

Electronically Filed
Dec 10 2021 11:50 a.m.
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.)	
)	
)	
)	

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

**ROBERTS STOFFEL FAMILY LAW
GROUP**

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Admitted Trial Exhibit- Exhibit "9"- Social Security Application	8/6/2020	IX	ROA1493 - ROA1528
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EXHIBIT 36

EXHIBIT 36

EXHIBIT 36

Nursing Assessment

Demographics

Date: 11/04/2019 Admit Date: 10/03/2019

Resident Name: Emily Reed (Case 2)

Patient ID#: 60763

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 10/3/19

Primary Pharmacy Provider ☐ Colonial Drugs ☐ Omnicare Pharmacy ☐ Other McFarland for urgent medication. Medication are to be called into pharmacy at home and Mother will ship

Primary Lab Provider ☐ BioReference Laboratories ☐ Solstas Labs ☐ LeConte Medical Center ☐ Other Solstas/Quest and Leconte Medical Center

Presenting Problem

Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:
Change level of care to PHP Flex.

Resident readmitting after evaluation at LeConte Medical Center due to being a danger to herself by eloping into the woods, running out in front of vehicles and hiding underneath parked vehicles. She is diagnosed with DID, PTSD, Anxiety and depression. Resident reports that she wants to work on a "safe plan, work on anxiety, being able to regulate my emotions".

Resident reports some confusion, being tired, and feelings of paranoia "because I'm so jumpy at loud noises".

Vital Signs

Temperature: 97.6 Pulse: 101 Respirations: 16 Blood Pressure: 96/69

Height (ft): 5 Height (in): 3 Weight (lbs): 117.2 BMI: 20.76

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	Tongue swelling, Rigid muscles
Food Allergy		
Environmental Allergy		

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

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

Depression

DID diagnosed in 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	2014-present	Outpatient	Current	PTSD, Anxiety, Depression, 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
Pasadena Villa	9/3/19-10/1/19	Residential	One month	DID, PTSD	<input type="radio"/> No <input type="radio"/> Yes

Other details:

Per records, resident was abused from age 5 to 16 and had a "mental break" at 16 per Mother.

Resident reports a previous overdose but she denies having any thoughts or plans to harm herself.

Nutritional Assessment

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

Approximate # of lbs 0

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: Resident prefers a vegetarian diet.

Assessment of nutritional habits:

Educated resident on the importance of a healthy diet along with exercise. Resident was encouraged to speak with nursing and culinary regarding her diet. She agreed and verbalized understanding. She agreed and verbalized understanding.

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

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 Refusal

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:

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
Lamictal ER	200mg daily	PO	13 months	11/4/19 AM	Angela Wentworth	Mood	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Pristiq ER	100mg Daily	PO	2.5 weeks	11/4/19 AM	Angela Wentworth	Mood	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Prazosin	2mg QHS	PO	2 months	11/3/19 HS	Angela Wentworth	Nightmares	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Midol	2 tabs Q6H prn	PO	2 months	September 2019	Angela Wentworth	Cramps	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Hydrocortisone 1% cream	Apply to affected area QID prn	Topical	3 months	September 2019	Angela Wentworth	Itching	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Hydroxyzine Pam	25mg TID prn	PO	1.5 months	September 2019	Angela Wentworth	Anxiety	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Gabapentin	300mg BID at 0800 and 1700	PO	1 month	11/4/19 AM	Angela Wentworth	Anxiety	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Benadryl	25mg Q6H prn	PO	9/3/19	N/A	Angela Wentworth	Allergic reaction or allergies	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Imodium AD	1 tab Q4-6H prn	PO	9/3/19	N/A	Angela Wentworth	Diarrhea	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Pepto Bismol	2Tbsp/30ml TID prn	PO	9/3/19	N/A	Angela Wentworth	Upset stomach or nausea	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Cough drops	1 lozenge Q2H prn	PO	9/3/19	N/A	Angela Wentworth	Cough	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Tylenol	325mg 2tabs Q6H prn	PO	9/3/19	N/A	Angela Wentworth	Pain or elevated temp	"Yes"	<input type="radio"/> No <input type="radio"/> Yes
Tums	2 tabs Q4H prn	PO	9/3/19	N/A	Angela Wentworth	Heartburn or indigestion	"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?
Clindamycin	300mg QID	PO	One week	September 2019	Dr. Amen	Cellulitis	"Yes"
Haldol	unknown	PO	One dose	unknown	unknown	EPS	"No"
Pristiq ER	50mg Daily	PO	1 year	10/18/19	Angela Wentworth PMHNP-BC	Dose increased	"Somewhat"
Pristiq ER	25mg Daily	PO	1 year	10/18/19	Angela Wentworth PMHNP-BC	Dose increased	"Somewhat"
Gabapentin	300mg Daily PRN	PO	1 year	10/3/19	Angela Wentworth PMHNP-BC	Scheduled/frequency increased	"Yes"

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:
Haldol caused tongue to swell

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,

Conversion Date:

Date of last

9/3/19

Comments:

Genitourinary:

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

Comments:

Dental:

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

Last Dental Visit: Four months ago

Name, location of provider Dental Care Associates

Name of Dental Consult and date of appointment or refusal Refusal

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

If AIDS, Year of

If Blood

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:

Comments:

Gastrointestinal:

- ☒ Denies Problems
☐ Esophageal varices
☐ Constipation
☐ Diarrhea
☐ Nausea
☐ Indigestion
☐ Jaundice
☐ Ulcers
☐ Vomiting
☐ Pancreatitis

Comments:

Female: ☐ Yes ☐ Does not apply

Gravida: 0

Para: 0

Abortion: 0

Miscarriage: 0

Last Menses: September 2019

Difficulty with Cramping

Possible Pregnancy? No

History PID? No

Prophylaxis? No

Last PAP? No

Comments:

Sleep Pattern:

Normally retires at: 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 ☐ Yes

If yes, please list:

Prazosin

Does 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 pierced

Bilateral ears pierced

Self-mutilation: ☐ No ☐ Yes

If yes, describe in detail:

Frequency:

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:

Mental Status Summary

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 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 checked="" type="checkbox"/> Cooperative | |

Thought Process:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Calculating | <input 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 checked="" 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 checked="" type="checkbox"/> Spontaneous | <input type="checkbox"/> Superficial | <input type="checkbox"/> Confused | <input type="checkbox"/> Euphoric |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Dissatisfied | <input 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:

☐ 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

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:

Denies

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 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:
 Resident is not a falls risk at this time.

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:
 Medication compliance
 Participating in groups
 Isolating with increased depression
 Dissociating during times of stress
 Elopement risk

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

Individual therapy

Enjoys regular exercise

Reports that she is motivated for treatment

Nursing Objectives to be Reflected on the Treatment Plan

Resident will work towards symptom stabilization for depression 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 "not be sad" and "to not feel nervous and to learn how to deal with the depression". Resident 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: 11/04/2019 02:35 pm Registered Nurse Colin Cole, RN --Digitally Signed: 11/12/2019 10:32 am Head Nurse Rachel Stewart, RN

Psychiatric Admissions Evaluation

Demographics

Date: 10/03/2019 Admit Date: 10/03/2019

Resident Name: Emily Reed (Case 2)

Patient ID#: 60763

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:

22-year-old returns to treatment after being in the emergency room for three days due to elopement risk. See previous psych eval for full details briefly she struggles from severe anxiety disorder PTSD and a reported dissociative identity disorder. She had been leaving the facility she reports when she was dissociating so that she did not have knowledge of it one time sheet hidden under a car which was a safety risk is that vehicle may have been taken to look for her. After that she subsequently had wandered off towards the woods and was difficult to redirect she was evaluated and determined not to meet criteria for acute psychiatric hospitalization and is returned to Pasadena Villa.

Allergies

Allergy Type	Allergy	Reaction
Medication Allergy		
Food Allergy		
Environmental Allergy		

Symptom Presentation

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

22-year-old white female

Presenting Symptoms:

returns from the emergency room to continue in treatment for depression anxiety and PTSD dissociative identity

Precipitating event leading to enrollment:

wandering off elopement risk

History of Mental Illness

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

see previous psych eval

Factors that Escalate Psychiatric Symptoms:

anxiety stress when she doesn't feel safe

Past Psychiatric Treatment History

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

If yes, diagnosis:
depression anxiety PTSD dissociative identity

Who made the diagnosis: When?

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	2014-present	Outpatient	Current	PTSD, Anxiety, Depression, DID	No Yes
Texas UBH Collin Ross	2018	RTC	"Few months"	DID	No Yes
Pasadena Villa	9/3/19-10/1/19	Residential	One month	DID, PTSD	No Yes

Other details:

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
--------------	-----------------	----------------	-----------------------------

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

Mental Status Exam

Appearance/Attitude:

- | | | | |
|---|------------------------------------|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Healthy | <input type="checkbox"/> Unkempt | <input type="checkbox"/> Interested | <input type="checkbox"/> Well Groomed |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Guarded | <input type="checkbox"/> Angry | <input type="checkbox"/> Attentive |
| <input checked="" 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 checked="" 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 type="checkbox"/> Tense | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Abnormal involuntary movements: | | | |

Speech:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Normal | <input checked="" 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 type="checkbox"/> Abnormal rhythm |
| <input type="checkbox"/> Articulation disorder | | | |

Mood:

- | | | | |
|--|---|------------------------------------|------------------------------------|
| <input checked="" 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 checked="" type="checkbox"/> Appropriate | <input type="checkbox"/> Modulated | <input type="checkbox"/> Labile | <input type="checkbox"/> Constricted |
| <input 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 checked="" type="checkbox"/> linear | <input checked="" type="checkbox"/> goal directed | <input 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 checked="" type="checkbox"/> remote | <input checked="" type="checkbox"/> short term | <input checked="" type="checkbox"/> long term | <input checked="" type="checkbox"/> intact |
|--|--|---|--|

Judgment:

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

Insight:

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

Impulse Control:

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

Concentration:

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

Suicidal Ideation:

- | | | | |
|--|--|--|-------------------------------|
| <input type="checkbox"/> Suicidal Ideation Present | <input type="checkbox"/> No plan | <input 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 type="checkbox"/> No plan | <input 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:**

upon returning to the facility she met with her therapist Jay and they developed a safety plan or she has two safe places to go one is outside in the courtyard one is inside the facility. She feels that she can safely manage herself and her anxiety on 15 minute checks without being out elopement risk. He absolutely denies any suicidal or homicidal ideations contracts for safety and contracts that she will ask for a higher level of supervision if she feels that she is at risk of dissociating her experiences any dissociative symptoms so that she can be watched more closely reduce risk of elopement.

Treatment Plan

- ☒ CBT
 ☒ Diagnosis Education
 ☒ Medication Education
 ☒ Medication Management
 ☒ Family Consultation

Increase gabapentin to 300 mg in the morning and 5 PM to help with better anxiety and PTSD treatment to help reduce risk of dissociation and elopement. Discontinue visual observation status she is contracting for safety issues alert has insight and change to 15 minute checks.

Admitting Medications

Medications: <table cellpadding="

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol	Pain/Elevated temp	325mg 2 tabs (tablet)	every 6 hrs - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		Benadryl	Allergies/Allergic reaction	25mg (capsule)	every 6 hrs - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		Tums	Heartburn/Indigestion	200mg chew tabs (tablet)	every 4 hrs - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		Cough drop	Cough	1 lozenge (lozenge)	every 2 hrs - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		Imodium AD	Diarrhea	1 tab (tablet)	every 4-6 hours - as needed
			Start Date: 10/03/2019		Stop Date:	
Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
			Start Date: 10/03/2019		Stop Date:	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	1mg (capsule)	at bedtime
			Start Date: 10/03/2019		Stop Date:	
	Active		PRISTIQ	Mood	50mg (tablet, extended release)	daily
			Start Date: 10/03/2019		Stop Date:	
			Notes: Total 75mg			
	Active		PRISTIQ	Mood	25mg (tablet, extended release)	daily
Start Date: 10/03/2019			Stop Date:			
OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs - as needed
			Start Date: 10/03/2019		Stop Date:	
	Active		HYDROCORTISONE	Onion	1% to affected area (cream)	four times daily - as needed
			Start Date: 10/03/2019		Stop Date:	

Rx	Active	HYDROXYZINE Anxiety	25mg (capsule)	three times daily
		PAMOATE		- as needed
		<i>Start Date:</i> 10/03/2019	<i>Stop Date:</i>	
	Active	GABAPENTIN Anxiety	300mg (capsule)	daily - as needed
		<i>Start Date:</i> 10/03/2019	<i>Stop Date:</i>	

' > ☒ **Update Medication for Psychotropic**

Explain changes to admitting medications:

increase gabapentin to 300 mg b.i.d.

does not currently meet criteria for psychiatric hospitalization

☐ **Update Medication for Other**

Explain changes to admitting medications:

Diagnosis

Code System	Code	Description
DSM5	296.30 (F33.9)	F33.9 Major depressive disorder. Recurrent episode, Unspecified
DSM5	300.15 (F44.89)	F44.89 Other specified dissociative disorder
DSM5	309.81 (F43.10)	F43.10 Posttraumatic stress disorder

Contact Signatures

Treatment Team Signatures

--Digitally Signed: 10/04/2019 12:14 pm Psychiatrist John Kupfner, M.D.

Nursing Assessment

Demographics

Date: 10/03/2019 Admit Date: 10/03/2019

Resident Name: Emily Reed (Case 2)

Patient ID#: 60763

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 10/3/19

Primary Pharmacy Provider ☐ Colonial Drugs ☐ Omnicare Pharmacy ☒ Other McFarland for urgent medication. Medication are to be called into pharmacy at home and Mother will ship

Primary Lab Provider ☐ BioReference Laboratories ☐ Solstas Labs ☐ LeConte Medical Center ☒ Other Solstas/Quest and Leconte Medical Center

Presenting Problem

Reason for Enrollment or Specific Precipitating Factors Leading to Enrollment:

Resident readmitting after evaluation at LeConte Medical Center due to being a danger to herself by eloping into the woods, running out in front of vehicles and hiding underneath parked vehicles. She is diagnosed with DID, PTSD, Anxiety and depression. Resident reports that she wants to work on a "safe plan, work on anxiety, being able to regulate my emotions".

Resident reports some confusion, being tired, and feelings of paranoia "because I'm so jumpy at loud noises".

Vital Signs

Temperature: 98.5 Pulse: 109 Respirations: 16 Blood Pressure: 110/70

Height (ft): 5 Height (in): 3 Weight (lbs): 118.8 BMI: 21.04

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	Tongue swelling, Rigid muscles
Food Allergy		
Environmental Allergy		

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:

LeConte Medical Center 10/1/19 due to danger to self and eloping running off into the woods and in front of vehicles.

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

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

Depression

DID diagnosed in 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	2014-present	Outpatient	Current	PTSD, Anxiety, Depression, DID	<input checked="" type="radio"/> No <input type="radio"/> Yes
Texas UBH Collin Ross	2018	RTC	"Few months"	DID	<input type="radio"/> No <input checked="" type="radio"/> Yes
Pasadena Villa	9/3/19-10/1/19	Residential	One month	DID, PTSD	<input checked="" type="radio"/> No <input type="radio"/> Yes

Other details:

Per records, resident was abused from age 5 to 16 and had a "mental break" at 16 per Mother.

Resident reports a previous overdose but she denies having any thoughts or plans to harm herself.

Nutritional Assessment

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

Approximate # of lbs 0

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: Resident prefers a vegetarian diet.

Assessment of nutritional habits:

Educated resident on the importance of a healthy diet along with exercise. Resident was encouraged to speak with nursing and culinary regarding her diet. She agreed and verbalized understanding. She agreed and verbalized understanding.

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

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 Refusal

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
Lamictal ER	200mg daily	PO	One year	10/3/19	Angela Wentworth	Mood	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Pristiq	50mg QAM	PO	One year	10/3/19	Angela Wentworth	Mood	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Pristiq	25mg QAM	PO	One year	10/3/19	Angela Wentworth	Mood	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Prazosin	2mg QHS	PO	Three weeks	10/2/19	Angela Wentworth	Nightmares	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Midol	2 tabs Q6H prn	PO	One month	September 2019	Angela Wentworth	Cramps	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Hydrocortisone 1% cream	Apply to affected area QID prn	Topical	Two months	September 2019	Angela Wentworth	Itching	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Hydroxyzine Pam	25mg TID prn	PO	Two weeks	September 2019	Angela Wentworth	Anxiety	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Gabapentin	300mg daily prn	PO	One year	September 2019	Angela Wentworth	Anxiety	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Benadryl	25mg Q6H prn	PO	9/3/19	N/A	Angela Wentworth	Allergic reaction or allergies	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Imodium AD	1 tab Q4-6H prn	PO	9/3/19	N/A	Angela Wentworth	Diarrhea	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Pepto Bismol	2Tbsp/30ml TID prn	PO	9/3/19	N/A	Angela Wentworth	Upset stomach or nausea	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Cough drops	1 lozenge Q2H prn	PO	9/3/19	N/A	Angela Wentworth	Cough	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Tylenol	325mg 2tabs Q6H prn	PO	9/3/19	N/A	Angela Wentworth	Pain or elevated temp	"Yes"	<input type="radio"/> No <input checked="" type="radio"/> Yes
Tums	2 tabs Q4H prn	PO	9/3/19	N/A	Angela Wentworth	Heartburn or indigestion	"Yes"	<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?
Clindamycin	300mg QID	PO	One week	September 2019	Dr. Amen	Cellulitis	"Yes"
Haldol	unknown	PO	One dose	unknown	unknown	EPS	"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:

Haldol caused tongue to swell

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,

Conversion Date:

Date of last 9/3/19

Comments:

Genitourinary:

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

Comments:

Dental:

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

Last Dental Visit: Four months ago

Name, location of provider Dental Care Associates

Name of Dental Consult and date of appointment or refusal Refusal

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

If AIDS, Year of

If Blood

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:

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: September 2019
 Difficulty with Cramping
 Possible Pregnancy? No
 History PID? No
 Prophylaxis? No
 Last PAP? No

Comments:

Sleep Pattern:

Normally retires at: 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 ☒ Yes

If yes, please list:
Prazosin

Does 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 pierced
Bilateral ears pierced

Self-mutilation: ☐ No ☒ Yes

If yes, describe in detail:

Frequency:

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:

Mental Status Summary

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 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 checked="" type="checkbox"/> Cooperative | |

Thought Process:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Calculating | <input 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 checked="" 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 checked="" type="checkbox"/> Spontaneous | <input type="checkbox"/> Superficial | <input type="checkbox"/> Confused | <input type="checkbox"/> Euphoric |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Dissatisfied | <input 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

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:

Denies

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 Medications:**
- ☐ 0 = Not taking prior to admission
 - ☒ 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
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:

Resident is not a falls risk at this time.

