i> 09/04/2019	Diarrhea	1 tab Q4-6hrs (tablet) <i>Stop Date:</i>	as needed



	Active	<b>Pepto Bimol</b>	Nausea/upset stomach	2 tbsp/30sp (tablet)	three times daily as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	<b>Cough drop</b>	Cough	1 lozenge (tablet)	every 2 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	<b>Tylenol</b>	P/elevated temp	325 mg 2 tabs (tablet)	every 6 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
	Active	<b>Calcium carbonate</b>	Heartburn/indigestion	2 chews (tablet)	every 4 hrs as needed
		Start Date: 09/04/2019		Stop Date:	
<b>Rx</b>	Active	<b>PRAZOSIN HYDROCHLORIDE</b>	flashbacks/nightmares	1 mg (capsule)	every night as needed
		Start Date: 09/07/2019		Stop Date:	

**Medication Changes:**

Start Prazosin 1mg QHS PRN

**PRN's Administered:**

Gabapentin

**Medication Compliance Issues:**

Resident is medication compliant. No reports of any unwanted side effects from medications at this time.

**Consults:**

Physical exam

**Physical Complaints:**

none

**Hygiene:**

Fair. Resident must be prompted by staff to complete ADLs

**Diet and Weight:**

Regular diet. 120.4 lbs on admission

**Sleep Patterns:**

Resident appears to be sleeping throughout the night.

**Safety Concerns:**

Resident denies SI/HI. Remains on Q15 minute checks for safety.

**Mental Status:**

**Appearance/Attitude:**

- Anxious
- Guarded

**Behavior:**

- Tense

**Speech:**

- Abnormal rhythm

**Mood:**

- Anxious

**Affect:**

- Restricted

•

**Thought Content:**

- normal

**Thought Process:**

- flight of ideas

**Sensorium:**

- alert
- oriented in all spheres

**Memory:**

- short term
- long term

**Judgment:**

- poor

**Insight:**

- poor

**Impulse Control:**

- poor

**Concentration:**

- distractibility
- impaired

Suicidal Ideation: No plan , No intent and No suicidal ideation

Homicidal Ideation: No plan, No intent and No Homicidal ideation

**Signature/credential**

--Digitally Signed: 09/09/2019 03:20 am RN Lisa Anguzza, RN



CH61750093 (07-2018)

REED, EMILY  
MREC- 0000592122  
DOB- 11/16/96  
AGE/S- 22Y F /  
LCMC AC# 1927410070  
DR- COFFEY, DAVID ALEXA  
ADM- 10/01/19  
Doc  
Scan

EMERGENCY DETENTION  
FOR IMMEDIATE EXAMINATION FOR EMERGENCY ADMISSION

I am a (check one):

- ☐ Law enforcement officer authorized to make arrest in Tennessee  
☒ Licensed physician  
☐ Licensed psychologist with health service provider designation  
☐ Qualified Mental Health Professional (QMHP), as identified in Tenn. Code Ann. § 33-1-101 and found on page 2, section A of this form, designated by the TDMHSAS Commissioner as a mandatory pre-screening agent

Pursuant to Tenn. Code Ann. § 33-6-401, Emily Reed, referred to below as "person", shall be detained under Tenn. Code Ann. § 33-6-402 for immediate examination under Tenn. Code Ann. § 33-6-404 to determine whether the person is subject to admission to a hospital or treatment resource under Tenn. Code Ann. § 33-6-403 for emergency diagnosis, evaluation, and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann.

I have reason to believe that the person identified above has a mental illness or serious emotional disturbance, AND the person poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance, as evidenced by the following behavior by the person which I have observed or have reason to believe is true: (Specifically, include behavior which shows threats or attempts at homicide, suicide, other bodily harm, or behavior placing others in reasonable fear of violent behavior, or which shows that the person is unable to avoid severe impairment or injury from specific risks.)

Non-verbal, running from staff at Psych facility  
craving code motor vehicle  
Journaling suicidal ideation  
Increased feelings of depression

Date: 10/11/19  
Time: 5:20

Signature: [Signature]  
Printed Name: David A Coffey

Disposition (i.e. released, transferred, transported to CSU, admitted, etc.): \_\_\_\_\_

Date: 10/2/19  
Time: 21:50

Signature: [Signature]  
Printed Name: Zeke Oliver

Check Here to RESCIND ☒  
(requires a new examination)

Date: 10/2/19 Time: 2:50

SIGNATURE OF EXAMINING PROFESSIONAL

PART 2



FIRST CERTIFICATE OF NEED  
FOR EMERGENCY INVOLUNTARY ADMISSION  
UNDER TITLE 33, CHAPTER 6, PART 4, TENNESSEE CODE ANNOTATED

\_\_\_\_\_, of the County of \_\_\_\_\_  
PRINT NAME OF EXAMINING PROFESSIONAL  
State of Tennessee, certify that I personally examined \_\_\_\_\_  
PRINT NAME OF PERSON EXAMINED  
on \_\_\_\_\_ at \_\_\_\_\_ AM / PM.  
DATE YEAR TIME

A

Check all that apply:

- ☒ I am not a Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioner-designated mandatory pre-screening agent and, I am a (check one):  
☒ Licensed physician ☐ Licensed psychologist designated as a health service provider

Please Complete the Following:

- ☒ I have completed this certificate because a mandatory pre-screening agent was not available within 2 hours  
AND  
☐ I have consulted with the mental health crisis team in my area and have determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in Section B, # 4 below.

I spoke with \_\_\_\_\_  
STAFF NAME OR TITLE / AGENCY

- ☐ I am a Qualified Mental Health Professional (QMHP) who has been designated by the TDMHSAS Commissioner as a mandatory pre-screening agent.\*  
\*\*"QMHP" means a person who is licensed in the state, if required for the profession, and who is a psychiatrist; physician with expertise in; psychologist with health service provider designation; psychological examiner; licensed master's social worker with two (2) years of mental health experience or licensed clinical social worker; marital and family therapist; nurse with a master's degree in nursing who functions as a psychiatric nurse; licensed professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus mental health experience with children. \*A TDMHSAS Commissioner-designated mandatory pre-screening agent must have mental health experience with children in order to complete a certificate of need on a child.