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Detoxification Procedures | <input checked="" type="checkbox"/> Laboratory Testing |
| <input checked="" type="checkbox"/> Medical Exams/Evals | |
| <input checked="" type="checkbox"/> Infection Control | <input checked="" type="checkbox"/> 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:

Medication compliance
Participating in groups
Isolating with increased depression
Dissociating during times of stress
Elopement risk

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

Individual therapy
Enjoys regular exercise
Reports that she is motivated for treatment

Nursing Objectives to be Reflected on the Treatment Plan

Resident will work towards symptom stabilization for depression 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 "not be sad" and "to not feel nervous and to learn how to deal with the depression". Resident 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: 10/03/2019 02:44 pm Head Nurse Rachel Stewart, RN

Pasadena Villa Network of Services

Discharge Summary

Demographics

Resident Name: Emily Reed (Case 2) Provider: Timothy Meeks, MSSW MR#: 60763 Date of Birth: 11/16/1996 Age: 22	Date: 11/10/2019 Time: 2:56 PM Date of Original MTP: 10/02/2017 Admit Date: 10/03/2019 Date of Discharge: 11/11/2019
--	---

Services Provided

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

Type of Discharge

<input checked="" type="checkbox"/> Planned
<input type="checkbox"/> Unplanned
<input type="checkbox"/> Administrative
<input type="checkbox"/> AMA

Reason for Admission

--

Discharge Diagnosis

Code System	Code	Description
DSM5	F60.7	F60.7 Dependent personality disorder
DSM5	F33.9	F33.9 Major depressive disorder, Recurrent episode, Unspecified
DSM5	F44.89	F44.89 Other specified dissociative disorder
DSM5	F43.10	F43.10 Posttraumatic stress disorder

Explanation of Changes to Diagnosis

Client meets criteria for dependent personality disorder. MTP has been updated to reflect diagnosis.

Master Problem List

Date	#	Problem	EST Completed	Date Resolved
10/29/2019	1	Major Depressive Disorder		
10/29/2019	2	Other Specified Dissociative Disorder		
10/29/2019	3	Posttraumatic Stress Disorder		
10/29/2019	4	Dependent Personality Disorder		

Summary of Progress

Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
1	Major Depressive Disorder	Emily will report a significant improvement in mood and sense of well-being. Client has learned emotional regulation and self soothing skills to deal with negative mood states.
2	Other Specified Dissociative Disorder	Client has learned grounding skills and distress tolerance skills to help sooth through dissociative states.
3	Posttraumatic Stress Disorder	Emily will achieve a significant reduction is anxiety symptom's associated with PTSD. (i.e., distress no longer causes clinical impairment). Client has learned grounding skills, distress tolerance, and emotional regulation skills to help sooth through symptoms. Client has also begun understanding and challenging negative cognitions related to trauma.
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)

4	Dependent Personality Disorder
Client has demonstrated understanding that dependency is pattern relating to past trauma and has begun to work through independent decision making.	

Strengths and Weaknesses

Strengths	
Needs	
Abilities	
Preferences	

Medication

Psychotropic Medications	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
	Start Date: 10/03/2019				Stop Date:		
	Med Notes: #21 sent with resident at discharge						
		Active	PS	PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
	Start Date: 10/03/2019				Stop Date:		
	Med Notes: #35 sent with resident at discharge						
			Active	PS	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)
Start Date: 10/18/2019				Stop Date:			
Med Notes: #21 (100mg), #30 (50mg), and #20 (25mg) tabs sent with resident at discharge							
Other Medications	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs - as needed
	Start Date: 10/03/2019				Stop Date:		
	Med Notes: #19 sent with resident at discharge						
	Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily - as needed
	Start Date: 10/03/2019				Stop Date:		
	Med Notes: #63 sent with resident at discharge						
			Active		GABAPENTIN	Anxiety	300mg (capsule)
Start Date: 10/04/2019				Stop Date:			
Med Notes: #66 sent with resident at discharge							
Disposition of Medication	Remaining supply of medication sent with resident at time of discharge.						
Explanation of Changes	N/A						

Discharge Planning

Anticipated Discharge Date	10/24/2019
Living Arrangements	
Education	

Therapy (Specify individual, family or group treatment)	
Discharge Transition Obstacles	

Condition on Discharge

Client is both optimistic about discharge and anxious about what the future holds. There is no indication of SI, HI, or impulses to self harm.

Reason for Discharge

Completed treatment
<input checked="" type="checkbox"/> 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

Mother and grandmother have been involved in treatment.

Critical Events & Interaction

The client was sent to LeConte Medical Center and upon return, demonstrated a greater control over alter presentations and other trauma responses. The observation of alter presentations and trauma responses fell noticeably after hospitalization.

Prognosis

Moderate assuming the client continues treatment for the trauma and for dependent personality disorder.

Recommendations

Client has a follow-up appointment with Dr. Love-Far, her long term psychiatrist, on 11/18/19 at 10:00am. Dr. Love is located at 3150 Bristol St., Suite 400 Costa Mesa, CA 92626, 949 266-3700.

Medical Follow-up

Please follow up with Psychiatrist for medication management. Take your medications exactly as prescribed. Please contact nursing staff if you have any questions or concerns.

Contact Signatures

--Digitally Signed: 11/11/2019 09:37 am: Emily Reed (Case 2)

Treatment Team Signatures

--Digitally Signed: 11/11/2019 09:37 am Head Nurse Rachel Stewart, RN
 --Digitally Signed: 11/11/2019 01:50 pm Psychiatrist John Kupfner, M.D.
 --Digitally Signed: 11/12/2019 08:02 am Therapist Timothy Meeks, MSSW
 --Digitally Signed: 11/12/2019 08:07 am Therapist Christina Naujokas, LCPC
 --Digitally Signed: 11/15/2019 12:12 pm Therapist Katherine Singer, LMSW

--Digitally Signed: 11/17/2019 01:28 pm Recreation Therapist Matt Hicks, CTRS
--Digitally Signed: 12/15/2019 05:35 pm Clinical Director Lana Wilcox, LPC.MHSP
--Digitally Signed: 12/24/2019 03:37 pm Therapist Andrea Bailey, MHC

Emily Reed (Case 2)
October 28, 2019 10:30am

Pasadena Villa
Matt Hicks, CTRS

Group Note 2

Session Summary:

Date: 10/28/2019

Duration: 1.5 hours

Learning Objectives: Residents were encouraged to attend and participate in the Off Site Recreation group to play Ultimate Frisbee at Wears Valley Ranch. The group was divided into two teams playing a fun and physical active game. This was a good opportunity for many residents to get some fresh air, socialize with one another, gain some physical activity, and learn a new leisure skill.

Individual Participant Notes:

Resident was pleasant and appropriate. Resident participated in the activity and seemed to enjoy the outing. Resident was smiling a lot and seemed to enjoy the interaction with peers.

--Digitally Signed: 11/05/2019 02:03 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
November 10, 2019 2:00pm

Pasadena Villa
Christina Naujokas, LCPC

Group Note

Session Summary:

Date:

Duration: 50 minutes

Learning Objectives: Identifying Triggers

Individual Participant Notes:

Appearance: Appropriate

Affect: Appropriate

Participation: Actively participated, provided feedback

Treatment Progress:

Plan:

--Digitally Signed: 11/10/2019 03:22 pm Therapist Christina Naujokas, LCPC

Emily Reed (Case 2)
November 10, 2019 11:00am

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/11/2019 01:02 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
November 6, 2019 3:01pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/06/2019 03:02 pm Therapist Timothy Meeks, MSSW

Appended by: Timothy Meeks, MSSW, 3:05pm 11/6/2019
core group for 11/5/19 from 2:00-2:50

Emily Reed (Case 2)
November 6, 2019 2:54pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/06/2019 02:55 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
November 5, 2019 3:57pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/05/2019 03:58 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
November 5, 2019 2:00pm

Pasadena Villa
Christina Naujokas, LCPC

Group Note

Session Summary:

Date:

Duration: 50 minutes

Learning Objectives: Socratic Questioning of thoughts

Individual Participant Notes:

Appearance: Appropriate

Affect: Appropriate

Participation: Appropriate

Treatment Progress:

Plan:

--Digitally Signed: 11/06/2019 09:35 am Therapist Christina Naujokas, LCPC

Emily Reed (Case 2)
November 4, 2019 1:38pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/04/2019 01:46 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
November 3, 2019 4:00pm

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 11-03-2019

Duration: 1 hour

Learning Objectives: Residents were encouraged to attend and participate in the Leisure Education group where we first discussed the concept of leisure and recreation, some of their benefits and the way we tend to incorporate it into our lives. We then introduced a new game that some of the residents have been playing called "Nertz". This activity was led by one of the residents who provided instruction. The activity was well received and will likely become one of the activities that residents may engage in during some of their down time.

Individual Participant Notes:

Resident was pleasant and appropriate. Resident interacted well with peers, was supportive of others, and seemed to enjoy the activity. The group was large enough to divide into two groups, with Emily acting as the leader or instructor for one of the groups. Emily did a great job and several new residents now can join in when this game is being played.

--Digitally Signed: 11/05/2019 03:26 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 30, 2019 4:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/30/19

Duration: 50 min.

Learning Objectives: Group members discussed self-care & self-leadership for the areas of: physical, emotional, intellectual, spiritual, & social. Group discussed how short & long term self-care plays a role in self-esteem.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/30/2019 06:26 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
October 30, 2019 12:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/30/19

Duration: 50 min.

Learning Objectives: Discussion over what boundaries are & what they are not. Types of boundaries & spectrum of boundaries.
Cts. had opportunity to discuss boundaries they are working on & ones that are important to them.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/30/2019 01:59 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
October 29, 2019 1:48pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 11/04/2019 01:55 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 27, 2019 3:00pm

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 10-27-2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Game Time group of Scattegories. Residents were given several lists and were tasked with generating an answer for each categories starting with the first letter that was rolled.

Participants scored a point for each unique answer, and not receiving a point if anyone else had the same answer. This is a fun game that shows some thought processes, associations, and creativity.

Individual Participant Notes:

Resident was pleasant and appropriate. Resident participated in the activity and seemed to enjoy the game. Resident was pleasant and engaged throughout the activity.

--Digitally Signed: 11/05/2019 09:28 am Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 27, 2019 2:00pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:
Date:
Duration:
Learning Objectives:

Individual Participant Notes:
Appearance:
Affect:
Participation:
Treatment Progress:
Plan:
participated

--Digitally Signed: 10/28/2019 05:46 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 24, 2019 9:00am

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 10-24-19

Duration: 50 minutes

Learning Objectives:

Residents were encouraged to attend and participate in the Wellness Walk to gain some physical exercise, socialize with one another, and immerse themselves in our natural surroundings.

Individual Participant Notes:

Resident was pleasant and social. Resident was thankful for the opportunity to get out and participate in this activity.

--Digitally Signed: 10/27/2019 06:11 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 23, 2019 2:00pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 10/27/2019 08:34 am Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 22, 2019 2:00pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 10/27/2019 08:33 am Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 21, 2019 12:29pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 10/24/2019 12:36 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 21, 2019 10:00am

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 10-21-2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Art Exploration group where they could utilize a variety of materials and techniques to express themselves creatively through the visual arts.

Individual Participant Notes:

Resident was pleasant and appropriate. Resident spent the majority of the time painting some rocks and cleaning up some of the unwashed paint brushes. Resident was thankful for the opportunity to spend time in the art room and interacted well with peers.

--Digitally Signed: 10/21/2019 01:34 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 15, 2019 10:26pm

Pasadena Villa
Katie Duncan

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

--Digitally Signed: 10/15/2019 10:30 pm Psychiatric Technician Katie Duncan

Emily Reed (Case 2)
October 15, 2019 5:00pm

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 10-15-2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Art Exploration group where they could explore a variety of art supplies and techniques to express themselves through the visual arts. Residents socialized throughout this process and were asked to use the supplies sparingly, and to clean up after themselves.

Individual Participant Notes:

Resident was pleasant and appropriate. Resident socialized with peers and was thankful for the opportunity to spend time in the art room. Resident worked on painting rocks for the duration of the group.

--Digitally Signed: 10/15/2019 06:24 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 14, 2019 3:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/14/19

Duration: 50 min.

Learning Objectives: Cts. discussed a past experience that is very important to them. Group members commented on reasons why these past memories are important to them in present day. They discussed how friends, family, achievement, gratitude, & fun were some of the reasons. Th. provided listening examples of songs based on the theme of good memories. Cts. had the opportunity to suggest a song that personally represented a good memory to them.

Individual Participant Notes:

Ct. participated in group discussion. During the music portion, ct. left group.

--Digitally Signed: 10/14/2019 07:36 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
October 14, 2019 1:00pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 10/14/2019 01:06 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 13, 2019 4:00pm

Pasadena Villa
Matt Hicks, CTRS

Group Note

Session Summary:

Date: 10-13-2019

Duration: 50 minutes

Learning Objectives: Residents were encouraged to attend and participate in the Leisure Education group where we reviewed how our time is spent (based on sleep, work, ADLs, Obligated Time and Unobligated Time), how all of our actions can fall into one of four quadrants (based on Stephen Covey's Time Matrix), the importance of Quadrant 2 activities, and how a person's engagement in Recreation and Leisure can be categorized (from negative injury to self or others, to escapism, appreciation, active participation and creative participation). I concluded with a challenge to make a list of Quadrant 2 activities (those things they know they should be doing) and strive to do those more this week. Also, make a list of things they know they should be doing (Quadrant 4 activities, excesses, injuring self and/or others, etc.) and strive to do them less.

Individual Participant Notes:

Resident was pleasant and engaged. Resident participate in group discussion and was seen taking notes. Resident stated that the information was very useful.

--Digitally Signed: 10/14/2019 03:33 pm Recreation Therapist Matt Hicks, CTRS

Emily Reed (Case 2)
October 13, 2019 3:32pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan: participated

--Digitally Signed: 10/13/2019 03:36 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 11, 2019 3:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/11/19

Duration: 50 min.

Learning Objectives: Group reviewed the 4 styles of communication: passive, passive-aggressive, aggressive, & assertive. Cts. named characteristics for each style. Th. showed a short video with an example of each style. Group commented on characteristics of that particular style & ways to turn the responsive into an assertive response. At the end of group, cts. practiced some examples of "I-statements." Th. went over some tips to recognize I-statements in disguise of actual you-statement.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/11/2019 06:05 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
October 10, 2019 12:43pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

participated

--Digitally Signed: 10/10/2019 12:52 pm Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 8, 2019 12:01pm

Pasadena Villa
Timothy Meeks, MSSW

Group Note

Session Summary:

Date:

Duration:

Learning Objectives:

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

--Digitally Signed: 10/08/2019 12:04 pm Therapist Timothy Meeks, MSSW

4

Emily Reed (Case 2)
October 7, 2019 9:33pm

Pasadena Villa
Katie Duncan

Group Note

Session Summary:

Date: 10-7-19

Duration: 30 minutes

Learning Objectives: Emily R lead the group and did a fantastic job

Individual Participant Notes:

Appearance:

Affect:

Participation:

Treatment Progress:

Plan:

--Digitally Signed: 10/07/2019 09:38 pm Psychiatric Technician Katie Duncan

Emily Reed (Case 2)
October 7, 2019 2:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/7/19

Duration: 50 min.

Learning Objectives: Cts. discussed the 5 basic needs: survival, love & belonging, freedom, power, & fun. Group members created a circle of strengths for each of the 5 needs. Group discussed the differences between real world vs. ideal world & discussed how choice theory was created to help individuals take control of & be responsible for his/her behavior. Group discussed self-control so that individuals can increase their ability to make & act on responsible choices. Cts. had the opportunity to use the WDHP model to work towards a goal in his/her ideal world.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/07/2019 05:58 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
October 4, 2019 2:00pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 10/4/19

Duration: 50 min.

Learning Objectives: Th. led discussion on 4 types of communication: passive, passive-aggressive, aggressive, & assertive. Cts. discussed characteristics & personal tendencies for their communication styles. Cts. practiced examples by providing assertive responses to given scenarios.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/04/2019 08:09 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
September 25, 2019 3:30pm

Pasadena Villa
Carrie Koehler, M.S.

Group Note

Session Summary:

Date: 9/25/19

Duration: 60 min.

Learning Objectives: Cts. discussed the theme of "being home." They discussed what it takes to make a place feel like home.

Group listened to a playlist of songs based on the theme of "home." Cts. had the opportunity to share a song based on that theme.

Individual Participant Notes:

Attended & participated.

--Digitally Signed: 10/09/2019 05:46 pm Therapist Carrie Koehler, M.S.

Emily Reed (Case 2)
December 23, 2019 5:54pm

Pasadena Villa
Haley Crow, RN

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 12/23/2019
Topic:

Summary:]

Individual Participant Notes:

Walgreen's called to request refills on Emily's medications. She discharged on 11/11/19 and had an appointment with psychiatrist scheduled at home on 11/18/19 (per discharge summary). Remaining meds were also sent with her at discharge. Told Walgreen's pharmacist this nurse would need to verify with provider and requested Emily call SML. At that time, pharmacist stated they would deny the request for refill at this time. Will wait to hear from Emily if refill is needed.

--Digitally Signed: 12/23/2019 06:02 pm Registered Nurse Haley Crow, RN

Emily Reed (Case 2)
November 1, 2019 9:51pm

Pasadena Villa
Melanie Lallier

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 11/01/2019
Topic:
Anger Release

Summary:]

Individual Participant Notes:

Resident reported to this writer that her head was "very loud." Resident was crying and shaky. Resident stated there was a lot of internal anger but that she was afraid to let it out because she does not want to be a mean person. This writer took resident outside and talked to her about healthy ways to release anger and that releasing anger does not make someone a mean person. This writer demonstrated this by yelling at the dumpster in the parking lot. Resident laughed at this writer and then asked if they could yell at the dumpster together. This writer and resident yelled at the dumpster together. Resident thanked this writer and stated that she felt better.

--Digitally Signed: 11/01/2019 09:58 pm Psychiatric Technician Melanie Lallier

--Digitally Signed: 11/03/2019 07:35 am Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 30, 2019 11:10pm

Pasadena Villa
Melanie Lallier

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/30/2019
Topic:
Family Loss

Summary:]

Individual Participant Notes:

Resident received a phone call this evening that her uncle passed away. Resident handled it fairly well using staff and peers to assist her coping. Resident talked with staff and watched a movie with a peer. Resident did her best not to isolate and staff affirmed her efforts. Resident talked to her family on the side deck and came back inside crying. It was after dark and she asked this writer if she could please go look at the tree. Staff took her outside and she seemed too calm after seeing the tree. Resident stayed in the great room after shift change.

--Digitally Signed: 10/30/2019 11:16 pm Psychiatric Technician Melanie Lallier

--Digitally Signed: 11/03/2019 07:33 am Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 29, 2019 3:22pm

Pasadena Villa
Sarah Parker

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/29/2019
Topic:
Conversation with resident

Summary:]

Individual Participant Notes:

Writer spoke with resident about the possibility of insurance continuing coverage and her not discharging in the next few days. Emily expressed her desire to stay in ur program and was hoping that insurance would continue covering her stay because she did not want to leave.

--Digitally Signed: 10/29/2019 03:25 pm Lead Psychiatric Technician Sarah Parker

--Digitally Signed: 11/03/2019 07:34 am Therapist Timothy Meeks, MSSW

Emily Reed (Case 2)
October 29, 2019 12:10pm

Pasadena Villa
Whitney Newman

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/29/2019
Topic:

Summary:]

Individual Participant Notes:

Resident approached staff this morning saying she "needed to leave" the facility. She would not tell the writer what was going on, but insisted that she needed to leave. When the writer insisted that she could not leave the facility without her therapist approving it, she said she would leave AMA and then "jump off a cliff." She specified that she would only do that if she were to leave AMA. Resident has been very manic all day long, so much so that other residents have been approaching staff with concern about this resident.

--Digitally Signed: 10/29/2019 12:16 pm Psychiatric Technician Whitney Newman

Emily Reed (Case 2)
October 21, 2019 1:36pm

Pasadena Villa
Rachel Stewart, RN

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/21/2019
Topic:

Summary:]

Individual Participant Notes:

Pristiq ER called into to Lucy Walgreens at 714-969-1368.

--Digitally Signed: 10/21/2019 01:41 pm Head Nurse Rachel Stewart, RN

Emily Reed (Case 2)
October 20, 2019 5:00pm

Pasadena Villa
Paulina Perez

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/20/2019

Topic:

During Q-15 checks, this staff member went to Emily's room to check on the resident. During the 5:00 O'clock check, this writer found Emily curled up in her bathroom floor. After approximately five minutes, staff member, L.A. was able to converse with personality named "Heidi" and get resident Emily to stand up. Resident Emily had a superficial scratch on her hand and was escorted to nursing. Personality named "Heidi" then stated, "I was scared. We heard the loud noise." Staff then proceeded to explain to Emily "Heidi" that the noises were residents playing corn hole on the side deck, outside of her room. After the explanation, resident Emily "Heidi" proceeded to take a nap and staff members continued to monitor the resident throughout the remainder of the shift.

Summary:]

Individual Participant Notes:

During Q-15 checks, this staff member went to Emily's room to check on the resident. During the 5:00 O'clock check, this writer found Emily curled up in her bathroom floor. After approximately five minutes, staff member, L.A. was able to converse with personality named "Heidi" and get resident Emily to stand up. Resident Emily had a superficial scratch on her hand and was escorted to nursing. Personality named "Heidi" then stated, "I was scared. We heard the loud noise." Staff then proceeded to explain to Emily "Heidi" that the noises were residents playing corn hole on the side deck, outside of her room. After the explanation, resident Emily "Heidi" proceeded to take a nap and staff members continued to monitor the resident throughout the remainder of the shift.

--Digitally Signed: 10/20/2019 06:24 pm Psychiatric Technician Paulina Perez

Emily Reed (Case 2)
October 7, 2019 11:43am

Pasadena Villa
Rachel Stewart, RN

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/07/2019
Topic:

Summary:]

Individual Participant Notes:

Returned from LeConte Medical Center where resident had labs. Tolerated well, voiced no complaints.

--Digitally Signed: 10/07/2019 11:45 am Head Nurse Rachel Stewart, RN

Emily Reed (Case 2)
October 7, 2019 8:45am

Pasadena Villa
Rachel Stewart, RN

**Pasadena Villa Network of Services
Interdisciplinary Progress Note**

Date: 10/07/2019
Topic:

Summary:]

Individual Participant Notes:

Lisa transported resident to LeConte Medical Center for labs.

--Digitally Signed: 10/07/2019 08:49 am Head Nurse Rachel Stewart, RN

**Pasadena Villa Network of Services
Psychiatric Progress Report**

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/31/2019

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Subjective Report:

States " Im ok, alright, better now then when i was put on visuals, im on hourly right now, did not feel like i was in control but have control now"

Still using the designated safe place to go to if she feels the need to leave or walk away from everything. She did wake up sleeping in a chair outside and the rain falling woke her up-she is not clear on how she fell asleep in this chair and states "I thought, remembered i was in my bed". Sleep at night is 7-8 hours she thinks most nights, some nightmares-once to twice a week.yesterday upon waking she was unmotivated without energy but doesnt feel she was depressed during this time. Doesnt feel her depression overall has increased. No Si or plan for self harm.

Objective Report:

appropriately dressed, cooperative, rambling some

Mental Status Exam and Observation:

Appearance/Attitude:

- Anxious
- Guarded
- Cooperative
- Paranoid

Behavior:

- Tense

Speech:

- Spontaneous

Mood:

- Anxious

Affect:

- Restricted

Thought Content:

- paranoid
- hallucinations

Thought Process:

- goal directed

Sensorium:

- alert

Memory:

- intact

Judgment:

- limited

Insight:

- limited

Impulse Control:

- limited

Concentration:

- distractibility

Suicidal Ideation: No suicidal ideation

Homicidal Ideation: No Homicidal ideation

Assessment:

Continue treatment plan. Does not meet criteria for inpatient hospitalization at this time. Last visit abilify was discussed but today when I bring it up she declines to consider this or any new medication today. States she was on abilify in past and didnt like it but unsure why. Feels the last increase in pristiq has helped to improve her moods and decrease the depression.

Medical Necessity criteria for continued care:

ongoing safety planning and stabilization

Plan:

CBT, Diagnosis Education, Medication Education and Medication Management

Progress to date:

fair

Allergies: Haldol**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date: 10/03/2019</i>	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date: 10/03/2019</i>	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date: 10/03/2019</i>	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date: 10/03/2019</i>	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed
	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed

			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
	Active		Imodium AD	Diarrhea	1 tab (tablet) every 4-6 hours as needed
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
Rx	Active PS		Lamictal ER	Mood	200mg (tablet) daily
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule) at bedtime
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
OTC	Active		Midol	Cramps	2 tabs (tablet) every 6 hrs as needed
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
	Active		HYDROCORTISONE	Itching	1% to affected area (cream) four times daily as needed
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule) three times daily as needed
			<i>Start Date: 10/03/2019</i>	<i>Stop Date:</i>	
	Active		GABAPENTIN	Anxiety	300mg (capsule) twice daily at 8am and 5pm
			<i>Start Date: 10/04/2019</i>	<i>Stop Date:</i>	
	Active PS		PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release) daily
			<i>Start Date: 10/18/2019</i>	<i>Stop Date:</i>	

Changes to Medication:

none

Explanation of changes to medication:

none today

Labs and Tests:

n/a

Signature:

--Digitally Signed: 11/08/2019 10:59 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

Pasadena Villa Network of Services
Psychiatric Progress Report

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/31/2019

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Subjective Report:

Reports "it's been an interesting week". Was placed on visuals recently. States she woke up and "felt invincible" so she stated she wanted to leave AMA and jump off a bridge. States she then fell asleep on a yoga mat on a hill and was placed on visuals. Has been having some trouble sleeping at night with difficulty falling asleep. States the night before last she found out her uncle passed away. Appetite has been good. Denies SI/HI/SIB. Reports an increase in paranoia and feeling like she's being watched. States her "head has been loud" due to "multiple personalities" communicating at once. "There's a lot of tension and confusion". Does appear guarded and paranoid upon evaluation. States the "personalities" are sometimes command in nature, but feels very safe and does not listen to them. "They're not invasive".

Discussed medication options to aid in decreasing paranoia and noise from the voices, and at this time client is declining medication. States "I want to see where this goes" and does not feel as though it is "unmanageable".

Objective Report:

guarded, paranoid, appropriately dressed, cooperative

Mental Status Exam and Observation:

Appearance/Attitude:

- Anxious
- Guarded
- Cooperative
- Paranoid

Behavior:

- Tense

Speech:

- Spontaneous

Mood:

- Anxious

Affect:

- Restricted

•

Thought Content:

- paranoid

- hallucinations

Thought Process:

- goal directed

Sensorium:

- alert

Memory:

- intact

Judgment:

- limited

Insight:

- limited

Impulse Control:

- limited

Concentration:

- distractibility

Suicidal Ideation: No suicidal ideation

Homicidal Ideation: No Homicidal ideation

Assessment:

Continue treatment plan. Discussed medication options such as Abilify for paranoia and voices, but client declines at this time. Does not meet criteria for inpatient hospitalization at this time.

Medical Necessity criteria for continued care:

ongoing safety planning and stabilization

Plan:

CBT, Diagnosis Education, Medication Education and Medication Management

Progress to date:

fair

Allergies: Haldol

Current Medication:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date: 10/03/2019</i>	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date: 10/03/2019</i>	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date: 10/03/2019</i>	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date: 10/03/2019</i>	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed

	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		Imodium AD	Diarrhea	1 tab (tablet)	every 4-6 hours as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
			<i>Start Date: 10/04/2019</i>		<i>Stop Date:</i>	
	Active	PS	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
			<i>Start Date: 10/18/2019</i>		<i>Stop Date:</i>	

Changes to Medication:

none

Explanation of changes to medication:

pt declines

Labs and Tests:

n/a

Signature:

--Digitally Signed: 11/04/2019 06:34 pm Nurse Practitioner Jessica Paskwietz, ARNP

Emily Reed (Case 2)
October 25, 2019 1:51pm

Pasadena Villa
Angela Wentworth, PMHNP-BC

Pasadena Villa Network of Services
Psychiatric Progress Report

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/11/2019

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Subjective Report:

"went horseback riding today, was so happy". She has been able to go to the animal assisted therapy and find it to be very beneficial. Overall improved moods since last week. Plan is to return home after discharge. Has had to use the safe place set up for her " couple times" since last visit. She doesnt recall why she did this. Glad to be on hourly checks now so she can go to the farm and participate in more activities. Yesterday was very hard. Had a panic attack after a walk and she is unsure why or what the trigger was. Sleep hasnt changed, she continues to go to meals and appetite is good. Still has periods when she feels overwhelmed and anxious and stays in her room for an amount of time. States she is working on "values, grounding skills, boundaries" in therapy right now.

Objective Report:

Has gone from q 15min checks to now on hourly. She likes this.

Mental Status Exam and Observation:

Appearance/Attitude:

- Well Groomed
- Anxious
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal

Mood:

- Anxious

Affect:

- Appropriate

Thought Content:

Thought Process:

- rambling
- flight of ideas

Sensorium:

- oriented in all spheres
- alert

Memory:

- short term

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

Suicidal Ideation: No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Assessment:

Appears with brighter affect for most of the visit. When asked about how she feels about returning home she becomes instantly distant and glum. She is not sure why she had this reaction. Not having SI right now, no plan for self harm. Tolerating the increased pristiq well-she is unsure if it's helping yet.

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, Trauma History and History of Abuse/Neglect, , , Mood Disorder and Anxiety 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 current meds

Progress to date:

minimal

Allergies: Haldol**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date: 10/03/2019</i>	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date: 10/03/2019</i>	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date: 10/03/2019</i>	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date: 10/03/2019</i>	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed

Rx	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		Imodium AD	Diarrhea	1 tab (tablet)	every 4-6 hours as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	PS	PRISTIQ ER	Mood	50mg (tablet, extended release)	daily
			<i>Start Date:</i> 10/03/2019 <i>Med Notes:</i> Total 75mg		<i>Stop Date:</i>	
OTC	Active	PS	PRISTIQ ER	Mood	25mg (tablet, extended release)	daily
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
			<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	

Changes to Medication:

none

Explanation of changes to medication:

na

Labs and Tests:

routine

Signature:

--Digitally Signed: 10/25/2019 02:03 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

**Pasadena Villa Network of Services
Psychiatric Progress Report**

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/11/2019

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Subjective Report:

"have been sad, feel overwhelmed a lot lately". Denies any specific triggers she can identify. Has been using the "safe place" set up with her therapist. Has not been wandering off and finding that she doesn't recall how she got there. Some fleeting SI but no plan for harm, "nothing as invasive, thoughts that seem to come and go". Feels like she has been working hard to understand her "others, alters". Did have an incident of having to leave group this week because felt overwhelmed with thoughts in her head. She talked to her mom and "head was much quieter after this. Continues to feel like if she doesn't meet the needs of her "others, alters" then she feels less safe and less control. She continues to sleep well, less nightmares since last week. Appetite is good, eating most meals, some snacks. More flashbacks during daytime now, less in evenings and at night.

Objective Report:

Continues to dissociate and then doesn't have memory of her actions during these times but is going to the safe place she and therapist set up for her.

Mental Status Exam and Observation:

Appearance/Attitude:

- Well Groomed
- Anxious
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal

Mood:

- Anxious

Affect:

- Appropriate

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Thought Content:

Thought Process:

- rambling
- flight of ideas

Sensorium:

- oriented in all spheres
- alert

Memory:

- short term

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

Suicidal Ideation: No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Assessment:

Feels distracted a lot lately due to some stress. has been trying to adhere to the "safe place" she and therapist set up for her . No wandering off since last week. Did talk to a tech when she felt overwhelmed earlier today and this helped.

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, Trauma History and History of Abuse/Neglect, , , Mood Disorder and Anxiety 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 pristiq

Progress to date:

minimal

Allergies: Haldol**Current Medication:**

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date: 10/03/2019</i>	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date: 10/03/2019</i>	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date: 10/03/2019</i>	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date: 10/03/2019</i>	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed

	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		Imodium AD	Diarrhea	1 tab (tablet)	every 4-6 hours as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active	PS	PRISTIQ ER	Mood	50mg (tablet, extended release)	daily
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
			<i>Med Notes: Total 75mg</i>			
	Active	PS	PRISTIQ ER	Mood	25mg (tablet, extended release)	daily
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
			<i>Start Date: 10/03/2019</i>		<i>Stop Date:</i>	
	Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
			<i>Start Date: 10/04/2019</i>		<i>Stop Date:</i>	

Changes to Medication:

increase pristiq to 100mg daily

Explanation of changes to medication:

depression/anxiety

Labs and Tests:

routine

Signature:

--Digitally Signed: 10/18/2019 02:50 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

Emily Reed (Case 2)

October 11, 2019 1:22pm

Pasadena Villa

Angela Wentworth, PMHNP-BC

**Pasadena Villa Network of Services
Psychiatric Progress Report**

Name: Emily Reed (Case 2)

DOB: 11/16/1996

Date: 10/11/2019

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified

300.15 (F44.89) - F44.89 Other specified dissociative disorder

309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Subjective Report:

"had migraine last night, threw up, still getting over it right now" Missed group she planned to attend this morning because didn't wake early enough. "One of the others reacts with fight or flight reaction and i end up in another place and not sure how i got there, it was like that before i went to the hospital". She feels like she doesn't have any control with her "alters, others", even with suicidal thought, "I try to reason with them if that happens but doesn't always help".

Continues to have fleeting suicidal thoughts and of not being safe at the time, she is not sure of the triggers for these episodes. Sleeping ok, continues to have good appetite. Is attending groups.

Objective Report:

Went to Le Conte hospital for assessment of risk of self harm and elopement. She did not go in patient anywhere but did stay 2 nights at Le Conte.

Continues to dissociate and end up places she is not sure how she got there.

She has made "safe places" with help of therapist that she can go to if she has the fight or flight reaction again. These are designated place on property and close to the building. She has ended up at one of these since they made this agreement.

Continues to dissociate and then doesn't have memory of her actions during these times.

Mental Status Exam and Observation:

Appearance/Attitude:

- Well Groomed
- Anxious
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal

Mood:

- Anxious

Affect:

- Appropriate

•

Thought Content:

Thought Process:

- rambling

- flight of ideas

Sensorium:

- oriented in all spheres
- alert

Memory:

- short term

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

Suicidal Ideation: No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Says she doesn't have SI but an alter "other" has on occasion, passive in nature but she feels unable to control the alter in their suicidal thinking. She remains on q 15min checks

Assessment:

Distracted today, gets off conversation and needs redirection. Remains on q 15min checks due to risk of elopement and potential for harm.

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, Trauma History and History of Abuse/Neglect, , , Mood Disorder and Anxiety 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:

remain on q 15min checks, continue to monitor medications

Progress to date:

minimal

Allergies: Haldol

Current Medication:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date:</i> 10/03/2019	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date:</i> 10/03/2019	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date:</i> 10/03/2019	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed

	Active		Cough drop	Cough	1 lozenge (lozenge)	every 2 hrs as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		Pepto Bismol	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		Imodium AD	Diarrhea	1 tab (tablet)	every 4-6 hours as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	Active PS		Lamictal ER	Mood	200mg (tablet)	daily
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active PS		PRISTIQ ER	Mood	50mg (tablet, extended release)	daily
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
			<i>Med Notes:</i> Total 75mg			
	Active PS		PRISTIQ ER	Mood	25mg (tablet, extended release)	daily
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
			<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
			<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	

Changes to Medication:

none today

Explanation of changes to medication:

na

Labs and Tests:

routine

Signature:

--Digitally Signed: 10/11/2019 10:16 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

Emily Reed (Case 2)
November 11, 2019 9:40am

Pasadena Villa
Rachel Stewart, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 11/11/2019
Time: 9:40 am

Current Level of Care: PHP Flex

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discharge resident
Send with remaining supply of medication at time of discharge

Rationale:

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 11/11/2019 09:42 am Head Nurse Rachel Stewart, RN

Appended by: Rachel Stewart, RN, 9:42am 11/11/2019
noted

Emily Reed (Case 2)
November 5, 2019 9:19am

Pasadena Villa
Shanda Norris, RN

**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

Pasadena Villa
119 Pasadena Place
Orlando, FL 32803
Phone: 407-246-5250
Fax: 407-246-5271

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 11/05/2019
Time: 9:19 am

Current Level of Care: RTC SML

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

D/C Q15's

Rationale:

Therapist Recommendation, Risk Assessment Completed.

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth, PMHNP-BC, Shanda Norris, RN
--Digitally Signed: 11/05/2019 09:20 am Psychiatric Nurse Shanda Norris, RN

Appended by: Shanda Norris, RN, 9:21am 11/5/2019
Staff Aware.

Emily Reed (Case 2)

November 4, 2019 9:14am

Pasadena Villa

Rachel Stewart, RN

**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 (Case 2)

DOB: 11/16/1996

Date: Late entry from 10/29/19

Time: 9:15 am

Current Level of Care: PHP Flex

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified

300.15 (F44.89) - F44.89 Other specified dissociative disorder

309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

PHP Flex

Rationale:

level of care change

Telephone Order/Verbal Order Read Back and Verified:

Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 11/04/2019 09:16 am Head Nurse Rachel Stewart, RN

Appended by: Rachel Stewart, RN, 9:16am 11/4/2019

noted

Emily Reed (Case 2)
October 30, 2019 2:52pm

Pasadena Villa
Jodi Sotlar, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/30/2019
Time: 2:52 pm

Current Level of Care: SML RTC

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discontinue Visuals
Initiate q15 min checks

Rationale:

Therapist Recommendation

Telephone Order/Verbal Order Read Back and Verified:
John Kupfner, M.D. / Jodi Sotlar, RN

--Digitally Signed: 10/30/2019 02:53 pm Psychiatric Nurse Jodi Sotlar, RN

--Digitally Signed: 11/08/2019 09:04 pm Psychiatrist John Kupfner, M.D.

Appended by: Lisa Anguzza, RN, 12:24am 10/31/2019
Staff notified

Emily Reed (Case 2)
October 29, 2019 12:49pm

Pasadena Villa
Rachel Stewart, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/29/2019
Time: 12:49 pm

Current Level of Care: SML RTC

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Begin visuals

Rationale:

therapist recommendation

Telephone Order/Verbal Order Read Back and Verified:
Dr. John Kupfner/Rachael Stewart, RN

--Digitally Signed: 10/29/2019 12:51 pm Head Nurse Rachel Stewart, RN

--Digitally Signed: 11/08/2019 09:04 pm Psychiatrist John Kupfner, M.D.