B

In my professional opinion, based on the examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in Tenn. Code Ann. § 33-1-101(16) and (20),  
(list known mental illness or serious emotional disturbance history and current signs/symptoms):  
**Mental illness** is a psychiatric disorder, alcohol dependence or drug dependence; does not include intellectual and/or developmental disabilities. **Serious emotional disturbance** is a condition in a child who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

*Dissociative Identity Disorder*

MH-5542

Cert

REED, EMILY  
MREC- 0000592122

DOB- 11/16/96  
AGE/S- 22Y F /

LCMC AC# 1927410070 DR. COFFEY, DAVID ALEXA  
ADM- 10/01/19



Doc  
Scan

7/2018) RDA-2305

ROA2309

**FIRST CERTIFICATE OF NEED - PART 2 CONTINUED**

**B** 2. **AND**, poses an immediate substantial likelihood of serious harm under Tenn. Code Ann. § 33-6-501 because of the mental illness or serious emotional disturbance (detail specific behavior substantiating this requirement):

A person "poses an immediate substantial likelihood of serious harm" IF AND ONLY IF the person:

- has threatened or attempted suicide or to inflict serious bodily harm on such person, or
- has threatened or attempted homicide or other violent behavior, or
- has placed others in reasonable fear of violent behavior and serious physical harm to them, or
- is unable to avoid severe impairment or injury from specific risks, **AND**
- there is a substantial likelihood that serious harm will occur unless the person is placed under involuntary treatment.

*Unable to communicate Trying to Run away from  
Crawling under vehicles Posing threat to  
Threatening about suicidal ideations*

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance (describe what makes care, training, or treatment necessary):

*Risk to self*

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person (list alternatives considered and rationale for rejection of all alternatives):

*Risk to self too high for  
involuntary care*

**C** Having certified that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated, I further certify that this patient:

☐ May be transported to a TDMHSAS designated telehealth location for a second certificate of need (CON) examination;

OR

☐ Requires direct transportation to an admitting psychiatric facility for a second certificate of need (CON) examination;

AND

☐ (1) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination pursuant to Tenn. Code Ann. § 33-6-901 by an available friend, neighbor, mental health professional familiar with the individual, relative, or a member of the clergy because the patient does not require physical restraint or vehicle security **AND** does not pose a reasonable risk of danger to the patient's self or others *for purposes of transport*;

OR

☐ (2) May be transported to an admitting psychiatric facility or TDMHSAS designated telehealth location for second CON examination by ambulance or secondary transportation agent designated by the sheriff because the patient does not require physical restraint or vehicle security *for purposes of transport*;

OR

☒ (3) Must be transported to an admitting facility or TDMHSAS designated telehealth location for second CON evaluation by sheriff/law enforcement because the patient poses a reasonable risk of danger to the patient's self or others **AND** requires physical restraint and vehicle security *for purposes of transport*; or transport options (1) and (2) above are unavailable.

**D** WITH MY SIGNATURE:

• I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated. The information is accurate and based upon my (check one):

☒ **FACE-TO-FACE** examination of the individual ☐ **TELEHEALTH** examination of the individual

• I understand that completion of this certificate of need initiates a process, which may result in deprivation of an individual's liberty for the purposes of care, training, or treatment. I understand that to willfully provide inaccurate information on this certificate of need constitutes a crime.

*David A Coffey* *David A Coffey*

PRINT NAME OF EXAMINING PROFESSIONAL SIGNATURE OF EXAMINING PROFESSIONAL

*10/11/19* *15:23* *865 446-8835*

DATE TIME

MH-5542

REED, EMILY  
MREC-0000592122

DOB- 11/16/96

AGE/S- 22Y F I

DR- COFFEY, DAVID ALEXA

ADM- 10/01/19

LCMC AC# 1927410070



Doc

H61750094 (7/2018) RDA-2305

ROA2310

PASADENA VILLA  
 REED, EMILY  
 REPORT DATE : 10/19

CYCLE START 10/01/19		CYCLE END 10/31/19		PAGE 1 OF 1		MED. REC. #
PHYSICIAN WENTWORTH, ANGELA		PHONE 865-970-9800		ALT. PHONE		
ALT. PHYSICIAN		Rehab Potential				
ALLERGIES HALDOL						

Diagnosis		Medicare ID		Approving Physician			
Medicaid ID				Name:		Title:	Date:
RESIDENT		D.O.B.	SEX	ROOM #	PATIENT CODE	ADMIT DATE	
REED, EMILY		11/16/1996	F		REDEM	00/00/	

ROA2311

Signature		Initials	Signature	Initials	Signature
AS	ale	Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature	Initials	Signature
HC	Haley Crowen	Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature	Initials	Signature

[illegible]

- 1- RIGHT DORSAL GLUTEUS
- 2- LEFT DORSAL GLUTEUS
- 3- RIGHT VENTRAL GLUTEUS
- 4- LEFT VENTRAL GLUTEUS

5- RIGHT LATERAL THIGH  
6- LEFT LATERAL THIGH  
7- RIGHT DELTOID  
8- LEFT DELTOID

9- RIGHT UPPER ARM  
10- LEFT UPPER ARM  
11- RIGHT ANTERIOR THIGH  
12- LEFT ANTERIOR THIGH

13- UPPER BACK LEFT  
14- UPPER BACK RIGHT  
15- UPPER CHEST LEFT  
16- UPPER CHEST RIGHT

17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS  
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS  
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS  
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

Date / Hour	Medication / Doseage	Reason	Results / Response	Hour / Initials
10/1/19	2000	Pravastatin not given. Resident @ LeConte ER		HC
10/2/19	2000	Resident at LeConte Medical Center		HC
10/2/19	2000	Resident at LeConte Medical center		HC