Appended by: Rachel Stewart, RN, 12:52pm 10/29/2019
staff aware

Emily Reed (Case 2)
October 22, 2019 9:53am

Pasadena Villa
Brittany Wolfe, RN

**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

Pasadena Villa
119 Pasadena Place
Orlando, FL 32803
Phone: 407-246-5250
Fax: 407-246-5271

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/22/2019
Time: 9:53 am

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

D/C Q15s

Rationale:

Therapist recommendation

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth PMHNP-BC/Brittany Wolfe, RN

--Digitally Signed: 10/22/2019 09:53 am Registered Nurse Brittany Wolfe, RN

Appended by: Brittany Wolfe, RN, 9:54am 10/22/2019
Staff aware.

Emily Reed (Case 2)
October 18, 2019 2:46pm

Pasadena Villa
Angela Wentworth, PMHNP-BC

**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

Pasadena Villa
119 Pasadena Place
Orlando, FL 32803
Phone: 407-246-5250
Fax: 407-246-5271

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/18/2019
Time: 2:47 pm

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative 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 100mg daily, #30

Rationale:

mood stability/anxiety

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 10/18/2019 02:48 pm Nurse Practitioner Angela Wentworth, PMHNP-BC

Appended by: Rachel Stewart, RN, 4:16pm 10/18/2019
order faxed to mcfarland, updated in bn and transcribed in mar

Appended by: Rachel Stewart, RN, 4:18pm 10/18/2019
Order clarification: Pristiq ER

Emily Reed (Case 2)
October 7, 2019 11:55am

Pasadena Villa
Stephanie Hubbard, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/07/2019
Time: 11:55 am

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Influenza Quad Vaccine 0.5ml IM X 1

Rationale:
prevention

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth PMHNP/Stephanie Hubbard RN

--Digitally Signed: 10/07/2019 11:56 am Registered Nurse Stephanie Hubbard, RN

Appended by: Stephanie Hubbard, RN, 12:05pm 10/7/2019
faxed to mcfarland, updated in bn, transcribed to mar

Emily Reed (Case 2)

October 4, 2019 6:44pm

Pasadena Villa

Christy Moyers, RN

**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 (Case 2)

DOB: 11/16/1996

Date: 10/04/2019

Time: 6:44 pm

Current Level of Care: SML RTC

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified

300.15 (F44.89) - F44.89 Other specified dissociative disorder

309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Discontinue visuals

Place on 15 minute checks

Rationale:

Risk assessment in place

Telephone Order/Verbal Order Read Back and Verified:

Angela Wentworth, PMHNP-BC/Christy Moyers, RN

--Digitally Signed: 10/04/2019 06:47 pm Registered Nurse Christy Moyers, RN

Appended by: Christy Moyers, RN, 6:49pm 10/4/2019

Noted and staff notified.

Emily Reed (Case 2)
October 4, 2019 11:59am

Pasadena Villa
John Kupfner, M.D.

**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

Pasadena Villa
119 Pasadena Place
Orlando, FL 32803
Phone: 407-246-5250
Fax: 407-246-5271

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/04/2019
Time: 11:59 am

Current Level of Care:

Diagnosis:

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

change neurontin to 300 mg po bid qam and q 5 pm
discontinue visuals
q 15 min checks

Rationale:

for anxiety

Telephone Order/Verbal Order Read Back and Verified:

--Digitally Signed: 10/04/2019 12:02 pm Psychiatrist John Kupfner, M.D.

Appended by: Rachel Stewart, RN, 1:35pm 10/4/2019
faxed to mcfarland, updated in bn and transcribed in mar

Emily Reed (Case 2)
October 3, 2019 2:33pm

Pasadena Villa
Brittany Wolfe, RN

**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

Pasadena Villa
119 Pasadena Place
Orlando, FL 32803
Phone: 407-246-5250
Fax: 407-246-5271

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Date: 10/03/2019
Time: 2:33 pm

Current Level of Care: SML-TN

Diagnosis: PTSD, DID

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Lamictal ER 200mg PO Daily (profile)
Pristiq ER 50mg PO QAM (profile)
Pristiq ER 25mg PO QAM (profile)
Prazosin 2mg PO QHS (profile)
Midol 2 tabs PO Q6H PRN cramps (profile)
Hydrocortisone 1% cream apply to affected area QID prn itching (profile)
Hydroxyzine Pam 25mg PO TID PRN Anxiety (profile)
Gabapentin 300mg PO Daily PRN Anxiety (profile)
Start visual precautions

Rationale:

Admission Orders

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth PMHNP-BC/Brittany Wolfe, RN

--Digitally Signed: 10/03/2019 02:38 pm Registered Nurse Brittany Wolfe, RN

Appended by: Brittany Wolfe, RN, 2:39pm 10/3/2019
Faxed to McFarland. Transcribed in MAR. Charted in BN.
Staff aware.

ROA2444

Emily Reed (Case 2)
October 3, 2019 2:31pm

Pasadena Villa
Rachel Stewart, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/03/2019
Time: 2:31 pm

Current Level of Care: SML RTC

Diagnosis: PTSD, DID, Anxiety, Depression

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

Please fax results to 865-429-2653

Rationale:

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 10/03/2019 02:32 pm Head Nurse Rachel Stewart, RN

Appended by: Rachel Stewart, RN, 2:33pm 10/3/2019
noted on lab calendar

Emily Reed (Case 2)
October 3, 2019 2:30pm

Pasadena Villa
Rachel Stewart, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/03/2019
Time: 2:30 pm

Current Level of Care: SML RTC

Diagnosis: DID, PTSD, Anxiety, Depression

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) (Do not take within 3 hours any NSAID)

Tums chew 2 tabs PO Q4H prn heartburn/indigestion (PROFILE ONLY)

Rationale:

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 10/03/2019 02:30 pm Head Nurse Rachel Stewart, RN

Appended by: Rachel Stewart, RN, 2:31pm 10/3/2019
completed

Emily Reed (Case 2)
October 3, 2019 2:28pm

Pasadena Villa
Rachel Stewart, RN

**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 (Case 2)
DOB: 11/16/1996
Date: 10/03/2019
Time: 2:28 pm

Current Level of Care: SML RTC

Diagnosis: PTSD, DID, Anxiety, Depression

Allergies: Haldol

Physicians Orders (Psychotropics MUST include **Diagnosis** indicated for each medication):

Admit to SML RTC

PPD

Q15min checks

Vital signs every day for four days, then every week if stable

Physical exam if not done in past 60 days

May use home medications brought at time of admission

Rationale:

Telephone Order/Verbal Order Read Back and Verified:
Angela Wentworth, PMHNP-BC/Rachael Stewart, RN

--Digitally Signed: 10/03/2019 02:29 pm Head Nurse Rachel Stewart, RN

Appended by: Rachel Stewart, RN, 2:29pm 10/3/2019
TB and Physical exam completed within past 30 days. Results to be scanned into chart.

Emily Reed (Case 2)
November 9, 2019 3:15am

Pasadena Villa
Stephanie Hubbard, RN

**Pasadena Villa Network of Services
Weekly Nursing Summary**

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 11/3/19 - 11/9/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date:</i> 10/03/2019	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date:</i> 10/03/2019	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date:</i> 10/03/2019	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date:</i> 10/03/2019	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed
	Active		Pepto Bismol <i>Start Date:</i> 10/03/2019	Nausea/Upset Stomach	30ml (suspension) <i>Stop Date:</i>	three times daily as needed
	Active		Imodium AD <i>Start Date:</i> 10/03/2019	Diarrhea	1 tab (tablet) <i>Stop Date:</i>	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER <i>Start Date:</i> 10/03/2019	Mood	200mg (tablet) <i>Stop Date:</i>	daily
	Active		PRAZOSIN HYDROCHLORIDE <i>Start Date:</i> 10/03/2019	Nightmares	2mg (capsule) <i>Stop Date:</i>	at bedtime
OTC	Active		Midol <i>Start Date:</i> 10/03/2019	Cramps	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed

		<i>Start Date:</i> 10/03/2019	<i>Stop Date:</i>	
Rx	<i>Active</i>	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule) three times daily as needed
		<i>Start Date:</i> 10/03/2019	<i>Stop Date:</i>	
	<i>Active</i>	GABAPENTIN	Anxiety	300mg (capsule) twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019	<i>Stop Date:</i>	
	<i>Active PS</i>	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release) daily
		<i>Start Date:</i> 10/18/2019	<i>Stop Date:</i>	

Medication Changes:

None

PRN's Administered:

Tylenol, Benadryl, Hydroxyzine

Medication Compliance Issues:

Resident is compliant with medications and has not reported any unwanted side effects from medications.

Consults:

None

Physical Complaints:

Headache, allergies

Hygiene:

Resident is independent with ADL's.

Diet and Weight:

Vegetarian diet, weight 117.2

Sleep Patterns:

Resident appears to sleep through the night.

Safety Concerns:

Suicidal Ideation: Suicidal Ideation Present, No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Contracts for safety.

Mental Status:

Attitude: Cooperative and Guarded

Motor: Hyperactive and Agitated

Eye Contact: Diminished

Affect: Labile

Mood: Normal

Speech: Normal

Thought Processes: Paranoid and Loose Associations

Attention: Restless and Distracted

Orientation: disoriented

Short-Term Memory: Intact

Long-Term Memory: Moderately Impaired

Appearance/Attitude:

- Anxious
- Guarded
- Cooperative
- Paranoid

Behavior:

- Tense

Speech:

- Spontaneous

Mood:

- Anxious

Affect:

- Labile
- Restricted

•

Thought Content:

- hallucinations

Thought Process:

- goal directed

Sensorium:

- alert

Memory:

- intact

Judgment:

- limited

Insight:

- limited

Impulse Control:

- limited

Concentration:

- distractibility

Signature/credential

--Digitally Signed: 11/09/2019 03:19 am Registered Nurse Stephanie Hubbard, RN

Stephanie Hubbard RN

Emily Reed (Case 2)
November 1, 2019 4:11am

Pasadena Villa
Stephanie Hubbard, RN

Pasadena Villa Network of Services
Weekly Nursing Summary

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 10/27/19 - 11/2/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date:</i> 10/03/2019	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date:</i> 10/03/2019	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date:</i> 10/03/2019	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date:</i> 10/03/2019	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed
	Active		Pepto Bismol <i>Start Date:</i> 10/03/2019	Nausea/Upset Stomach	30ml (suspension) <i>Stop Date:</i>	three times daily as needed
	Active		Imodium AD <i>Start Date:</i> 10/03/2019	Diarrhea	1 tab (tablet) <i>Stop Date:</i>	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER <i>Start Date:</i> 10/03/2019	Mood	200mg (tablet) <i>Stop Date:</i>	daily
	Active		PRAZOSIN HYDROCHLORIDE <i>Start Date:</i> 10/03/2019	Nightmares	2mg (capsule) <i>Stop Date:</i>	at bedtime
OTC	Active		Midol <i>Start Date:</i> 10/03/2019	Cramps	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed

		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	<i>Active</i>	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	<i>Active</i>	GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	
	<i>Active PS</i>	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
		<i>Start Date:</i> 10/18/2019		<i>Stop Date:</i>	

Medication Changes:

None.

PRN's Administered:

Hydroxyzine, Pepto Bismol.

Medication Compliance Issues:

Resident is compliant with medications and has not reported any unwanted side effects from medications.

Consults:

None.

Physical Complaints:

Nausea.

Hygiene:

Resident is independent with ADL's.

Diet and Weight:

Vegetarian, weight 118.4.

Sleep Patterns:

Resident appears to sleep through the night.

Safety Concerns:

Suicidal Ideation: Suicidal Ideation Present, No plan and No intent

Homicidal Ideation: Homicidal Ideation present, No plan and No intent

Mental Status:

Attitude: Cooperative

Motor: Hyperactive

Eye Contact: Good

Affect: labile **Appearance/Attitude:**

- Healthy
- Well Groomed
- Anxious

Behavior:

- Tense

- Hyperactive

Speech:

- Normal

Mood:

- Anxious

Affect:

- Labile

-

Mood: Anxious

Speech: Normal

Thought Processes: Intact

Attention: Distracted

Orientation: disoriented

Short-Term Memory: Intact

Long-Term Memory: Intact **Thought Content:**

- hallucinations

Thought Process:

- linear

Sensorium:

- disoriented

Memory:

- remote

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

Signature/credential

--Digitally Signed: 11/01/2019 04:18 am Registered Nurse Stephanie Hubbard, RN

Stephanie Hubbard RN

Appended by: Stephanie Hubbard, RN, 4:28am 11/1/2019

Resident contracts for safety.

Emily Reed (Case 2)
October 26, 2019 3:40am

Pasadena Villa
Stephanie Hubbard, RN

Pasadena Villa Network of Services
Weekly Nursing Summary

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 10/20/19 - 10/26/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Pain/Elevated temp	325mg 2 tabs (tablet)	every 6 hrs as needed
	Active		Benadryl <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Allergies/Allergic reaction	25mg (capsule)	every 6 hrs as needed
	Active		Tums <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Heartburn/Indigestion	2 chew tabs (tablet)	every 4 hrs as needed
	Active		Cough drop <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Cough	1 lozenge (lozenge)	every 2 hrs as needed
	Active		Pepto Bismol <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Nausea/Upset Stomach	30ml (suspension)	three times daily as needed
	Active		Imodium AD <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Diarrhea	1 tab (tablet)	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Mood	200mg (tablet)	daily
	Active		PRAZOSIN HYDROCHLORIDE <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Nightmares	2mg (capsule)	at bedtime
OTC	Active		Midol <i>Start Date:</i> 10/03/2019 <i>Stop Date:</i>	Cramps	2 tabs (tablet)	every 6 hrs as needed
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed

		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	<i>Active</i>	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	<i>Active</i>	GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	
	<i>Active PS</i>	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
		<i>Start Date:</i> 10/18/2019		<i>Stop Date:</i>	

Medication Changes:

None.

PRN's Administered:

Benadryl, Hydroxyzine, Tylenol.

Medication Compliance Issues:

Resident is compliant with medications and has not reported any unwanted side effects from medications.

Consults:

None.

Physical Complaints:

Allergies, headache.

Hygiene:

Independent with ADL's.

Diet and Weight:

Vegetarian diet, weight 118.4.

Sleep Patterns:

Resident appears to sleep through the night.

Safety Concerns:

Suicidal Ideation: Suicidal Ideation Present, No intent and No plan

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Contracts for safety.

Mental Status:

Attitude: Cooperative

Motor: Hyperactive

Eye Contact: Good

Affect: Appropriate

Mood: Euphoric

Speech: Pressured

Thought Processes: Disorganized

Attention: Restless **Orientation:** Fully

Short-Term Memory: Intact

Long-Term Memory: Severely Impaired **Appearance/Attitude:**

- Healthy
- Well Groomed
- Anxious
- Cooperative

Behavior:

- **HypoThought Content:**
 - hallucinations

Thought Process:

- flight of ideas
- rambling

Sensorium:

- alert
- oriented in all spheres

Memory:

- remote

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

active

Speech:

- Pressured

Mood:

- Anxious
- Hypomanic

Affect:

- Labile
- Expansive

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Signature/credential

--Digitally Signed: 10/26/2019 03:46 am Registered Nurse Stephanie Hubbard, RN
Stephanie Hubbard RN

Emily Reed (Case 2)
October 19, 2019 2:21am

Pasadena Villa
Lisa Anguzza, RN

Pasadena Villa Network of Services
Weekly Nursing Summary

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 10/13/19-10/19/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date: 10/03/2019</i>	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date: 10/03/2019</i>	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date: 10/03/2019</i>	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date: 10/03/2019</i>	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed
	Active		Pepto Bismol <i>Start Date: 10/03/2019</i>	Nausea/Upset Stomach	30ml (suspension) <i>Stop Date:</i>	three times daily as needed
	Active		Imodium AD <i>Start Date: 10/03/2019</i>	Diarrhea	1 tab (tablet) <i>Stop Date:</i>	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER <i>Start Date: 10/03/2019</i>	Mood	200mg (tablet) <i>Stop Date:</i>	daily
	Active		PRAZOSIN HYDROCHLORIDE <i>Start Date: 10/03/2019</i>	Nightmares	2mg (capsule) <i>Stop Date:</i>	at bedtime
OTC	Active		Midol <i>Start Date: 10/03/2019</i>	Cramps	2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed

		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	<i>Active</i>	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	<i>Active</i>	GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	
	<i>Active PS</i>	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
		<i>Start Date:</i> 10/18/2019		<i>Stop Date:</i>	

Medication Changes:

Increase Pristiq to 100mg daily

PRN's Administered:

Vistaril

Medication Compliance Issues:

Resident is medication compliant. No reports of any side effects from medications at this time.

Consults:

None

Physical Complaints:

none

Hygiene:

Good. Resident is able to complete ADLs independently.

Diet and Weight:

Regular diet. 119.2 lbs

Sleep Patterns:

Resident appears to be sleeping throughout the night.

Safety Concerns:

Resident denies SI/HI. Contracts for safety.

Mental Status:

Appearance/Attitude:

- Well Groomed
- Anxious
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal

Mood:

- Anxious

Affect:

- Appropriate
-

Thought Content:

Thought Process:

- rambling
- flight of ideas

Sensorium:

- oriented in all spheres
- alert

Memory:

- short term

Judgment:

- poor

Insight:

- poor

Impulse Control:

- poor

Concentration:

- distractibility

Suicidal Ideation: No plan and No intent

Homicidal Ideation: No plan, No intent and No Homicidal ideation

Signature/credential

--Digitally Signed: 10/19/2019 02:24 am RN Lisa Anguzza, RN

Emily Reed (Case 2)
October 12, 2019 3:01am

Pasadena Villa
Jodi Sotlar, RN

Pasadena Villa Network of Services
Weekly Nursing Summary

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of:

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol Start Date: 10/03/2019	Pain/Elevated temp	325mg 2 tabs (tablet) Stop Date:	every 6 hrs as needed
	Active		Benadryl Start Date: 10/03/2019	Allergies/Allergic reaction	25mg (capsule) Stop Date:	every 6 hrs as needed
	Active		Tums Start Date: 10/03/2019	Heartburn/Indigestion	2 chew tabs (tablet) Stop Date:	every 4 hrs as needed
	Active		Cough drop Start Date: 10/03/2019	Cough	1 lozenge (lozenge) Stop Date:	every 2 hrs as needed
	Active		Pepto Bismol Start Date: 10/03/2019	Nausea/Upset Stomach	30ml (suspension) Stop Date:	three times daily as needed
	Active		Imodium AD Start Date: 10/03/2019	Diarrhea	1 tab (tablet) Stop Date:	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER Start Date: 10/03/2019	Mood	200mg (tablet) Stop Date:	daily
	Active		PRAZOSIN HYDROCHLORIDE Start Date: 10/03/2019	Nightmares	2mg (capsule) Stop Date:	at bedtime
	Active	PS	PRISTIQ ER Start Date: 10/03/2019 Med Notes: Total 75mg	Mood	50mg (tablet, extended release) Stop Date:	daily

	Active PS	PRISTIQ ER	Mood	25mg (tablet, extended release)	daily
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
OTC	Active	Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	Active	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	

Medication Changes:

None

PRN's Administered:

Vistaril and Tylenol

Medication Compliance Issues:

Resident is medication compliant. No reports of any side effects from medications at this time.