**CHARTING** A- Charted in error  
**CODES:** B- Patient refused  
C- Patient out of facility  
D- Drug not given. Indicate reason in Medication Notes

H- Ineffective  
I- Hospital  
J- Leave of absence

**MCFARLAND APOTHECARY  
MEDICATION ADMINISTRATION RECORD**

**PASADENA VILLA  
REED, EMILY  
REPORT DATE : 10/19**

MEDICATION NAME	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>HYDROCORTISONE 1% CREAM</b>	06548729																															
APPLY TO AFFECTED AREA	P																															
FOUR TIMES DAILY AS	R																															
NEEDED FOR ITCHING/BUG	N																															
BITES																																
<b>HYDROXYZINE PAM 25 MG CAP</b>	06547847																															
TAKE 1 TABLET BY MOUTH	0000																															
THREE TIMES DAILY AS	PRN																															
NEEDED																																
<b>DIPHENHYDRAMINE 25 MG CAP</b>	08157942																															
BENADRYL ALLERGY ULTRATAB	P																															
TAKE ONE TABLET BY MOUTH	R																															
EVERY 6 HOURS AS NEEDED	N																															
FOR ALLERGY RELIEF OR																																
ALLERGIC REACTION																																
<b>ANTI-DIARRHEAL 2 MG CAPLE</b>	08157941																															
DIUM A-D 2 MG CAPLET	P																															
TAKE ONE TABLET BY MOUTH	R																															
EVERY 4-6 HOURS AS NEEDED	N																															
FOR DIARRHEA																																
<b>BISMATROL SUSPENSION</b>	08157940																															
PEPTO-BISMOL SUSPENSION	P																															
TAKE 2 TABLESPOONSFUL	R																															
(30ML) BY MOUTH 3 TIMES A	N																															
DAY AS NEEDED FOR NAUSEA																																
OR UPSET STOMACH																																

CYCLE START 10/01/19 PHYSICIAN WENTWORTH, ANGELA LT. PHYSICIAN ALLERGIES HALDOL	CYCLE END 10/31/19 PHONE 865-970-9800 ALT. PHONE Rehab Potential	PAGE 1 OF 2 MED. REC. #
--	---	----------------------------

Diagnosis Medicaid ID	Medicare ID	Approving Physician Name:	Title:	Date:
RESIDENT REED, EMILY	D.O.B. 11/16/1996	SEX F	ROOM #	PATIENT CODE REEDEM
			ADMIT DATE 00/00/	

ROA2313



Signature	Signature	Signature	Signature	Signature	Signature
Initials	Initials	Initials	Initials	Initials	Initials
Signature	Signature	Signature	Signature	Signature	Signature
Initials	Initials	Initials	Initials	Initials	Initials

[illegible]

- 1- RIGHT DORSAL GLUTEUS
- 2- LEFT DORSAL GLUTEUS
- 3- RIGHT VENTRAL GLUTEUS
- 4- LEFT VENTRAL GLUTEUS

5- RIGHT LATERAL THIGH  
6- LEFT LATERAL THIGH  
7- RIGHT DELTOID  
8- LEFT DELTOID

9- RIGHT UPPER ARM  
10- LEFT UPPER ARM  
11- RIGHT ANTERIOR THIGH  
12- LEFT ANTERIOR THIGH

13- UPPER BACK LEFT  
14- UPPER BACK RIGHT  
15- UPPER CHEST LEFT  
16- UPPER CHEST RIGHT

17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS  
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS  
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS  
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

**CHARTING CODES:**

- A- Charted in error
- B- Patient refused
- C- Patient out of facility
- D- Drug not given. Indicate reason in Medication Notes.

H- Ineffective  
I- Hospital  
J- Leave of absence

MCFARLAND APOTHECARY  
MEDICATION ADMINISTRATION RECORD

PASADENA VILLA  
REED, EMILY  
REPORT DATE : 10/19

MEDICATION NAME	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>COUGH DROPS</b>	08157939																															
DISSOLVE 1 LOZENGE BY MOUTH EVERY 2 HOURS AS NEEDED FOR COUGH	P																															
	R																															
	N																															
	P																															
	R																															
	N																															
<b>ACETAMINOPHEN 325 MG TABL</b>	08157938																															
TYLENOL 325 MG TABLET	P																															
TAKE TWO TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN OR ELEVATED TEMPERATURE	R																															
	N																															
	P																															
	R																															
	N																															
<b>CALCIUM ANTACID 500 MG CH</b>	08157937																															
CHEW AND SWALLOW 2 TABLETS EVERY 4 HOURS AS NEEDED FOR HEARTBURN OR INDIGESTION	P																															
	R																															
	N																															
<i>Gabapentin 300mg PO Daily PRN Anxiety</i>	P																															
	R																															
	N																															
<i>Midol 2 tabs PO QW PRN Cramping</i>	P																															
	R																															
	N																															

CYCLE START 10/01/19	CYCLE END 10/31/19	PAGE 2 OF 2
PHYSICIAN WENTWORTH, ANGELA	PHONE 865-970-9800	MED. REC. #
ALT. PHYSICIAN	ALT. PHONE	
ALLERGIES HALDOL	Rehab Potential	

Diagnosis	Medicaid ID	Medicare ID	Approving Physician	Title:	Date:
RESIDENT REED, EMILY			Name:		
			D.O.B. 11/16/1996	SEX F	ROOM #
				PATIENT CODE REDEM	ADMIT DATE 00/00/

Signature	Signature	Signature	Signature	Signature	Signature
Initials	Initials	Initials	Initials	Initials	Initials
Signature	Signature	Signature	Signature	Signature	Signature
Initials	Initials	Initials	Initials	Initials	Initials
Signature	Signature	Signature	Signature	Signature	Signature
Initials	Initials	Initials	Initials	Initials	Initials

[illegible]

17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS  
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS  
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS  
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

H- Ineffective  
I- Hospital  
J- Leave of absence

[illegible]