Consults:

None

Physical Complaints:

headache

Hygiene:

Fair. Resident is able to complete ADLs independently.

Diet and Weight:

Regular diet. 118.8 lbs at admission.

Sleep Patterns:

Resident appears to be sleeping throughout the night.

Safety Concerns:

Resident denies SI/HI. Q15 minute checks were discontinued on 10/7/2019.

Mental Status:

Appearance/Attitude:

- Healthy
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal
- Spontaneous

Mood:

- Normal
- Anxious

Affect:

- Appropriate

•

Thought Content:

- normal

Thought Process:

- linear
- goal directed

Sensorium:

- alert
- oriented in all spheres

Memory:

- remote
- short term
- long term
- intact

Judgment:

- limited

Insight:

- limited

Impulse Control:

- limited

Concentration:

- no impairments

Suicidal Ideation: No suicidal ideation

Homicidal Ideation: No Homicidal ideation

Signature/credential

--Digitally Signed: 10/12/2019 03:04 am Psychiatric Nurse Jodi Sotlar, RN

Emily Reed (Case 2)
October 5, 2019 5:16am

Pasadena Villa
Lisa Anguzza, RN

Pasadena Villa Network of Services
Weekly Nursing Summary

Name: Emily Reed (Case 2)
DOB: 11/16/1996
Allergies: Haldol

Current Level of Care:

Diagnosis:

296.30 (F33.9) - F33.9 Major depressive disorder, Recurrent episode, Unspecified
300.15 (F44.89) - F44.89 Other specified dissociative disorder
309.81 (F43.10) - F43.10 Posttraumatic stress disorder

Week of: 9/29/19-10/5/19

Current Medications:

Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
OTC	Active		Tylenol <i>Start Date:</i> 10/03/2019	Pain/Elevated temp	325mg 2 tabs (tablet) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Benadryl <i>Start Date:</i> 10/03/2019	Allergies/Allergic reaction	25mg (capsule) <i>Stop Date:</i>	every 6 hrs as needed
	Active		Tums <i>Start Date:</i> 10/03/2019	Heartburn/Indigestion	2 chew tabs (tablet) <i>Stop Date:</i>	every 4 hrs as needed
	Active		Cough drop <i>Start Date:</i> 10/03/2019	Cough	1 lozenge (lozenge) <i>Stop Date:</i>	every 2 hrs as needed
	Active		Pepeto Bismol <i>Start Date:</i> 10/03/2019	Nausea/Upset Stomach	30ml (suspension) <i>Stop Date:</i>	three times daily as needed
	Active		Imodium AD <i>Start Date:</i> 10/03/2019	Diarrhea	1 tab (tablet) <i>Stop Date:</i>	every 4-6 hours as needed
Rx	Active	PS	Lamictal ER <i>Start Date:</i> 10/03/2019	Mood	200mg (tablet) <i>Stop Date:</i>	daily
	Active		PRAZOSIN HYDROCHLORIDE <i>Start Date:</i> 10/03/2019	Nightmares	2mg (capsule) <i>Stop Date:</i>	at bedtime
	Active	PS	PRISTIQ ER <i>Start Date:</i> 10/03/2019 <i>Med Notes:</i> Total 75mg	Mood	50mg (tablet, extended release) <i>Stop Date:</i>	daily

	Active PS	PRISTIQ ER	Mood	25mg (tablet, extended release)	daily
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
OTC	Active	Midol	Cramps	2 tabs (tablet)	every 6 hrs as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	HYDROCORTISONE	Itching	1% to affected area (cream)	four times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
Rx	Active	HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily as needed
		<i>Start Date:</i> 10/03/2019		<i>Stop Date:</i>	
	Active	GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
		<i>Start Date:</i> 10/04/2019		<i>Stop Date:</i>	

Medication Changes:

none - readmission on 10/3/19

PRN's Administered:

Vistaril

Medication Compliance Issues:

Resident is medication compliant. No reports of any unwanted side effects from medication at this time.

Consults:

none

Physical Complaints:

none

Hygiene:

Fair. Resident is able to complete ADLs independently.

Diet and Weight:

Regular diet. 118.8 lbs at admission

Sleep Patterns:

Resident appears to be sleeping throughout the night.

Safety Concerns:

Resident denies SI/HI. Was on visuals when she returned from the hospital but she has been place on Q15 minute checks for safety at this time.

Mental Status:

Appearance/Attitude:

- Healthy
- Cooperative

Behavior:

- Appropriate

Speech:

- Normal
- Spontaneous

Mood:

- Normal
- Anxious

Affect:

- Appropriate

•

Thought Content:

- normal

Thought Process:

- linear
- goal directed

Sensorium:

- alert
- oriented in all spheres

Memory:

- remote
- short term
- long term
- intact

Judgment:

- limited

Insight:

- limited

Impulse Control:

- limited

Concentration:

- no impairments

Suicidal Ideation: No suicidal ideation

Homicidal Ideation: No Homicidal ideation

Signature/credential

--Digitally Signed: 10/05/2019 05:24 am RN Lisa Anguzza, RN

PASADENA VILLA
REED, EMILY
REPORT DATE : 11/19

CYCLE START 11/01/19		CYCLE END 11/30/19		PAGE 1 OF 1	
PHYSICIAN WENTWORTH, ANGELA		PHONE 865-970-9800		MED. REC. #	
ALT. PHYSICIAN		ALT. PHONE			
ALLERGIES HALDOL		Rehab Potential			

Diagnosis							
Medicaid ID		Medicare ID		Approving Physician			
				Name:		Title:	Date:
RESIDENT	REED, EMILY	DOB	SEX	ROOM #	PATIENT CODE	ADMIT DATE	
		11/16/1996	F		REDEM	00/00/	

ROA2466

G	Schallert	D			
AH	Stephan Huber	JC	Julien Couron		
BZ	Cyril Kalmann	CL	Chloé Lecomte		
R	Ottaviani	AS	Lisa Cato	LA	diana mynna.e

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

[illegible]

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 absense

**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	
Benadryl 25mg PO Q6H PRN allergy relief or anaphylactic reaction	P R N																																
Imodium AD 1 tab PO Q4-6H PRN Diarrhea	P R N																																
Pepto Bismol 2 tabs/sml PO TID PRN Nausea or upset Stomach	P R N																																
Cough drops / lozenge PO Q2H PRN Cough	P R N																																
Tylenol 325mg 2 tabs PO Q6H PRN Pain or elevated temp	P R N																																
Tums chew 2 tabs PO Q4H PRN heartburn or indigestion	P R N																																
Hydrocortisone 1% Cream, apply to affected area QID PRN itching	P R N																																
Hydroxyzine 25mg PO TID PRN anxiety	P R N																																
Midol 2 tabs PO Q6H PRN cramps	P R N																																

CYCLE START	11/1/19	CYCLE END	11/30/19	PHONE	MED. REC. #
PHYSICIAN		ALT. PHYSICIAN		ALT. PHONE	
ALLERGIES	Haldol			Rehab Potential	

Diagnosis	Medicare ID	Approving Physician	Title:	Date:
M d ID		Name:		
RESIDENT	D.O.B.	SEX	ROOM #	PATIENT CODE
Reed, Emily	11/10/96			
				ADMIT DATE

ROA2468

MEDICATION ADMINISTRATION RECORD

Patient Name: <u>Stephen Hernandez</u> Room: <u>15</u> Unit: <u>City May</u> Date: <u>11/10/19</u>	Physician: <u>Dr. [Signature]</u> Nurse: <u>[Signature]</u> Pharmacist: <u>[Signature]</u>
---	--

	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	5- RIGHT LATERAL THIGH	9- RIGHT UPPER ARM	13- UPPER BACK LEFT	17- TO RIGHT AND ABOVE LEVEL OF UMBILICUS
2- LEFT DORSAL GLUTEUS	6- LEFT LATERAL THIGH	10- LEFT UPPER ARM	14- UPPER BACK RIGHT	18- TO LEFT AND ABOVE LEVEL OF UMBILICUS
3- RIGHT VENTRAL GLUTEUS	7- RIGHT DELTOID	11- RIGHT ANTERIOR THIGH	15- UPPER CHEST LEFT	19- TO RIGHT AND BELOW LEVEL OF UMBILICUS
4- LEFT VENTRAL GLUTEUS	8- LEFT DELTOID	12- LEFT ANTERIOR THIGH	16- UPPER CHEST RIGHT	20- TO LEFT AND BELOW LEVEL OF UMBILICUS

MEDICATION NOTES

Date / Hour	Medication / Doseage	Reason	Results / Response	Hour / Initials
11/1/19 1845	hydroxyzine 25mg	anxiety	helpful	1845
11-4-19 0135	Tylenol 650mg PO	Headache 5/10	helpful	0235
11/5/19 1000	Benadryl 25mg PO	allergy relief	helpful	1100
11-6-19 0935	Benadryl 25mg PO	Allergies	helpful	1235
11/6/19 1920	Tylenol 650mg PO	H/A 4/10	helpful	2020
11/8/19 0000	Hydroxyzine 25mg PO	anxiety	helpful	0100
11/8/19 1315	Benadryl 25mg PO	Allergies	helpful	1415
11-8-19 1845	Hydroxyzine 25mg PO	Anxiety	helpful	1745
11/9/19 0900	Benadryl 25mg PO	Allergies	helpful	0900
11/9/19 1300	Tylenol 650mg PO	H/A 5/10	helpful	1400
11/9/19 1500	Benadryl 25mg PO	Allergies	helpful	1500
11/10/19 1200	Tylenol 650mg PO	H/A 5/10	helpful	1300

Guide

- Put initial in appropriate box when medication given.
- Circle initials when medication refused.
- State reason for refusal on Medication Notes.
- PRN Med: Reason given and results should be noted on Medication Notes.

CHARTING CODES:

- | | |
|---|--------------------------------------|
| A- Charted in error | E- See Medication Notes |
| B- Patient refused | F- Patient did not retain medication |
| C- Patient out of facility | G- Effective |
| D- Drug not given. Indicate reason in Medication Notes. | H- Ineffective |
| | I- Hospital |
| | J- Leave of absence |

Case #2

Diagnosis		Medicare ID		Approving Physician			
Medicaid ID				Name:		Title:	
						Date:	
RESIDENT		D.O.B.	SEX	ROOM #	PATIENT CODE	ADMIT DATE	
	Reed, Emily	11/16/96					

MEDICATION ADMINISTRATION RECORD

Initials	Signature	Initials	Signature
AD	W. L. L. L.	SP	Stephen H. H. H.
Initials	Signature	Initials	Signature
SW	W. L. L. L.	JS	James J. J. J.
Initials	Signature	Initials	Signature
HC	Henry H. H. H.	DA	David A. A. A.
Initials	Signature	Initials	Signature
LA	L. A. L. A.	LA	L. A. L. A.
Initials	Signature	Initials	Signature

[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

MEDICATION NOTES

Date / Hour	Medication / Doseage	Reason	Results / Response	Hour / Initials
0/14/19 1700	gabapentin	not available at this time		20
10/15/19 0800	Neurontin	not available		20

- de: 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 absense

ROA2471

EDICATION OBSERVATION RECORD

Casett 2



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																															
10/3/19 or allergic reaction ✓	N																															
Imodium AD 1 tab PO ✓	P																															
Q4-6H prn diarrhea ✓	R																															
10/3/19 ✓	N																															
Pepto Bismol 2Tbsp/30ml ✓	P																															
PO TID prn nausea or ✓	R																															
10/3/19 upset stomach ✓	N																															
Cough drops 1 lozenge ✓	P																															
PO Q2H prn cough ✓	R																															
10/3/19 ✓	N																															
Tylenol 325mg 2 tabs ✓	P																															
PO Q6H prn pain or ✓	R																															
10/3/19 elevated temp ✓	N																															
10/3/19 may take in 3 hours of NPOs ✓	P																															
Lums chew 2 tabs ✓	R																															
PO Q4H prn heartburn ✓	N																															
10/3/19 indigestion ✓	P																															
Hydrocortisone 1% ✓	R																															
Cream, apply to affected ✓	N																															
10/3/19 area QID prn ✓	P																															
10/3/19 itching ✓	R																															
Hydroxyzine Pam ✓	N																															
25mg PO TID prn ✓	P																															
10/3/19 anxiety ✓	R																															
Gabapentin 300mg ✓	N																															
PO daily prn ✓	P																															
10/3/19 anxiety ✓	R																															

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	31
ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																		
CHARTING FOR		THROUGH																																
Physician		Telephone No.																																
Alt. Physician		Alt. Telephone																																
Allergies		Rehabilitative Potential																																
Diagnosis																																		
Medicaid Number		Medicare Number																																
By		Title																																
RESIDENT		RESIDENT CODE		ROOM NO		BED		FACILITY																										
Doed, Emily		DOB 11/16/96																																

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

MEDICATION NOTES

CODE 1	CHARGED IN ERROR
CODE 2	DRUG TEMPORARILY UNAVAILABLE
CODE 3	PATIENT REFUSED
CODE 4	DRUG HELD IN JUDGEMENT
CODE 5	PATIENT VOMITED OR SPIT OUT MEDICATION
CODE 6	COSAGE ASSIGNED QUESTIONABLE
CODE 7	PATIENT OUT OF FACILITY
CODE 8	SEE NOTES

Indicate Site with Appropriate Number:

1	RIGHT OCEAN CLIFFS
2	LEFT OCEAN CLIFFS
3	RIGHT CENTRAL CLIFFS
4	LEFT CENTRAL CLIFFS
5	RIGHT LATERAL HILLS
6	LEFT LATERAL HILLS
7	RIGHT ANTERIOR HILLS
8	LEFT ANTERIOR HILLS
9	RIGHT BACK CLIFF
10	LEFT BACK CLIFF
11	RIGHT UPPER CHEST MOUNT
12	LEFT UPPER CHEST MOUNT

DATE / HOUR		MEDICATION / DOSAGE / ROUTE		REASON		RESULTS / RESPONSE		HOUR / SIGNATURE	
01/13/19	1930	Galazepatin 300mg PO	Anxiety	2030	helpful	LA			
01/13/19	2010	Hydroxyzine 25mg PO	Anxiety	2130	helpful	LA			
01/14/19	2030	Hydroxyzine 25mg PO	Anxiety	2130	helpful	LA			
01/14/19	0430	Hydroxyzine 25mg PO	Anxiety	0530	helpful	LA			
01/14/19	2300	Hydroxyzine 25mg PO	Anxiety	0000	helpful	LA			
01/14/19	1500	Hydroxyzine 25mg PO	Anxiety	1600	helpful	LA			
01/14/19	1300	Hydroxyzine 25mg PO	Anxiety	1400	helpful	LA			
01/14/19	1730	Tylenol 325mg x2 tabs PO	Headache	1830	helpful	LA			
01/14/19	2230	Hydroxyzine 25mg PO	Anxiety	2330	helpful	LA			
01/14/19	1845	Hydroxyzine 25mg PO	Anxiety	1945	helpful	LA			
01/14/19	1600	Hydroxyzine 25mg PO	Anxiety	1700	helpful	LA			
01/18/19	2355	Tylenol 650mg PO	Headache	2455	helpful	LA			
01/19/19	1500	Tylenol 325mg PO	Headache	1600	helpful	LA			
01/19/19	2410	Hydroxyzine 25mg PO	Anxiety	2510	helpful	LA			
01/19/19	2200	Tylenol 650mg PO	Headache	2300	helpful	LA			
01/20/19	1350	Tylenol 650mg PO	Headache	1450	helpful	LA			
01/20/19	2040	Hydroxyzine 25mg PO	Anxiety	2140	helpful	LA			
01/22/19	1300	Benzadryl 25mg PO	Allergies	1400	helpful	LA			
01/23/19	0905	Tylenol 650mg PO	Headache	1000	helpful	LA			
01/23/19	0950	Benzadryl 25mg PO	Allergies	1050	helpful	LA			
01/24/19	1010	Hydroxyzine 25mg PO	Anxiety	1110	helpful	LA			
01/25/19	1230	Benzadryl 25mg PO	Allergies	1330	helpful	LA			
01/26/19	0830	Benzadryl 25mg PO	Allergies	0930	helpful	LA			
01/26/19	1430	Benzadryl 25mg PO	Allergies	1530	helpful	LA			
01/31/19	0845	Pepto Bismol 30mg PO	Nausea	0945	helpful	LA			
01/31/19	2045	Hydroxyzine 25mg PO	Anxiety	2145	helpful	LA			

Case #2

Diagnosis		Medicare ID		Approving Physician			
Medical ID				Name:		Title:	Date:
RESIDENT		D.O.B.	SEX	ROOM #	PATIENT CODE	ADMIT DATE	
Reed, Emily		11/16/96					

ROA2474

MEDICATION ADMINISTRATION RECORD

Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature
Initials	Signature	Initials	Signature

[illegible]PATCH APPLICATION SITE/
INJECTION SITE CODES:

- 1- RIGHT DORSAL GLUTEUS
2- LEFT DORSAL GLUTEUS
3- RIGHT VENTRAL GLUTEUS
4- LEFT VENTRAL GLUTEUS

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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

[illegible]

uide:

- Puf initial in appropriate box when medication given.
- Circle initials when medication refused.
- State reason for refusal on Medication Notes.
- PRN Med: Reason given and results should be noted on Medication Notes.