9/2/19

9/30/19

Rehab Potential	
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## ALLERGIES

Haldol

ADMIT DATE	
------------	--

## and Families

11.16.94

ROA2317

100	[Signature]	Initials	Signature	Initials	Signature
93	[Signature]	Initials	Signature	Initials	Signature
KDW	[Signature]	Initials	Signature	Initials	Signature
		HC	Haley Crowder	Initials	Signature

[illegible]

- 1- RIGHT DORSAL GLUTEUS
- 2- LEFT DORSAL GLUTEUS
- 3- RIGHT VENTRAL GLUTEUS
- 4- LEFT VENTRAL GLUTEUS

5- RIGHT LATERAL THIGH  
6- LEFT LATERAL THIGH  
7- RIGHT DELTOID  
8- LEFT DELTOID

9- RIGHT UPPER ARM  
10- LEFT UPPER ARM  
11- RIGHT ANTERIOR THIGH  
12- LEFT ANTERIOR THIGH

13- UPPER BACK LEFT  
14- UPPER BACK RIGHT  
15- UPPER CHEST LEFT  
16- UPPER CHEST RIGHT

17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS  
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS  
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS  
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

H- Ineffective  
I- Hospital  
J- Leave of absence



MEDICATION NAME		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pristiq 50mg po QAM 3/1/19	QAM	0800	[Handwritten notes and markings]																														
Lamotrigine 150mg po QAM 1/3/19	QAM	0800	[Handwritten notes and markings]																														
Gabapentin 300mg po 0 error			[Handwritten notes and markings]																														
Clindamycin 300mg po QID (fill supply is act) 1/13/19	QID	0900 1200 1600 2000	[Handwritten notes and markings]																														
Lamictal ER 200mg po 1/13/19 daily	QAM	0800	[Handwritten notes and markings]																														
Prazosin 1mg po q HS 7/13/19	HS	2000	[Handwritten notes and markings]																														
Lamictal 150mg po QAM until Lamictal 200mg avail 7/19/19	QAM	0800	[Handwritten notes and markings]																														
Prazosin 2mg po QHS 7/20/19	QHS	8PM	[Handwritten notes and markings]																														

Docket 82575 Document 2021-35237 ROA2319

[illegible][illegible]PATCH APPLICATION SITE/  
INJECTION SITE CODES:

- 1- RIGHT DORSAL GLUTEUS
- 2- LEFT DORSAL GLUTEUS
- 3- RIGHT VENTRAL GLUTEUS
- 4- LEFT VENTRAL GLUTEUS

- 5- RIGHT LATERAL THIGH  
6- LEFT LATERAL THIGH  
7- RIGHT DELTOID  
8- LEFT DELTOID

- 9- RIGHT UPPER ARM  
10- LEFT UPPER ARM  
11- RIGHT ANTERIOR THIGH  
12- LEFT ANTERIOR THIGH

- 13- UPPER BACK LEFT  
14- UPPER BACK RIGHT  
15- UPPER CHEST LEFT  
16- UPPER CHEST RIGHT

- 17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS  
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS  
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS  
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

Date / Hour	Medication / Doseage	Reason	Results / Response	Hour / Initials
11/14/19 8:00	Lamictal not avail			LHJ
9/16/19 0800	Lamictal GR 200mg not available			
7/16/19	Lamictal 150mg not available			

id: a. Put initial in appropriate box when medication given.  
b. Circle initials when medication refused.  
c. State reason for refusal on Medication Notes.  
d. PRN Med: Reason given and results should be noted on Medication Notes.

**CHARTING CODES:**

- A- Charted in error
- B- Patient refused
- C- Patient out of facility
- D- Drug not given. Indicate reason in Medication Notes

E- See Medication Notes  
F- Patient did not retain medication  
G- Effective

H- Ineffective  
I- Hospital  
J- Leave of absence

**MCFARLAND APOTHECARY  
MEDICATION ADMINISTRATION RECORD**

MEDICATION NAME	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vistaril 25mg PO TID PRN anxiety	PRN																															
Hydrocortisone cream Apply to affected area 1/2 tsp QID PRN itching bug bites	PRN																															

CYCLE START <u>9/13/19</u>		CYCLE END <u>9/30/19</u>		PHONE		MED. REC. #	
PHYSICIAN				ALT. PHONE			
ALLERGIES <u>Haldol</u>				Rehab Potential			
Diagnosis <u>DID, PTSD, Depression, Anxiety</u>							
Medicaid ID		Medicare ID		Approving Physician		Date:	
Name:		SEX		ROOM #		PATIENT CODE	
RESIDENT <u>Good, Emili</u>		D.O.B. <u>11/16/61</u>		ADMIT DATE			



# MEDICATION ADMINISTRATION RECORD

Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Initial: <i>[Initial]</i>	Initial: <i>[Initial]</i>	Initial: <i>[Initial]</i>
NC Holly C. Brown RN	CA City Manager	CA Lisa Thompson

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Pulse Rate																														
Systolic BP																														
Diastolic BP																														
Temperature																														

PATCH APPLICATION SITE/  
INJECTION SITE CODES:

- 1- RIGHT DORSAL GLUTEUS
- 2- LEFT DORSAL GLUTEUS
- 3- RIGHT VENTRAL GLUTEUS
- 4- LEFT VENTRAL GLUTEUS

- 5- RIGHT LATERAL THIGH
- 6- LEFT LATERAL THIGH
- 7- RIGHT DELTOID
- 8- LEFT DELTOID

- 9- RIGHT UPPER ARM
- 10- LEFT UPPER ARM
- 11- RIGHT ANTERIOR THIGH
- 12- LEFT ANTERIOR THIGH

- 13- UPPER BACK LEFT
- 14- UPPER BACK RIGHT
- 15- UPPER CHEST LEFT
- 16- UPPER CHEST RIGHT

- 17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS
- 18- TO LEFT AND ABOVE LEVEL OF UMBILICUS
- 19- TO RIGHT AND BELOW LEVEL OF UMBILICUS
- 20- TO LEFT AND BELOW LEVEL OF UMBILICUS