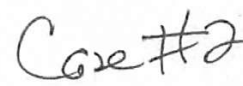
CHARTING
CODES:

- 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

ROA2475



Facility Name Paradise Villa Resident Name Emily Reed Date 10/22/19

FACILITY SIGNATURE Rachel Stewart

PHARMACY SIGNATURE _____

ROA2476

10/4/2019

Q15 Check Log. Resident: EmilyROOM # 111

	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init
8:00AM			2:45 PM			9:30 PM			2:45 AM	R	V
8:15 AM			3:00 PM			9:45 PM			3:00 AM	Th	E
8:30 AM			3:15 PM			10:00 PM			3:15 AM	R	R
8:45 AM			3:30 PM			10:15 PM	Rm	ML	3:30 AM	R	R
9:00 AM			3:45 PM			10:30 PM	Rm	ML	3:45 AM	Rm	FA
9:15 AM			4:00 PM			10:45 PM	Rm	ML	4:00 AM	GR	FA
9:30 AM			4:15 PM			11:00 PM	Rm	ML	4:15 AM	GR	FA
9:45 AM			4:30 PM			11:15 PM	R	MD	4:30 AM	Rm	FA
10:00 AM			4:45 PM			11:30 PM	R	MD	4:45 AM	Rm	FA
10:15 AM			5:00 PM			11:45 PM	R	MD	5:00 AM	Rn	FA
10:30 AM			5:15 PM			12:00 AM	R	MD	5:15 AM	R	MD
10:45 AM			5:30 PM			12:15 AM	R	MD	5:30 AM	R	MD
11:00 AM			5:45 PM			12:30 AM	R	MD	5:45 AM	R	MD
11:15 AM			6:00 PM			12:45 AM	R	MD	6:00 AM	R	MD
11:30 AM			6:15 PM			1:00 AM	R	MD	6:15 AM	R	MD
11:45 AM			6:30 PM			1:15 AM	R	MD	6:30 AM	R	MD
12:00 PM			6:45 PM	GR	IM	1:30 AM	R	V	6:45 AM	R	MD
12:15 PM			7:00 PM	GR	IM	1:45 AM	R	V	7:00 AM	R	MD
12:30 PM			7:15 PM	GR	IM	2:00 AM	R	V	7:15 AM	Rm	DS
12:45 PM			7:30 PM	GR	IM	2:15 AM	R	V	7:30 AM	Rm	DS
1:00 PM			7:45 PM	GR	IM	2:30 AM	R	V	7:45 AM	Rm	DS
1:15 PM			8:00 PM	SA	ML						
1:30 PM			8:15 PM	GR	ML						
1:45 PM			8:30 PM	GR	ML						
2:00 PM			8:45 PM	GR	ML						
2:15 PM			9:00 PM	GR	ML						
2:30 PM			9:15 PM	Rm	ML						

FY-Front Yard LR-Laundry Room DR-Dining Room
 SA- Smoking Area AR-Art Room LD-Lower Deck
 OS-Off Site NO- Nurses Office RM-Bedroom
 GR-Great Room UL-Upper Loft TV-TV Room
 BR-Bathroom PL-Parking Lot THR-Therapy
 EX-Exercise Room SD-Side Deck

Staff Signature _____ Initials _____
 Staff Signature [Signature] Initials FA
 Staff Signature _____ Initials _____
 Staff Signature _____ Initials _____

Staff Signature _____ Initials _____
 Staff Signature [Signature] Initials ML
 Staff Signature [Signature] Initials MD
 Staff Signature Desiree Stornett Initials DS

10/5/2019

Q15 Check Log. Resident: Emily RROOM # 111

	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init	Time	Loc/Stat	Staff Init
8:00AM	Rm	DS	2:45 PM	TV	NO	9:30 PM	VL	LJ	2:45 AM	Rm	FD
8:15 AM	Rm	DS	3:00 PM	GR	NO	9:45 PM	VL	LJ	3:00 AM	Rm	FD
8:30 AM	Rm	DS	3:15 PM	PL	LJ	10:00 PM	VL	LJ	3:15 AM	Rm	NO
8:45 AM	Rm	DS	3:30 PM	PL	LJ	10:15 PM	GR	LJ	3:30 AM	Rm	NO
9:00 AM	Rm	DS	3:45 PM	DR	LJ	10:30 PM	Rm	LJ	3:45 AM	Rm	NO
9:15 AM	Rm	DS	4:00 PM	DR	LJ	10:45 PM	GR	LJ	4:00 AM	Rm	NO
9:30 AM	Rm	DS	4:15 PM	PL	LJ	11:00 PM	GR	LJ	4:15 AM	Rm	NO
9:45 AM	Rm	DS	4:30 PM	PL	LJ	11:15 PM	GR	DS	4:30 AM	Rm	NO
10:00 AM	TV	DS	4:45 PM	PL	LJ	11:30 PM	GR	DS	4:45 AM	Rm	NO
10:15 AM	TV	DS	5:00 PM	TV	LJ	11:45 PM	Rm	DS	5:00 AM	Rm	NO
10:30 AM	TV	DS	5:15 PM	TV	LJ	12:00 AM	Rm	DS	5:15 AM	Rm	DS
10:45 AM	GR	DS	5:30 PM	TV	PM	12:15 AM	Rm	DS	5:30 AM	Rm	DS
11:00 AM	GR	DS	5:45 PM	GR	PM	12:30 AM	Rm	DS	5:45 AM	Rm	DS
11:15 AM	ART	WN	6:00 PM	DR	PM	12:45 AM	Rm	DS	6:00 AM	Rm	DS
11:30 AM	ART	WN	6:15 PM	DR	PM	1:00 AM	Rm	DS	6:15 AM	Rm	DS
11:45 AM	ART	WN	6:30 PM	DR	PM	1:15 AM	Rm	FA	6:30 AM	Rm	DS
12:00 PM	GR	WN	6:45 PM	DR	PM	1:30 AM	Rm	FA	6:45 AM	Rm	DS
12:15 PM	TV	WN	7:00 PM	GR	PM	1:45 AM	Rm	FA	7:00 AM	Rm	DS
12:30 PM	TV	WN	7:15 PM	GR	PM	2:00 AM	Rm	FA	7:15 AM	Rm	DS
12:45 PM	TV	WN	7:30 PM	GR	LJ	2:15 AM	Rm	FA	7:30 AM	Rm	DS
1:00 PM	PR	WN	7:45 PM	SA	LJ	2:30 AM	Rm	FA	7:45 AM	Rm	DS
1:15 PM	DR	NO	8:00 PM	GR	LJ						
1:30 PM	Rm	NO	8:15 PM	GR	LJ						
1:45 PM	Rm	NO	8:30 PM	VL	LJ						
2:00 PM	TV	NO	8:45 PM	VL	LJ						
2:15 PM	TV	NO	9:00 PM	PL	LJ						
2:30 PM	TV	NO	9:15 PM	GR	LJ						

Staff Signature Lisa Helton Initials LH
 Staff Signature Whitney Munson Initials WM
 Staff Signature Desiree Stennett Initials DS
 Staff Signature Paulina Ruiz Initials PR

FY-Front Yard LR-Laundry Room DR-Dining Room
 SA-Smoking Area AR-Art Room LD-Lower Deck
 OS-Off Site NO-Nurses Office RM-Bedroom
 GR-Great Room UL-Upper Loft TV-TV Room
 BR-Bathroom PL-Parking Lot THR-Therapy
 EX-Exercise Room SD-Side Deck

Emily Reed
September 3, 2019 10:51pm

Pasadena Villa
Christy Moyers, RN

Pasadena Villa Network of Services
TB Form

Name: Emily Reed
Address: 20762 Crestview Lane
City: Huntington Beach **State:** CA **Zip:** 92646-5929
Telephone:

Skin Test Information:

PPD skin testTubersol

Administrator Name:

Christy Moyers, RN

Date Administered:

09/03/19

Time:

2000

Arm of Skin Test Placement:

Rt forearm

Brand of PPD Solution:

Tubersol

Lot#:

C5562AA

Expiration Date of PPD Solution:

Feb 13, 2021

Results: Induration=:

0 mm

Date of Reading: 09/05/2019

Time of Reading:

1000

Signature:

--Digitally Signed: 09/05/2019 10:05 pm Psychiatric Nurse Ashwaq Salem, RN

--Digitally Signed: 09/07/2019 12:28 am Registered Nurse Christy Moyers, RN

Case #2



Pasadena Villa's
SMOKY MOUNTAIN LODGE

Pasadena Villa Residential Psychiatric Services

Tetanus Vaccine Waiver

I, Emily Reed acknowledge that Pasadena Villa Network of Services makes every effort to reduce staff, resident, and visitor risk to infectious diseases. By participating in the equine/animal therapy program, I understand that all infectious risk is unavoidable and inherent in animal care facilities.

In an effort to reduce my risk, I have been offered a tetanus vaccine by Pasadena Villa Psychiatric Services.

ER (Initial) I am declining a tetanus vaccine because I am current on this vaccine or do not wish to have one.

_____ (Initial) I am accepting a tetanus vaccine.

Emily Reed

Signature of Resident

Signature of Guardian (if applicable)

Signature of Staff

Administrator's Name: _____

Signature: _____

Date Administered: _____

Brand: _____

Lot: _____

Expiration Date: _____

INSTRUCTIONS
Apply this label to complete each container and attach to the container. Do not remove this label until the container is empty.
Indicate the amount of controlled drug received. Record amount received.



CONTROLLED DRUG
RECORD (Vertical Format)

DISPOSITION OF REMAINING DOSES	
Signature/Title	Signature/Title
Doses disposed	Quantity
Date	
Doses transferred to other disposal record	
Doses discharged with patient (See Record On Chart)	
Doses discharged with patient	
Quantity	Date
Party Receiving	
Nurse	
Date Received	Amount Received

DISCHARGE NOTE FOR PERSON RECEIVING MEDICATIONS

My signature on this form is evidence that I do not have these medications. I am not responsible for the disposal of these medications. I am not responsible for the disposal of these medications. I am not responsible for the disposal of these medications.

Handwritten: 300mg
Stabapanten
Amney Reed
#60

Administered By	Date	Time	Amount Given	Amount Remaining
<i>Handwritten: [Signature]</i>	10/15/19	1830	1	59
<i>Handwritten: [Signature]</i>	10/16/19	0800	1	58
<i>Handwritten: [Signature]</i>	10/16/19	0830	1	57
<i>Handwritten: [Signature]</i>	10/17/19	0800	1	56
<i>Handwritten: [Signature]</i>	10/17/19	1700	1	55
<i>Handwritten: [Signature]</i>	10/18/19	1700	1	53
<i>Handwritten: [Signature]</i>	10/19/19	0800	1	52
<i>Handwritten: [Signature]</i>	10/19/19	1700	1	51
<i>Handwritten: [Signature]</i>	10/20/19	0800	1	50
<i>Handwritten: [Signature]</i>	10/20/19	1700	1	49
<i>Handwritten: [Signature]</i>	10/21/19	0800	1	48
<i>Handwritten: [Signature]</i>	10/21/19	1700	1	47
<i>Handwritten: [Signature]</i>	10/22/19	0800	1	46
<i>Handwritten: [Signature]</i>	10/22/19	1700	1	45
<i>Handwritten: [Signature]</i>	10/23/19	1700	1	43
<i>Handwritten: [Signature]</i>	10/24/19	0800	1	42
<i>Handwritten: [Signature]</i>	10/24/19	1700	1	41
<i>Handwritten: [Signature]</i>	10/25/19	0800	1	40
<i>Handwritten: [Signature]</i>	10/25/19	1700	1	39
<i>Handwritten: [Signature]</i>	10/26/19	0800	1	38
<i>Handwritten: [Signature]</i>	10/27/19	1700	1	35
<i>Handwritten: [Signature]</i>	10/28/19	0800	1	34
<i>Handwritten: [Signature]</i>	10/28/19	1700	1	33
<i>Handwritten: [Signature]</i>	10/29/19	0800	1	32
<i>Handwritten: [Signature]</i>	10/29/19	1700	1	31
<i>Handwritten: [Signature]</i>	10/30/19	0800	1	30

Administered By	Date	Time	Amount Given	Amount Remaining
<i>Handwritten: [Signature]</i>	10/30/19	1700	1	29
<i>Handwritten: [Signature]</i>	10/31/19	0800	1	28
<i>Handwritten: [Signature]</i>	10/31/19	1700	1	27
<i>Handwritten: [Signature]</i>	11-1-19	0800	1	26
<i>Handwritten: [Signature]</i>	11-1-19	1700	1	25
<i>Handwritten: [Signature]</i>	11-2-19	0800	1	24
<i>Handwritten: [Signature]</i>	11-2-19	1700	1	23
<i>Handwritten: [Signature]</i>	11-3-19	0800	1	22
<i>Handwritten: [Signature]</i>	11-3-19	1700	1	21
<i>Handwritten: [Signature]</i>	11-4/19	0800	1	20
<i>Handwritten: [Signature]</i>	11-4/19	1700	1	19
<i>Handwritten: [Signature]</i>	11-5/19	0800	1	18
<i>Handwritten: [Signature]</i>	11-5/19	1700	1	17
<i>Handwritten: [Signature]</i>	11-6-19	0800	1	16
<i>Handwritten: [Signature]</i>	11-6-19	1700	1	15
<i>Handwritten: [Signature]</i>	11-7-19	0800	1	14
<i>Handwritten: [Signature]</i>	11-7-19	1700	1	13
<i>Handwritten: [Signature]</i>	11-8-19	0800	1	12
<i>Handwritten: [Signature]</i>	11-8-19	1700	1	11
<i>Handwritten: [Signature]</i>	11-9/19	0800	1	10
<i>Handwritten: [Signature]</i>	11-9/19	1700	1	9
<i>Handwritten: [Signature]</i>	11-10/19	0800	1	8
<i>Handwritten: [Signature]</i>	11-10/19	1700	1	7
<i>Handwritten: [Signature]</i>	11-11-19	0800	1	6
<i>Handwritten: [Signature]</i>	11-11-19	1700	1	5
<i>Handwritten: [Signature]</i>	11-11-19	1700	1	4
<i>Handwritten: [Signature]</i>	11-11-19	1700	1	3
<i>Handwritten: [Signature]</i>	11-11-19	1700	1	2
<i>Handwritten: [Signature]</i>	11-11-19	1700	1	1

INSTRUCTIONS

Apply the label to the container in which the drug is stored. Do not use the label for any other purpose. The label is not to be removed or altered. The label is to be used for the purpose of identifying the drug and the patient. The label is to be used for the purpose of identifying the drug and the patient.



CONTROLLED DRUG RECORD (Vertical Format)

DISPOSITION OF REMAINING DOSES

Signature/Title: Bo H Date: 10/14/19

Doses disposed: Quantity

Received By:

Party Receiving: Nurse

Date Received: 10/14/19

Amount Received: 1

DISCHARGE NOTE FOR PERSON RECEIVING MEDICATIONS

My signature on this form certifies that I have received the medication as prescribed and I understand the instructions for its use. I will be responsible for the safe storage and use of this medication. I will return this form to the pharmacy when the medication is no longer needed.

Gabapentin 300mg
Emily C. Reed

#37

Carver/Dartmouth

Administered By (Full Signature) Date Time Amount Given Amount Remaining

36	9/13/19	0835	1		
35	9/14/19	1530	1		
34	9/15/19	0950	1		
33	9/16/19	1335	1		
32	9/17/19	0945	1		
31	9/19/19	1200	1		
30	9/19/19	1855	1		
29	9/13/19	0855	1		
28	9/18/19	1625	1		
27	9/16/19	1825	1		
26	9/18/19	1725	1		
25	9/21/19	1230	1		
24	9/24/19	1555	1		
23	9/26/19	1615	1		
22	9/28/19	0800	1		
21	9/29/19	1450	1		
20	10/1/19	0950	1		
19	10/4/19	1700	1		
18	10/5/19	0800	1		
17	10/6/19	0800	1		
16	10/6/19	1700	1		
15	10/11/19	0800	1		
14	10/11/19	1700	1		
13	10/17/19	0800	1		
12	10/17/19	1700	1		
11	10/18/19	1700	1		
10	10/18/19	0800	1		
9	10/19/19	1700	1		
8	10/19/19	0800	1		
7	10/19/19	1700	1		

Exposure caused on floor 18/can



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Lab Phone: (865) 446-7700

Patient: REED, EMILY
MRN: LCMC0000592122
FIN: 1928001957
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC LAB
Lab Director: Dr. A. Citabria Holley
Admit: 10/7/2019
Disch: 10/7/2019
Admitting:
Copy To: MCGEE, AARON

Hematology

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Automated Diff	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	71.4	%	[40.0-78.0]	10/7/2019 10:53 EDT
Lymphocyte % Auto	21.6	%	[15.0-45.0]	10/7/2019 10:53 EDT
Monocyte % Auto	5.9	%	[3.0-14.0]	10/7/2019 10:53 EDT
Eosinophil % Auto	0.6	%	[0.0-5.0]	10/7/2019 10:53 EDT
Basophil % Auto	0.5	%	[0.0-2.0]	10/7/2019 10:53 EDT
Absolute Neuts	5.2	10x3/uL	[1.5-8.0]	10/7/2019 10:53 EDT
Absolute Lymphs	1.6	10x3/uL	[1.0-4.0]	10/7/2019 10:53 EDT
Absolute Monos	0.4	10x3/uL	[0.3-1.1]	10/7/2019 10:53 EDT
Absolute Eos	0.0	10x3/uL	[0.0-0.6]	10/7/2019 10:53 EDT
Absolute Bases	0.0	10x3/uL	[0.0-0.2]	10/7/2019 10:53 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
CBC w/ Automated Differential	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	7.3	10x3/uL	[4.0-11.0]	10/7/2019 10:53 EDT

LEGEND: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2483

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
Lab Director: Dr. A. Citabria Holley Copy To: MCGEE, AARON

Hematology

CBC and Differential

Orderable Name Ordering Provider Accession Number Collected Date/Time
CBC w/ Automated SEE-FACESHEET, 06-19-280-0267 10/7/2019 10:09 EDT
Differential PHYSICIAN

Procedure	Result	Units	Reference Range	Verified Date/Time
RBC	4.76	10x6/uL	[3.90-4.98]	10/7/2019 10:53 EDT
Hgb	15.3	g/dL	[12.0-15.5]	10/7/2019 10:53 EDT
Hct	43.9	%	[35.0-45.0]	10/7/2019 10:53 EDT
MCV	92.3	fL	[81.0-93.0]	10/7/2019 10:53 EDT
MCH	32.1	pg	[28.0-35.0]	10/7/2019 10:53 EDT
MCHC	34.8	g/dL	[33.0-37.0]	10/7/2019 10:53 EDT
RDW	13.0	%	[10.9-14.7]	10/7/2019 10:53 EDT
Platelets	301	10x3/uL	[140-400]	10/7/2019 10:53 EDT
MPV	7.8	fL	[6.0-11.1]	10/7/2019 10:53 EDT

Chemistry

Routine Chemistry

Orderable Name Ordering Provider Accession Number Collected Date/Time
Comprehensive SEE-FACESHEET, 06-19-280-0267 10/7/2019 10:09 EDT
Metabolic Panel PHYSICIAN

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	139	mEq/L	[136-145]	10/7/2019 10:51 EDT
Potassium Lvl	4.2	mEq/L	[3.4-5.1]	10/7/2019 10:51 EDT

LEGEND: c=Corrected, (A)=Abnormal, I=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2484

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
 MRN: **LCMC0000592122** Admit: **10/7/2019**
 FIN: **1928001957** Disch: **10/7/2019**
 DOB/Age/Sex: **11/16/1996 22 years Female** Admitting:
 Lab Director: **Dr. A. Citabria Holley** Copy To: **MC GEE, AARON**