## MEDICATION NOTES

Date / Hour	Medication / Doseage	Reason	Results / Response	Hour / Initials
00:15 9/11/19	Vistaril 25mg	Anxiety	helpful	CA
11:18 9/11/19	Vistaril 25mg PO	Anxiety	1500 h	n
11:20 9/11/19	Hydrocortisone 25mg PO	itching bug bites	1640 helpful	CA
9:20 9/11/19	Hydrocortisone 25mg PO	itching bug bites	2025 helpful	CA
12:19 9/11/19	Hydrocortisone Cream	itching bug bites	0600 on	CA
12:19 9/11/19	Vistaril 25mg PO	Anxiety	2340 helpful	CA
7/23/19 0845	Hydrocortisone Cream	bug bites	0845 helpful	CA
11:03 9/11/19	Vistaril 25mg PO	Anxiety	1345 h	n
11:03 9/11/19	Vistaril 25mg PO	Anxiety	1455 h	n
12:19 0010	Vistaril 25mg PO	Anxiety	0110 helpful	CA
7/19 1025	Vistaril 25mg PO	Anxiety	2125 helpful	CA
12:19 2215	Vistaril 25mg PO	Anxiety	2315 helpful	CA

ide: a. Put initial in appropriate box when medication given.  
b. Circle initials when medication refused.  
c. State reason for refusal on Medication Notes.  
d. PRN Med: Reason given and results should be noted on Medication Notes.

CHARTING CODES: A- Charted in error  
B- Patient refused  
C- Patient out of facility  
D- Drug not given. Indicate reason in Medication Notes.

E- See Medication Notes  
F- Patient did not retain medication  
G- Effective

H- Ineffective  
I- Hospital  
J- Leave of absence

# EDICATION OBSERVATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Benadryl 25mg PO ✓	P																														
Q6H prn allergy relief	R																														
3/19 or allergic reaction	N																														
Imodium AD 1 tab PO ✓	P																														
Q4-6H prn diarrhea	R																														
13/19	N																														
Pepto Bismol 2Tbsp/30ml ✓	P																														
PO TID prn nausea or	R																														
13/19 upset stomach	N																														
Cough drops 1 lozenge ✓	P																														
PO Q2H prn cough	R																														
13/19	N																														
Tylenol 325mg 2 tabs ✓	P																														
PO Q6H prn pain or	R																														
3/19 elevated temp	N																														
may be taken in 3 hrs of N/A/Ds																															
ims chew 2 tabs ✓	P																														
PO Q4H prn heartburn or	R																														
13/19 indigestion	N																														
Gabapentin 300mg po 1 tab ✓	P																														
daily PRN ✓	R																														
1/19 anxiety	N																														
Midol 2 tabs Q 6H ✓	P																														
9/13/19 PRN cramping	R																														
9/13/19	N																														
Prazosin 1mg po	P																														
QHS PRN	R																														
1-6-19 flashbacks/nightmares	N																														

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
CHARTING FOR 9-3-19																THROUGH 9-30-19																
Physician																Telephone No.																
Alt. Physician																Alt. Telephone																
Allergies																Rehabilitative Potential																
Diagnosis DID, PTSD, Depression, Anxiety																																
Medicaid Number																Medicare Number																
By																Complete Entries Checked:																
RESIDENT																Date:																
Reed, Emily																DOB 11-16-96																
RESIDENT CODE																ROOM NO																
BED																FACILITY																

A PUT INITIAL IN APPROPRIATE BOX WHEN MEDICATION GIVEN  
B CIRCLE INITIALS WHEN MEDICATION REFUSED  
C STATE REASON FOR REFUSAL ON NOTES  
D PRN MEDICATION REASON GIVEN SHOULD BE NOTED IN NOTES  
E INDICATE INJECTION SITE (L/R)

CODE 1: CHARTERED AIRCRAFT  
CODE 2: CHILD LANGUAGE ACQUISITION  
CODE 3: PATIENT REFUSAL  
CODE 4: DRUG HAZARD JUDGMENT  
CODE 5: PATIENT VOMITED OR SPIT OUT MEDICATION  
CODE 6: ABSORBED OR INJECTED  
CODE 7: PATIENT WITH ALLERGIES  
CODE 8: See Note

[illegible]

BM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
N																													
D																													
F																													
NOTES	SIGNATURE					INITIALS					SIGNATURE					INITIALS					SIGNATURE								

LA 1002 Anguilla, R

AS railway saloon

DATE	HOUR	MEDICATION	DOSEAGE	ROUTE	REASON	RESULTS	PRESCRIPTION	DATE	TIME
------	------	------------	---------	-------	--------	---------	--------------	------	------

12/31/19 2:50  
 1/4/19 1530  
 9/5/19 9350  
 11/19 1305  
 1/19 2215  
 1/2/19 1250  
 1/0/19 1250  
 1/11/19 1910  
 1/13/19 0845  
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<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <p>SIGNATURE <i>[Signature]</i></p> <p>INITIALS <i>[Initials]</i></p> </div> <div style="width: 33%;"> <p>SIGNATURE <i>[Signature]</i></p> <p>INITIALS <i>[Initials]</i></p> </div> <div style="width: 33%;"> <p>SIGNATURE <i>[Signature]</i></p> <p>INITIALS <i>[Initials]</i></p> </div> </div>																														

[illegible]

1. IN ALL CASES WHEN MEDICATION REFUSAL IS NOTED, THE FOLLOWING INFORMATION SHOULD BE GIVEN TO THE MEDICATION PERSON GIVEN SHOULD BE NOTED IN THE CHART:

NA VILLA

## CONSULTATION REFERRAL

9/30/19  
~~9/20/19~~

Emily Reed

Physical exam


Haldol

AG

~~3~~

Q

Δ



# PASADENA VILLA

## HISTORY AND PHYSICAL EXAMINATION

NAME: Emily Reed BIRTH DATE: 11/16/96  
EXAMINING M.D.: \_\_\_\_\_ EXAM DATE: 9/30/19

ALLERGIES: \_\_\_\_\_  
FOOD: \_\_\_\_\_  
MEDICATION: Atorvastatin  
OTHER: \_\_\_\_\_

MEDICATIONS: See Medication List

DATE OF LAST PHYSICAL EXAM: N/A

PROBLEMS/ILLNESSES/SURGERIES/DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS OF IMMUNIZATIONS: \_\_\_\_\_

TEMPERATURE: 98.3 PULSE: 85 BLOOD PRESSURE: 115/78  
HEIGHT: 63" WEIGHT: 116.0

### REVIEW OF SYSTEMS:

#### SKIN:

COLOR & TEMPERATURE: \_\_\_\_\_  
COMPLEXION, TURGOR & MOBILITY: WNL  
SCARS/MOLES/TATTOOS: \_\_\_\_\_

#### HEAD:

HAIR: \_\_\_\_\_ SCALP: \_\_\_\_\_ FACE: WNL  
TRAUMA: \_\_\_\_\_ SYMMETRY: \_\_\_\_\_

#### EYES:

POSITION & ALIGNMENT OF EYES: WNL  
PUPILS: \_\_\_\_\_ SCLERAE: \_\_\_\_\_

2 PASADENA VII.1.A  
HISTORY & PHYSICAL  
NAME:

CONJUNCTIVAE: \_\_\_\_\_ VISION CHANGES: wnl \_\_\_\_\_

**EARS:**  
AURICLES: \_\_\_\_\_ CANALS: wnl DRUMS: \_\_\_\_\_

**NOSE & SINUSES:**  
MUCOUS MEMBRANES: wnl SEPTUM: \_\_\_\_\_  
POSTNASAL DRAINAGE: \_\_\_\_\_

**MOUTH & THROAT:**  
TEETH/GUMS: wnl TONGUE: \_\_\_\_\_  
POSTERIOR PHARYNX: \_\_\_\_\_

**NECK:**  
RANGE OF MOTION: wnl CERVICAL NODES: \_\_\_\_\_  
TRACHEA: \_\_\_\_\_ BRUITS: \_\_\_\_\_  
THYROID (SIZE, NODULES): \_\_\_\_\_

**BACK:**  
RANGE OF MOTION: wnl SCOLIOSIS: \_\_\_\_\_  
KYPHOSIS: \_\_\_\_\_ LORDOSIS: \_\_\_\_\_

**HEART:**  
MURMUR: wnl RHYTHM: \_\_\_\_\_  
RUBS: \_\_\_\_\_ GALLOPS: \_\_\_\_\_

**CHEST:**  
AUSCULTATION: wnl PERCUSSION: \_\_\_\_\_  
AP DIAMETER: \_\_\_\_\_ DEFORMITIES: \_\_\_\_\_

**ABDOMEN:**  
VISCEROMEGALY: wnl TENDERNESS: \_\_\_\_\_  
MASSES: \_\_\_\_\_ BOWEL SOUNDS: \_\_\_\_\_  
SIZE: \_\_\_\_\_

**GENITOURINARY:**  
URINARY FREQUENCY: wnl URGENCY: \_\_\_\_\_  
BURNING: \_\_\_\_\_ BLOOD: \_\_\_\_\_  
MALES-EXTERNAL EXAM: \_\_\_\_\_  
FEMALES LAST PAP EXAM: \_\_\_\_\_

**MUSCULOSKELETAL:**  
EXTREMITIES, UPPER (ROM): wnl DEFORMITIES: \_\_\_\_\_  
EXTREMITIES, LOWER (ROM): \_\_\_\_\_ DEFORMITIES: \_\_\_\_\_

**PULSES:**  
CAROTID: \_\_\_\_\_ BRACHIAL: wnl RADIAL: \_\_\_\_\_

3 PASADENA VILLA  
HISTORY & PHYSICAL  
NAME:

ABOMINAL AORTA: \_\_\_\_\_ FEMORAL PULSE: \_\_\_\_\_  
DORSALIS PEDIS: \_\_\_\_\_ POSTERIOR TIBIALIS: \_\_\_\_\_

**NEUROLOGICAL ASSESSMENT:**

FREQUENT HEADACHES: \_\_\_\_\_  
ORIENTATION: \_\_\_\_\_  
MEMORY/AFFECT/MENTATION: W \_\_\_\_\_  
SPEECH PRODUCTION: \_\_\_\_\_  
COORDINATION/MOTOR ACTIVITY: \_\_\_\_\_  
GAIT/POSITION SENSE: \_\_\_\_\_

**RECOMMENDATIONS FOR CARE:**

MEDICATIONS: \_\_\_\_\_  
DIET: As fully \_\_\_\_\_  
LABORATORY STUDIES: \_\_\_\_\_  
DIAGNOSTIC TESTS: d \_\_\_\_\_  
CONSULTS: \_\_\_\_\_

M.D. SIGNATURE: \_\_\_\_\_

DATE: 4/30/19

## PASADENA VILLA

### HISTORY AND PHYSICAL EXAMINATION

NAME: Emily Reed BIRTH DATE: 11/16/96  
EXAMINING M.D.: \_\_\_\_\_ EXAM DATE: 9/30/19

ALLERGIES: \_\_\_\_\_  
FOOD: \_\_\_\_\_  
MEDICATION: Haldol  
OTHER: \_\_\_\_\_

MEDICATIONS: See Medication List

DATE OF LAST PHYSICAL EXAM: N/A

PROBLEMS/ILLNESSES/SURGERIES/DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS OF IMMUNIZATIONS: \_\_\_\_\_

TEMPERATURE: 98.3 PULSE: 85 BLOOD PRESSURE: 115/78  
HEIGHT: 63" WEIGHT: 118.0

#### REVIEW OF SYSTEMS:

##### SKIN:

COLOR & TEMPERATURE: \_\_\_\_\_  
COMPLEXION, TURGOR & MOBILITY: WNL  
SCARS/MOLES/TATTOOS: \_\_\_\_\_

##### HEAD:

HAIR: \_\_\_\_\_ SCALP: \_\_\_\_\_ FACE: WNL  
TRAUMA: \_\_\_\_\_ SYMMETRY: \_\_\_\_\_

##### EYES:

POSITION & ALIGNMENT OF EYES: WNL  
PUPILS: \_\_\_\_\_ SCLERAE: \_\_\_\_\_



2 PASADENA VII.1.A  
HISTORY & PHYSICAL  
NAME:

CONJUNCTIVAE: \_\_\_\_\_ VISION CHANGES: wnl \_\_\_\_\_

**EARS:**  
AURICLES: \_\_\_\_\_ CANALS: wnl DRUMS: \_\_\_\_\_

**NOSE & SINUSES:**  
MUCOUS MEMBRANES: wnl SEPTUM: \_\_\_\_\_  
POSTNASAL DRAINAGE: \_\_\_\_\_

**MOUTH & THROAT:**  
TEETH/GUMS: wnl TONGUE: \_\_\_\_\_  
POSTERIOR PHARYNX: \_\_\_\_\_

**NECK:**  
RANGE OF MOTION: wnl CERVICAL NODES: \_\_\_\_\_  
TRACHEA: \_\_\_\_\_ BRUITS: \_\_\_\_\_  
THYROID (SIZE, NODULES): \_\_\_\_\_

**BACK:**  
RANGE OF MOTION: wnl SCOLIOSIS: \_\_\_\_\_  
KYPHOSIS: \_\_\_\_\_ LORDOSIS: \_\_\_\_\_

**HEART:**  
MURMUR: wnl RHYTHM: \_\_\_\_\_  
RUBS: \_\_\_\_\_ GALLOPS: \_\_\_\_\_

**CHEST:**  
AUSCULTATION: wnl PERCUSSION: \_\_\_\_\_  
AP DIAMETER: \_\_\_\_\_ DEFORMITIES: \_\_\_\_\_

**ABDOMEN:**  
VISCEROMEGALY: wnl TENDERNESS: \_\_\_\_\_  
MASSES: \_\_\_\_\_ BOWEL SOUNDS: \_\_\_\_\_  
SIZE: \_\_\_\_\_

**GENITOURINARY:**  
URINARY FREQUENCY: wnl URGENCY: \_\_\_\_\_  
BURNING: \_\_\_\_\_ BLOOD: \_\_\_\_\_  
MALES-EXTERNAL EXAM: \_\_\_\_\_  
FEMALES LAST PAP EXAM: \_\_\_\_\_

**MUSCULOSKELETAL:**  
EXTREMITIES.UPPER (ROM): wnl DEFORMITIES: \_\_\_\_\_  
EXTREMITIES.LOWER (ROM): \_\_\_\_\_ DEFORMITIES: \_\_\_\_\_

**PULSES:**  
CAROTID: \_\_\_\_\_ BRACHIAL: wnl RADIAL: \_\_\_\_\_

3 PASADENA VILLA  
HISTORY & PHYSICAL  
NAME:

ABOMINAL AORTA: \_\_\_\_\_ FEMORAL PULSE: \_\_\_\_\_  
DORSALIS PEDIS: \_\_\_\_\_ POSTERIOR TIBIALIS: \_\_\_\_\_

**NEUROLOGICAL ASSESSMENT:**

FREQUENT HEADACHES: \_\_\_\_\_  
ORIENTATION: \_\_\_\_\_  
MEMORY/AFFECT/MENTATION: WNL  
SPEECH PRODUCTION: \_\_\_\_\_  
COORDINATION/MOTOR ACTIVITY: \_\_\_\_\_  
GAIT/POSITION SENSE: \_\_\_\_\_

**RECOMMENDATIONS FOR CARE:**

MEDICATIONS: \_\_\_\_\_  
DIET: As tolerated  
LABORATORY STUDIES: \_\_\_\_\_  
DIAGNOSTIC TESTS: Q  
CONSULTS: \_\_\_\_\_

M.D. SIGNATURE: \_\_\_\_\_

DATE: 9/22/19

PLEASE HAVE DOCTOR COMPLETE BELOW AND RETURN TO PASADENA VILLA

Pasadena Villa  
Smoky Mountain Lodge  
Phone 865-366-7218  
Fax 865-429-2653

*am*

CONSULTATION REFERRAL

Doctor: \_\_\_\_\_ AFC Urgent Care \_\_\_\_\_ Date: 9/30/19  
~~9/20/19~~

Thank you for seeing our resident: \_\_\_\_\_ Emily Reed \_\_\_\_\_

The reason for this referral is: \_\_\_\_\_ Physical exam \_\_\_\_\_

Allergies: \_\_\_\_\_ Haldol \_\_\_\_\_

PLEASE PROVIDE A SUMMARY OF YOUR FINDINGS, TREATMENT, AND MEDICATION  
ORDERS IN THE SPACE PROVIDED BELOW:

Diagnosis: \_\_\_\_\_  
PE

Treatment: \_\_\_\_\_  
Ø

Prescription Written For: \_\_\_\_\_  
Ø

Other Results or Report to be Provided to Pasadena Villa: \_\_\_\_\_  
Ø

*[Signature]*



Report Status: Final

REED, EMILY

Patient Information	Specimen Information	Client Information
<b>REED, EMILY</b>  DOB: 11/16/1996    AGE: 22 Gender: F Phone: 865.633.7218 Patient ID: 11161996 Health ID: 8573011677955970	Specimen: AL526678H Requisition: 0003218  Collected: 09/12/2019 / 06:42 EDT Received: 09/13/2019 / 05:29 EDT Reported: 09/13/2019 / 08:30 EDT	Client #: 48492696    QATL000 RAMAN, RAJENDRA T PASADENA VILLA SMOKY MTN 3889 WONDERLAND LN SEVIERVILLE, TN 37862-8288