Chemistry

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Comprehensive Metabolic Panel	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Chloride Lvl	101	mEq/L	{97-108}	10/7/2019 10:51 EDT
CO2	25	mmol/L	{21-29}	10/7/2019 10:51 EDT
Glucose Lvl	82	mg/dL	{70-99}	10/7/2019 10:51 EDT
BUN	12	mg/dL	{6-20}	10/7/2019 10:51 EDT
Creatinine Lvl	0.6	mg/dL	{0.5-0.9}	10/7/2019 10:51 EDT
Calcium Lvl	9.5	mg/dL	{8.5-10.5}	10/7/2019 10:51 EDT
Protein Total	7.6	g/dL	{6.6-8.7}	10/7/2019 10:51 EDT
Albumin Lvl	4.6	g/dL	{3.5-5.2}	10/7/2019 10:51 EDT
Bilirubin Total	1.0	mg/dL	{0.2-1.2}	10/7/2019 10:51 EDT
AST	18	unit/L	{5-32}	10/7/2019 10:51 EDT
ALT	14	unit/L	{5-41}	10/7/2019 10:51 EDT
Alkaline Phos	70	unit/L	{35-105}	10/7/2019 10:51 EDT
Anion Gap	13.0 *		{3.0-11.0}	10/7/2019 10:51 EDT
eGFR AA	>60 **	mL/min/1.73 m2		10/7/2019 10:51 EDT
eGFR Non-AA	>60	mL/min/1.73 m2		10/7/2019 10:51 EDT

Interpretive Data

il: eGFR AA
 eGFR Reference Range:

LEGEND: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2485

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
Lab Director: Dr. A. Citabria Holley Copy To: MCGEE, AARON

Chemistry

Interpretive Data

i1: eGFR AA
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Cholesterol Total	160	mg/dL	[0-200]	10/7/2019 10:51 EDT
HDL Cholesterol	49 **	mg/dL		10/7/2019 10:51 EDT
Triglycerides	41	mg/dL	[9-150]	10/7/2019 10:51 EDT
LDL Calculated	102 *	mg/dL	[10-100]	10/7/2019 10:51 EDT
Cholesterol/HDL Ratio	3			10/7/2019 10:51 EDT

Interpretive Data

i2: HDL Cholesterol
HDL Cholesterol Note:

LEVEL	RISK
Females -	
> 55	Low
35 - 54	Moderate
< 35	High
Males -	
> 65	Low
45 - 65	Moderate
< 45	High

LEGEND: c=Corrected, (A)=Abnormal, f=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2486

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122
FIN: 1928001957
DOB/Age/Sex: 11/16/1996 22 years Female
Lab Director: Dr. A. Citabria Holley
Admit: 10/7/2019
Disch: 10/7/2019
Admitting:
Copy To: MCGEE, AARON

Chemistry

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG, Beta Quant, Serum	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Beta-HCG Quant	<0.1 ¹³	mIU/mL	[0.0-5.0]	10/7/2019 11:32 EDT

Result Comments

f1: Beta-HCG Quant
result rechecked

Interpretive Data

i3: Beta-HCG Quant
bHCG REFERENCE RANGE
<5.0 Negative
5.0-15.0 Indeterminate; recommend recollect in 3 days
>15.0 Positive

Weeks post LMP:

3-4 wks 15-750
4-5 wks 18-7,138
5-6 wks 217-31,795
6-7 wks 158-163,563
7-12 wks 3,697 -210,612
12-16 wks 27,832-56,451
16-18 wks 9,040-58,176
2nd Trimester 1,400-53,000
3rd Trimester 940-60,000

This assay is not FDA cleared as a tumor marker.
This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

LEGEND: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2487

LeConte Medical Center
 742 Middle Creek Road
 Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
 MRN: LCMC0000592122 Admit: 10/7/2019
 FIN: 1928001957 Disch: 10/7/2019
 DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
 Lab Director: Dr. A. Citabria Holley Copy To: MCGEE, AARON

Chemistry

Thyroid

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Thyroid Stimulating Hormone	SEE-FACESHEET, PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
TSH	0.82 ^u	mcInt1Unit/mL	{0.27-4.20}	10/7/2019 11:09 EDT

Interpretive Data

i4: TSH

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

 LEGEND: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883126

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2488



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Lab Phone: (865) 446-7700

Patient: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1928001957
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC LAB
Lab Director: Dr. A. Citabria Holley
Admit: 10/7/2019
Disch: 10/7/2019
Admitting:
Copy To: MCGEE, AARON

Toxicology

Drugs of Abuse

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Drugs of Abuse Screen, SEE-FACESHEET, Urine toxicology	PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ¹¹		[Negative]	10/7/2019 10:43 EDT
Barbiturate Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Benzodiazepine Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Cannabinoid Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Cocaine Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Methadone Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Opiate Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Oxycodone Scrn Ur	Negative		[Negative]	10/7/2019 10:43 EDT
Phencyclidine Scrn Ur	Positive (A)		[Negative]	10/7/2019 10:43 EDT

Interpretive Data

i1: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

LEGEND: c=Corrected, (A)=Abnormal, I=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883076

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2489

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
Lab Director: Dr. A. Citabria Holley Copy To: MCGEE, AARON

Toxicology

Interpretive Data

11: Amphetamine Scrn Ur

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

Urinalysis

UA Macroscopic

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Urinalysis Dipstick Only	SEE-FACESHEET, PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
UA Color	Yellow		[Yellow]	10/7/2019 10:34 EDT
UA Appear	Clear		[Clear]	10/7/2019 10:34 EDT
UA Spec Grav	1.015		[1.030]	10/7/2019 10:34 EDT
UA pH	8		[5.0-8.0]	10/7/2019 10:34 EDT
UA Protein	NEG		[NEG]	10/7/2019 10:34 EDT
UA Glucose	Negative		[Negative]	10/7/2019 10:34 EDT
UA Ketones	Negative		[Negative]	10/7/2019 10:34 EDT
UA Bili	Negative		[Negative]	10/7/2019 10:34 EDT
UA Blood	1+ (A)		[Negative]	10/7/2019 10:34 EDT
UA Nitrite	Negative		[Negative]	10/7/2019 10:34 EDT
UA Urobilinogen	NEG			10/7/2019 10:34 EDT

LEGEND: c=Corrected, (A)=Abnormal, ! =Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883076

Page 2 of 3

Print Date/Time: 10/11/2019 09:12 EDT

ROA2490

LeConte Medical Center
 742 Middle Creek Road
 Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
 MRN: LCMC0000592122 Admit: 10/7/2019
 FIN: 1928001957 Disch: 10/7/2019
 DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
 Lab Director: Dr. A. Citabria Holley Copy To: MCGEE,AARON

Urinalysis

UA Macroscopic

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Urinalysis Dipstick Only	SEE-FACESHEET, PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
UA Leuk Est	Negative		[Negative]	10/7/2019 10:34 EDT

LEGEND: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing

Report Request ID: 87883076

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Print Date/Time: 10/11/2019 09:12 EDT

ROA2491

EXHIBIT 37

EXHIBIT 37

EXHIBIT 37



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC ED; 08; A
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Clinical Summary
Service Date/Time: 10/3/2019 15:03 EDT
Result Status: Modified
Document Subject: ED Clinical Summary
Sign Information: FARRAGUT, MEAGAN SIMMONS RN (10/3/2019 15:03 EDT);
PODGORSKI, ERIN (10/2/2019 21:55 EDT)

ED Clinical Summary

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862
(865)446-7000

PERSON INFORMATION

Name: REED, EMILY
Sex: Female
Marital Status: Unknown
MRN: LCMC0000592122
Visit Reason: Mental illness; EVAL
Address:
20762 CRESTVIEW LN HUNTINGTON BH CA 92646
Diagnosis:
1: Dissociative identity disorder; 2: At risk for elopement; 3: Disassociation disorder
Medications Administered:
Age: 22 Years
Language: English
Phone:
Acct#: 1927410070
Acuity: 2 - Emergent
DOB: 11/16/96
PCP: NONE, NONE MD
Med Service: Emergency Medicine
Arrival: 10/01/19 13:59:00
LOS: 002 01:04

Medication	Dose	Route
hydroxyzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral
desvenlafaxine	50 mg	Oral

Radiology Orders:
Laboratory Orders:

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Automated Diff Blood, Stat, Collected, 10/01/19 14:28:00 EDT, Once, Nurse collect, 293215395.000000

Basic Metabolic Panel Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect

CBC w/ Automated Differential Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect

Drugs of Abuse Screen, Urine toxicology Urine, Stat Collect, 10/01/19 14:09:00 EDT, Once, Nurse Collect (Non-Blood)

ETOH Level Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect

HCG Qualitative Urine Urine, Stat Collect, 10/01/19 14:09:00 EDT, Once, Nurse Collect (Non-Blood)

Lab and Rad:

Laboratory or Other Results This Visit (last charted value for your 10/01/2019 visit)

Hematology

10/01/2019 2:28 PM

WBC: 8.3 10x3/uL -- Normal range between (4.0 and 11.0)
RBC: 5.07 10x6/uL -- Normal range between (3.90 and 4.98)
MCV: 92.4 fL -- Normal range between (81.0 and 93.0)
MCHC: 34.4 g/dL -- Normal range between (33.0 and 37.0)
Hct: 46.8 % -- Normal range between (35.0 and 45.0)
MCH: 31.8 pg -- Normal range between (28.0 and 35.0)
Hgb: 16.1 g/dL -- Normal range between (12.0 and 15.5)
MPV: 7.7 fL -- Normal range between (6.0 and 11.1)
Platelets: 298 10x3/uL -- Normal range between (140 and 400)
RDW: 13.0 % -- Normal range between (10.9 and 14.7)
Absolute Neuts: 6.3 10x3/uL -- Normal range between (1.5 and 8.0)
Basophil % Auto: 0.3 % -- Normal range between (0.0 and 2.0)
Monocyte % Auto: 7.4 % -- Normal range between (3.0 and 14.0)
Lymphocyte % Auto: 15.6 % -- Normal range between (15.0 and 45.0)
Absolute Monos: 0.6 10x3/uL -- Normal range between (0.3 and 1.1)
Absolute Eos: 0.1 10x3/uL -- Normal range between (0.0 and 0.6)
Eosinophil % Auto: 0.6 % -- Normal range between (0.0 and 5.0)
Absolute Basos: 0.0 10x3/uL -- Normal range between (0.0 and 0.2)
Neutrophil % Auto: 76.1 % -- Normal range between (40.0 and 78.0)
Absolute Lymphs: 1.3 10x3/uL -- Normal range between (1.0 and 4.0)

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Chemistry

10/01/2019 2:28 PM

Creatinine Lvl: 0.7 mg/dL -- Normal range between (0.5 and 0.9)
BUN: 12 mg/dL -- Normal range between (6 and 20)
Glucose Lvl: 103 mg/dL -- Normal range between (70 and 99)
Calcium Lvl: 9.5 mg/dL -- Normal range between (8.5 and 10.5)
CO2: 24 mmol/L -- Normal range between (21 and 29)
eGFR Non-AA: >60 mL/min/1.73 m2
eGFR AA: >60 mL/min/1.73 m2
Chloride Lvl: 103 mEq/L -- Normal range between (97 and 108)
Anion Gap: 13.0 -- Normal range between (3.0 and 11.0)
hCG Ur: Negative
Sodium Lvl: 140 mEq/L -- Normal range between (136 and 145)
Potassium Lvl: 4.4 mEq/L -- Normal range between (3.4 and 5.1)

Toxicology

10/01/2019 2:28 PM

Ethanol Level: <0.01 %
Barbiturate Scrn Ur: Negative
Benzodiazepine Scrn Ur: Negative
Cocaine Scrn Ur: Negative
Methadone Scrn Ur: Negative
Oxycodone Scrn Ur: Negative
Opiate Scrn Ur: Negative
Cannabinoid Scrn Ur: Negative
Ethanol: <10.1 mg/dL -- Normal range between (0.0 and 10.1)
Phencyclidine Scrn Ur: Positive
Amphetamine Scrn Ur: Negative

Medications:

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
MESSICK, ELIZABETH ANNE RN	ED Nurse	10/01/19 14:00:49	10/01/19 19:01:01
HOLT, LARRY	ED Ancillary	10/01/19 14:14:35	10/01/19 18:33:44

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

COFFEY, DAVID ALEXANDER MD	ED Provider	10/01/19 14:20:03	10/02/19 06:27:08
THORNTON, KAELEY RACHELLE RN	ED Nurse	10/01/19 15:03:02	10/01/19 23:29:25
OLIVER, ZEKE PIERCE MD	ED Provider	10/01/19 16:36:17	
MCLEMORE, SARAH ELIZABETH RN	ED Nurse	10/01/19 19:01:02	10/03/19 07:17:07
LANGFORD, JOSEPH SCOTT MD	ED Provider	10/02/19 06:27:09	
PUCKETT, CAITLIN RN	ED Nurse	10/02/19 07:07:09	10/02/19 18:56:41
MAYNARD, RICKI RN	ED Nurse	10/02/19 19:01:18	10/02/19 19:02:13
MCCLUNG, CODY RN	ED Nurse	10/02/19 19:08:38	10/03/19 07:17:15
FARRAGUT, MEAGAN SIMMONS RN	ED Nurse	10/03/19 07:17:16	
RAND, JOSEPH LEE	ED Ancillary	10/03/19 09:13:18	10/03/19 11:44:04
IVEY, AMBER E RN	ED Nurse	10/03/19 09:55:48	
HURST, RANDY JAMES	ED Ancillary	10/03/19 11:44:05	

Attending Physician:
COFFEY, DAVID ALEXANDER MD

Admit Doc
COFFEY, DAVID ALEXANDER MD

Consulting Doc

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.8 Deg C	36.5 Deg C
Temp Temporal		
Temp Intravascular		
Temp Axillary		
Temp Rectal		
O2 Sat	98 %	98 %
Respiratory Rate	17 br/min	16 br/min
Peripheral Pulse Rate	130 bpm	68 bpm
Apical Heart Rate		
Blood Pressure	124 mmHg / 83 mmHg	105 mmHg / 78 mmHg

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Allergies

Haldol (unknown)

Immunizations

No Immunizations Documented This Visit

DISCHARGE INFORMATION

Discharge Disposition:

Discharge Location:

Discharge Date and Time:

ED Checkout Date and Time: 10/03/19 15:03:10

DEPART REASON INCOMPLETE INFORMATION

Problems

Active

Disassociation disorder

Dissociative identity disorder

Smoking Status

Unable to assess due to cognitive impairment

PATIENT EDUCATION INFORMATION

Instructions:

Dissociative Identity Disorder; Dissociative Identity Disorder

Follow up:

With:

Follow up with specialist

Address:

When:

Comments:

Return to Pasadena Villa

LeConte Medical Center
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 23:49 EDT
Result Status: Auth (Verified)
Document Subject:
Sign Information: MCCLUNG,CODY RN (10/2/2019 23:52 EDT)

I have spoken to Lisa at Pasadena Villa and informed them that this patient has been discharged. Pasadena Villa relayed that they have discharged the patient from their facility and will not accept her back tonight. MD aware and has spoken with patients mother.

Electronically Signed on 10/02/19 11:52 PM

MCCLUNG, CODY RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 17:53 EDT
Result Status: Auth (Verified)
Document Subject: MCU
Sign Information: COURTNEY,CATHERINE BETH RN (10/2/2019 17:55 EDT)

Spoke to Lucinda at MCU and she stated " We wanted her to be placed back at Pasadena. Spoke to Dr. Oliver about that and they were suppose to follow up this morning with Pasadena."

Electronically Signed on 10/02/19 05:55 PM

COURTNEY, CATHERINE BETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 11:27 EDT
Result Status: Auth (Verified)
Document Subject:
Sign Information: PUCKETT,CAITLIN RN (10/2/2019 11:28 EDT)

alicia, mother, called wanting update on patient status. informed that we were awaiting re-eval by mcu and that hopefully we could get her back to pasadena. mom gave phone number which was added to pt record.

Electronically Signed on 10/02/19 11:28 AM

PUCKETT, CAITLIN RN

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 09:17 EDT
Result Status: Auth (Verified)
Document Subject:
Sign Information: PUCKETT,CAITLIN RN (10/2/2019 09:17 EDT)

pt still sleeping. will give am meds when she wakes

Electronically Signed on 10/02/19 09:17 AM

PUCKETT, CAITLIN RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 08:09 EDT
Result Status: Auth (Verified)
Document Subject:
Sign Information: PUCKETT,CAITLIN RN (10/2/2019 08:10 EDT)

discussed pristiq dose with pharmacy. they stated that it is not in formulary and that it would have to be acquired from knoxville as patient did not bring any with her from pasadena

Electronically Signed on 10/02/19 08:10 AM

PUCKETT, CAITLIN RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 01:54 EDT
Result Status: Auth (Verified)
Document Subject: Follow up with mobile crisis
Sign Information: MCLEMORE,SARAH ELIZABETH RN (10/2/2019 01:55 EDT)

Spoke with Michelle from mobile crisis. Mobile crisis is to speak with Physician at Pacedina in am.

Electronically Signed on 10/02/19 01:55 AM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 22:05 EDT
Result Status: Auth (Verified)
Document Subject: Mobile Crisis Consult
Sign Information: MCLEMORE,SARAH ELIZABETH RN (10/1/2019 22:05 EDT)

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Spoke with Michelle from Mobile Crisis, pt was able to speak with mobile crisis on phone.

Electronically Signed on 10/01/19 10:05 PM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 21:51 EDT
Result Status: Auth (Verified)
Document Subject: note
Sign Information: PETIT, JORDAN RN (10/1/2019 21:53 EDT)

Attempted to gather story and assess suicide risk from patient @ 2140 hrs. Entered pt's room, pt sitting on floor with legs crossed, occasionally eating fruit from her food tray. Makes eye contact, but does not verbally respond to questions. Follows basic commands, ambulates with steady gait. Respirations even and unlabored with good phonation. @ 2150 Sara RN came to room and took patient to phone. Pt still nonverbal with Sara as well. Pt in no apparent distress. Sitter at door.

Electronically Signed on 10/01/19 09:53 PM

PETIT, JORDAN RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 19:34 EDT
Result Status: Auth (Verified)
Document Subject: Med Rec
Sign Information: MCLEMORE, SARAH ELIZABETH RN (10/1/2019 19:34 EDT)

Dr. Oliver notified of medication reconciliation completion, asked to order psychiatric meds for tonight.