Test Name	In Range	Out Of Range	Reference Range	Lab
TSH	1.10		mIU/L Reference Range  > or = 20 Years 0.40-4.50  Pregnancy Ranges First trimester 0.26-2.66 Second trimester 0.55-2.73 Third trimester 0.43-2.91	AT

**PERFORMING SITE:**

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931



Report Status: Fin  
REED, EMIL

Patient Information	Specimen Information	Client Information
<b>REED, EMILY</b>  <b>DOB: 11/16/1996 AGE: 22</b> Gender: F Phone: 865.366.7218 Patient ID: 77212119 Health ID: 8573022162627446	Specimen: AL304858H Requisition: 0003204  Collected: 09/05/2019 Received: 09/06/2019 / 02:45 EDT Reported: 09/06/2019 / 15:03 EDT	Client #: 48492696 QATL000 RAMAN, RAJENDRA T PASADENA VILLA SMOKY MTN 3889 WONDERLAND LN SEVIERVILLE, TN 37862-8288

Test Name	In Range	Out Of Range	Reference Range	Lab
DRUG SCREEN, COMPREHENSIVE (URINE) RESULTS				AT

\* These results are for medical treatment only. \*  
\* Analysis was performed as non-forensic testing. \*

URINE RESULTS  
See Endnote 1

LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	162		<200 mg/dL	AT
HDL CHOLESTEROL	53		>50 mg/dL	AT
TRIGLYCERIDES	40		<150 mg/dL	AT
LDL-CHOLESTEROL	97		mg/dL (calc)	AT
Reference range: <100				

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients  
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins  
calculation, which is a validated novel method providing  
better accuracy than the Friedewald equation in the  
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDL-C RATIO	3.1		<5.0 (calc)	AT
NON HDL CHOLESTEROL	109		<130 mg/dL (calc)	AT

For patients with diabetes plus 1 major ASCVD risk  
factor, treating to a non-HDL-C goal of <100 mg/dL  
(LDL-C of <70 mg/dL) is considered a therapeutic  
option.

COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE	66		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	0.68		0.50-1.10 mg/dL	
eGFR NON-AFR. AMERICAN	124		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	144		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.1		3.5-5.3 mmol/L	
CHLORIDE	102		98-110 mmol/L	
CARBON DIOXIDE	27		20-32 mmol/L	
CALCIUM	9.7		8.6-10.2 mg/dL	
PROTEIN, TOTAL	6.7		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	

CLIENT SERVICES: 866.697.8378

SPECIMEN: AL304858H

PAGE 1 OF 3

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ROA2334



Report Status: Fin  
REED, EMIL

Patient Information	Specimen Information	Client Information
<b>REED, EMILY</b>  DOB: 11/16/1996 AGE: 22 Gender: F Patient ID: 77212119 Health ID: 8573022162627446	Specimen: AL304858H Collected: 09/05/2019 Received: 09/06/2019 / 02:45 EDT Reported: 09/06/2019 / 15:03 EDT	Client #: 48492696 RAMAN, RAJENDRA T

Test Name	In Range	Out Of Range	Reference Range	Lab
BILIRUBIN, TOTAL	1.1		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	62		33-115 U/L	
AST	23		10-30 U/L	
ALT	17		6-29 U/L	
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	5.3		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.80		3.80-5.10 Million/uL	
HEMOGLOBIN	15.0		11.7-15.5 g/dL	
HEMATOCRIT	43.6		35.0-45.0 %	
MCV	90.8		80.0-100.0 fL	
MCH	31.3		27.0-33.0 pg	
MCHC	34.4		32.0-36.0 g/dL	
RDW	12.2		11.0-15.0 %	
PLATELET COUNT	300		140-400 Thousand/uL	
MPV	10.1		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2083		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2592		850-3900 cells/uL	
ABSOLUTE MONOCYTES	514		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	80		15-500 cells/uL	
ABSOLUTE BASOPHILS	32		0-200 cells/uL	
NEUTROPHILS	39.3		%	
LYMPHOCYTES	48.9		%	
MONOCYTES	9.7		%	
EOSINOPHILS	1.5		%	
BASOPHILS	0.6		%	
URINALYSIS REFLEX				AT
COLOR	YELLOW		YELLOW	
APPEARANCE		TURBID	CLEAR	
SPECIFIC GRAVITY	1.025		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
HCG, TOTAL, QL	NEGATIVE			AT
			Reference Range	
			Non-Pregnant: Negative	
			Pregnant: Positive	

**Endnote 1** PATIENT RESULTS ARE INDICATED ABOVE. URINE WAS TESTED FOR THE FOLLOWING:

ANALGESICS	BARBITURATES	PHENCYCLIDINE
ANTIARRHYTHMICS	BENZODIAZEPINE METABS.	SEDATIVES/HYPNOTICS
ANTICONVULSANTS	CANNABINOIDS	STIMULANTS
ANTIDEPRESSANTS	COCAINE METABOLITE	VOLATILES
ANTIHISTAMINES	OPIATES/NARCOTICS	
ANTIPSYCHOTICS	MUSCLE RELAXANTS	

PLEASE REFER TO CURRENT DIRECTORY OF SERVICES FOR SPECIFICS ON WHICH DRUGS ARE TESTED.

CLIENT SERVICES: 866.697.8378

SPECIMEN: AL304858H

PAGE 2 OF 3

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ROA2335



Report Status: Fin  
REED, EMIL

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**PERFORMING SITE:**

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931

**LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:**

**APPEARANCE**

**TURBID**

**CLEAR**

**AT**



Report Status: Final

REED, EMILY

Patient Information	Specimen Information	Client Information
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**PERFORMING SITE:**

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931



6/13/19 *[Signature]*

*[Signature]* (Mother)

✓

Emily Reed

*[Signature]*  
SARAH MOUNTAIN LODGE