Electronically Signed on 10/01/19 07:34 PM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 18:00 EDT
Result Status: Auth (Verified)
Document Subject: important information reported by mom
Sign Information: THORNTON, KAELEY RACHELLE RN (10/1/2019 18:44 EDT)

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Mother states patients "has 50 personalities. Severe PTSD from sexual/mental/trauma for over 10 years due to kidnapping/ being held hostage. Perpetrator is now in prison. Some personalities are non-verbal but will respond through written communication. Patient can worsen at nighttime due to when the traumas occurred"

Electronically Signed on 10/01/19 06:44 PM

THORNTON, KAELEY RACHELLE RN

Document Type:	ED Note Nursing
Service Date/Time:	10/1/2019 16:42 EDT
Result Status:	Auth (Verified)
Document Subject:	MCU called
Sign Information:	THORNTON,KAELEY RACHELLE RN (10/1/2019 16:47 EDT)

patient presented to MCU, chart faxed

Electronically Signed on 10/01/19 04:47 PM

THORNTON, KAELEY RACHELLE RN

Document Type:	ED Note Physician
Service Date/Time:	10/3/2019 06:24 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Supervision/Handoff Note
Sign Information:	LANGFORD,JOSEPH SCOTT MD (10/3/2019 14:52 EDT); WHITE,JAMES (10/3/2019 12:15 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

RQS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.6 °C (Oral) HR: 95(Peripheral) RR: 18 BP: 100/60 SpO2: 98%

WT: 52.10 kg

Cons: patient is awake, alert, but is nonverbal

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.
Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS
WBC	10/01/19 14:28 8.3
RBC	10/01/19 14:28 5.07 High
Hgb	10/01/19 14:28 16.1 High
Hct	10/01/19 14:28 46.8 High
MCV	10/01/19 14:28 92.4
MCH	10/01/19 14:28 31.8
MCHC	10/01/19 14:28 34.4
RDW	10/01/19 14:28 13.0
Platelets	10/01/19 14:28 298
MPV	10/01/19 14:28 7.7
Neutrophil % Auto	10/01/19 14:28 76.1
Lymphocyte % Auto	10/01/19 14:28 15.6
Monocyte % Auto	10/01/19 14:28 7.4
Eosinophil % Auto	10/01/19 14:28 0.6
Basophil % Auto	10/01/19 14:28 0.3
Absolute Neuts	10/01/19 14:28 6.3
Absolute Lymphs	10/01/19 14:28 1.3
Absolute Monos	10/01/19 14:28 0.6
Absolute Eos	10/01/19 14:28 0.1
Absolute Basos	10/01/19 14:28 0.0

Routine Chemistry	LATEST RESULTS
Sodium Lvl	10/01/19 14:28 140
Potassium Lvl	10/01/19 14:28 4.4
Chloride Lvl	10/01/19 14:28 103
CO2	10/01/19 14:28 24
Glucose Lvl	10/01/19 14:28 103 High
BUN	10/01/19 14:28 12
Creatinine Lvl	10/01/19 14:28 0.7
Calcium Lvl	10/01/19 14:28 9.5
Anion Gap	10/01/19 14:28 13.0 High
eGFR AA	10/01/19 14:28 >60
eGFR Non-AA	10/01/19 14:28 >60

LeConte Medical Center
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Patient Name: **REED, EMILY**
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FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Pregnancy Testing	LATEST RESULTS
hCG Ur	10/01/19 14:28 Negative

Drugs of Abuse	LATEST RESULTS
Amphetamine Scrn Ur	10/01/19 14:28 Negative
Barbiturate Scrn Ur	10/01/19 14:28 Negative
Benzodiazepine Scrn Ur	10/01/19 14:28 Negative
Cannabinoid Scrn Ur	10/01/19 14:28 Negative
Cocaine Scrn Ur	10/01/19 14:28 Negative
Methadone Scrn Ur	10/01/19 14:28 Negative
Opiate Scrn Ur	10/01/19 14:28 Negative
Oxycodone Scrn Ur	10/01/19 14:28 Negative
Phencyclidine Scrn Ur	10/01/19 14:28 Positive Abnormal
Ethanol	10/01/19 14:28 <10.1
Ethanol Level	10/01/19 14:28 <0.01

Progress Notes

10/03/19 12:06:11 Nursing staff has spoken with Pasadena Villa concerning the patient's case. Given that she has had no issues during her stay and denies SI, HI, and AV hallucinations, Pasadena villa has agreed to take the patient back.

ASSESSMENT AND PLAN/MDM

1. Dissociative identity disorder (F44.81)
2. At risk for elopement (Z91.89)
3. Disassociation disorder (F44.9)

Disposition

Decision for disposition is discharge.

Condition

Condition at disposition is stable for discharge.

Prescription Given

No qualifying data available

Medications Administered in the ED

Medication	Dose	Route
hydrOXYzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral
desvenlafaxine	50 mg	Oral

LeConte Medical Center
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Radiology

Labs and radiology have been reviewed by Dr. Scott Langford MD.

James White, scribe, scribing for and in the presence of Dr. Scott Langford MD.

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/03/19 12:15 PM

WHITE, JAMES

Electronically Signed on 10/03/19 02:52 PM

LANGFORD, JOSEPH SCOTT MD

Document Type:	ED Note Physician
Service Date/Time:	10/2/2019 16:24 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Supervision/Handoff Note
Sign Information:	OLIVER,ZEKE PIERCE MD (10/4/2019 03:32 EDT); PODGORSKI,ERIN (10/3/2019 01:56 EDT); PODGORSKI, ERIN (10/2/2019 21:54 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old

Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.6 °C (Oral) HR: 95(Peripheral) RR: 18 BP: 100/60 SpO2: 98%

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: **LCMC0000592122** Admit: **10/1/2019**
FIN: **1927410070** Disch: **10/3/2019**
DOB/Age/Sex: **11/16/1996 22 years Female** Admitting: **COFFEY, DAVID ALEXANDER MD**

Emergency Documentation

WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal
Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.
Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS
WBC	10/01/19 14:28 8.3
RBC	10/01/19 14:28 5.07 High
Hgb	10/01/19 14:28 16.1 High
Hct	10/01/19 14:28 46.8 High
MCV	10/01/19 14:28 92.4
MCH	10/01/19 14:28 31.8
MCHC	10/01/19 14:28 34.4
RDW	10/01/19 14:28 13.0
Platelets	10/01/19 14:28 298
MPV	10/01/19 14:28 7.7
Neutrophil % Auto	10/01/19 14:28 76.1
Lymphocyte % Auto	10/01/19 14:28 15.6
Monocyte % Auto	10/01/19 14:28 7.4
Eosinophil % Auto	10/01/19 14:28 0.6
Basophil % Auto	10/01/19 14:28 0.3
Absolute Neuts	10/01/19 14:28 6.3
Absolute Lymphs	10/01/19 14:28 1.3
Absolute Monos	10/01/19 14:28 0.6
Absolute Eos	10/01/19 14:28 0.1
Absolute Basos	10/01/19 14:28 0.0

Routine Chemistry	LATEST RESULTS
Sodium Lvl	10/01/19 14:28 140
Potassium Lvl	10/01/19 14:28 4.4
Chloride Lvl	10/01/19 14:28 103
CO2	10/01/19 14:28 24
Glucose Lvl	10/01/19 14:28 103 High
BUN	10/01/19 14:28 12
Creatinine Lvl	10/01/19 14:28 0.7
Calcium Lvl	10/01/19 14:28 9.5
Anion Gap	10/01/19 14:28 13.0 High
eGFR AA	10/01/19 14:28 >60
eGFR Non-AA	10/01/19 14:28 >60

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Pregnancy Testing	LATEST RESULTS
hCG Ur	10/01/19 14:28 Negative

Drugs of Abuse	LATEST RESULTS
Amphetamine Scrn Ur	10/01/19 14:28 Negative
Barbiturate Scrn Ur	10/01/19 14:28 Negative
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Cannabinoid Scrn Ur	10/01/19 14:28 Negative
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Methadone Scrn Ur	10/01/19 14:28 Negative
Opiate Scrn Ur	10/01/19 14:28 Negative
Oxycodone Scrn Ur	10/01/19 14:28 Negative
Phencyclidine Scrn Ur	10/01/19 14:28 Positive Abnormal
Ethanol	10/01/19 14:28 <10.1
Ethanol Level	10/01/19 14:28 <0.01

Progress Notes

10/02/19 16:24:45 Care assumed from Dr. Joseph Langford MD. Dr. Zeke Oliver, MD reviewed the previous documentation and agrees with the documentation

10/02/19 21:52:08 Discussed with Emily from MCU after evaluation of pt and discussion of mother. Emily from MCU recommends pt be discharged back to Pasadena Villa. On reevaluation of pt, pt is calm, appropriate, and denies SI, HI, or hallucinations. Pt has presented no agitated behavior or attempted elopement. Will rescind commitment.

Discussed with the patient: results, diagnosis, treatment plan, and need for follow up with psychiatry. Return to the Emergency Department warnings were given. All questions and concerns were addressed. The plan is agreed with and understood. Patient is stable and ready for discharge.

10/02/19 23:23:36 Nurse states that Pasadena Villa has discharged the pt due to the flight risk. Nurse states that Pasadena Villa will have to reconvene in the morning to determine if the pt can be accepted again. Will contact mother.

10/02/19 23:28:49 Discussed with mother current situation. Mother states that Pasadena Villa has not contacted her regarding the pt's discharge. Mother is of the understanding that Pasadena Villa will likely take the pt back.

10/02/19 23:39:46 Informed MCU of the current situation. MCU agrees with plan to contact Pasadena Villa in the morning.

10/03/19 01:56:01 Patient care transferred to the oncoming physician Dr. Elizabeth Hull MD

ASSESSMENT AND PLAN/MDM

1. Dissociative identity disorder (F44.81)
2. At risk for elopement (Z91.89)

Disposition

Disposition decision is discharge.

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Condition

Disposition condition is stable for discharge.

Prescription Given

RX GIVEN: No qualifying data available

Medication Administered

Medication	Dose	Route
hydrOXYzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral

Update Note

Labs reviewed by Dr. Zeke Oliver, MD

Scribe Attestation

Erin Podgorski, scribe, scribing for and in the presence of Dr. Zeke Oliver, MD

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/02/19 09:54 PM

PODGORSKI, ERIN

Electronically Signed on 10/03/19 01:56 AM

PODGORSKI, ERIN

Electronically Signed on 10/04/19 03:32 AM

OLIVER, ZEKE PIERCE MD

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Physician
Service Date/Time: 10/2/2019 06:27 EDT
Result Status: Auth (Verified)
Document Subject: ED Supervision/Handoff Note
Sign Information: LANGFORD, JOSEPH SCOTT MD (10/3/2019 14:51 EDT);
WHITE, JAMES (10/2/2019 15:59 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

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VITALS & MEASUREMENTS:

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Skin: warm, no rashes

Neuro: CN II-XII grossly intact. No focal neurological deficits.

Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential

LATEST RESULTS

WBC	10/01/19 14:28	8.3
RBC	10/01/19 14:28	5.07 High
Hgb	10/01/19 14:28	16.1 High
Hct	10/01/19 14:28	46.8 High
MCV	10/01/19 14:28	92.4
MCH	10/01/19 14:28	31.8
MCHC	10/01/19 14:28	34.4
RDW	10/01/19 14:28	13.0
Platelets	10/01/19 14:28	298
MPV	10/01/19 14:28	7.7
Neutrophil % Auto	10/01/19 14:28	76.1
Lymphocyte % Auto	10/01/19 14:28	15.6
Monocyte % Auto	10/01/19 14:28	7.4

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: **LCMC0000592122** Admit: **10/1/2019**
FIN: **1927410070** Disch: **10/3/2019**
DOB/Age/Sex: **11/16/1996 22 years Female** Admitting: **COFFEY,DAVID ALEXANDER MD**

Emergency Documentation

Eosinophil % Auto	10/01/19 14:28	0.6
Basophil % Auto	10/01/19 14:28	0.3
Absolute Neuts	10/01/19 14:28	6.3
Absolute Lymphs	10/01/19 14:28	1.3
Absolute Monos	10/01/19 14:28	0.6
Absolute Eos	10/01/19 14:28	0.1
Absolute Basos	10/01/19 14:28	0.0

Routine Chemistry	LATEST RESULTS	
Sodium Lvl	10/01/19 14:28	140
Potassium Lvl	10/01/19 14:28	4.4
Chloride Lvl	10/01/19 14:28	103
CO2	10/01/19 14:28	24
Glucose Lvl	10/01/19 14:28	103 High
BUN	10/01/19 14:28	12
Creatinine Lvl	10/01/19 14:28	0.7
Calcium Lvl	10/01/19 14:28	9.5
Anion Gap	10/01/19 14:28	13.0 High
eGFR AA	10/01/19 14:28	>60
eGFR Non-AA	10/01/19 14:28	>60

Pregnancy Testing	LATEST RESULTS	
hCG Ur	10/01/19 14:28	Negative

Drugs of Abuse	LATEST RESULTS	
Amphetamine Scrn Ur	10/01/19 14:28	Negative
Barbiturate Scrn Ur	10/01/19 14:28	Negative
Benzodiazepine Scrn Ur	10/01/19 14:28	Negative
Cannabinoid Scrn Ur	10/01/19 14:28	Negative
Cocaine Scrn Ur	10/01/19 14:28	Negative
Methadone Scrn Ur	10/01/19 14:28	Negative
Opiate Scrn Ur	10/01/19 14:28	Negative
Oxycodone Scrn Ur	10/01/19 14:28	Negative
Phencyclidine Scrn Ur	10/01/19 14:28	Positive Abnormal
Ethanol	10/01/19 14:28	<10.1
Ethanol Level	10/01/19 14:28	<0.01

Progress Notes

10/02/19 15:59:06 Patient's care transferred to Dr. Oliver.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

ASSESSMENT AND PLAN/MDM

James White, scribe, scribing for and in the presence of Dr. Scott Langford MD.

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/02/19 03:59 PM

WHITE, JAMES

Electronically Signed on 10/03/19 02:51 PM

LANGFORD, JOSEPH SCOTT MD

Document Type:	ED Note Physician
Service Date/Time:	10/1/2019 16:40 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Supervision/Handoff Note
Sign Information:	OLIVER, ZEKE PIERCE MD (10/2/2019 23:04 EDT); SHOUR, AMANDA (10/2/2019 02:05 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.8 °C (Oral) HR: 130(Peripheral) RR: 17 BP: 124/83 SpO2: 98%
WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal
Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.

LeConte Medical Center
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Patient Name: **REED, EMILY**
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FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS	
WBC	10/01/19 14:28	8.3
RBC	10/01/19 14:28	5.07 High
Hgb	10/01/19 14:28	16.1 High
Hct	10/01/19 14:28	46.8 High
MCV	10/01/19 14:28	92.4
MCH	10/01/19 14:28	31.8
MCHC	10/01/19 14:28	34.4
RDW	10/01/19 14:28	13.0
Platelets	10/01/19 14:28	298
MPV	10/01/19 14:28	7.7
Neutrophil % Auto	10/01/19 14:28	76.1
Lymphocyte % Auto	10/01/19 14:28	15.6
Monocyte % Auto	10/01/19 14:28	7.4
Eosinophil % Auto	10/01/19 14:28	0.6
Basophil % Auto	10/01/19 14:28	0.3
Absolute Neuts	10/01/19 14:28	6.3
Absolute Lymphs	10/01/19 14:28	1.3
Absolute Monos	10/01/19 14:28	0.6
Absolute Eos	10/01/19 14:28	0.1
Absolute Basos	10/01/19 14:28	0.0

Routine Chemistry	LATEST RESULTS	
Sodium Lvl	10/01/19 14:28	140
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Anion Gap	10/01/19 14:28	13.0 High
eGFR AA	10/01/19 14:28	>60
eGFR Non-AA	10/01/19 14:28	>60

Pregnancy Testing	LATEST RESULTS	
hCG Ur	10/01/19 14:28	Negative

LeConte Medical Center
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Patient Name: REED, EMILY
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FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Drugs of Abuse	LATEST RESULTS
Amphetamine Scrn Ur	10/01/19 14:28 Negative
Barbiturate Scrn Ur	10/01/19 14:28 Negative
Benzodiazepine Scrn Ur	10/01/19 14:28 Negative
Cannabinoid Scrn Ur	10/01/19 14:28 Negative
Cocaine Scrn Ur	10/01/19 14:28 Negative
Methadone Scrn Ur	10/01/19 14:28 Negative
Opiate Scrn Ur	10/01/19 14:28 Negative
Oxycodone Scrn Ur	10/01/19 14:28 Negative
Phencyclidine Scrn Ur	10/01/19 14:28 Positive Abnormal
Ethanol	10/01/19 14:28 <10.1
Ethanol Level	10/01/19 14:28 <0.01

Progress Notes

10/01/19 16:40:57

Care assumed from Dr. David Alex Coffey MD, to Dr. Zeke Oliver MD. Dr. Zeke Oliver MD, has reviewed the previous documentation and agrees with the documentation.

10/01/19 19:25:28

On recheck the patient is resting comfortably, calm. Engages well in discussion. Denies any SI/HI or hallucinations. Reports that some of her personalities lead to her being withdrawn and non communicative. Reports she has "gotten lost" at times at Pasadena Villa, but reports she "wasn't doing it on purpose". Reports she has generally liked Pasadena Villa and would like to return there.

10/01/19 19:33:15

Spoke with pt's therapist Jay Meeks, 706-255-2848, at Pasadena Villa. He reports that over the last month she has generally been doing well until roughly the last 7-10 days. During this recent time frame she has been having more frequent and more severe episodes of depersonalization/dissociation where she becomes non verbal and runs away. She has run away multiple times including episodes of running off into the woods, running into the nearby road, and running and hiding under vehicles. After the episodes are over she typically has no recollection of them and is tearful/upset by them. Due to the increasing frequency/severity of these episodes, particularly the elopements and elopement risk, he and the providers at Pasadena Villa are concerned for the pt's safety and requiring a higher level of care.

10/01/19 23:32:30

Spoke with Michelle from mobile crisis. She has spoken to the pt and pt's family. Michelle does not have any current concerns for the pt's safety and recs likely d/c back to Pasadena Villa, and wants to speak further with Pasadena Villa in the morning when they are available. Will monitor pt overnight.

10/02/19 02:04:12

Patient care transferred to the oncoming physician Dr. Elizabeth Hull MD from Dr. Zeke Oliver MD

ASSESSMENT AND PLAN/MDM

Scribe attestation

Amanda Shoup, scribe, scribing for and in the presence of Dr. Zeke Oliver MD

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
Electronically Signed on 10/02/19 02:05 AM

SHOUP, AMANDA

Electronically Signed on 10/02/19 11:04 PM

OLIVER, ZEKE PIERCE MD

Document Type: ED Note Physician
Service Date/Time: 10/1/2019 14:25 EDT
Result Status: Auth (Verified)
Document Subject: ED Note
Sign Information: COFFEY,DAVID ALEXANDER MD (10/3/2019 10:52 EDT);
DUPONT,LACEY (10/1/2019 16:36 EDT)

Chief Complaint

Sent by pasadena villa for danger to self and elopement risk. Patient refuses to speak or answer any questions.

History of Present Illness

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed.

Review of Systems

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity.

Physical Exam

Vitals & Measurements

T: 36.8 °C (Oral) HR: 130(Peripheral) RR: 17 BP: 124/83 SpO2: 98%
WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal

Problem List/Past Medical History

Ongoing

Dissociative identity disorder

Historical

No qualifying data

Procedure/Surgical History

Unable to obtain surgical history.

Medications

Inpatient

No active inpatient medications

Home

No active home medications

Allergies

Haldol (unknown)

Social History

Alcohol

Unable to assess due to cognitive impairment,
10/01/2019

Tobacco

Tobacco use: Unable to assess due to
cognitive impairment., 10/01/2019

LeConte Medical Center
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Patient Name: **REED, EMILY**
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FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.
Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect

Procedure

No procedure performed.

EKG and/or Imaging Interpretation

No imaging obtained.

Progress Notes

10/01/19 15:34:29: Discussed with Pasadena Villa further on why she was sent here. The staff there reports in the last week she has been journaling about suicidal ideations, has become increasingly tearful and is fleeing from the facility.

10/01/19 16:35:33: Patient care transferred to the oncoming physician Dr. Zeke Oliver, M.D pending psychiatric placement.

Medical Decision Making

Pending psychiatric evaluation

Attestation

Scribe Attestation

Lacey Dupont, scribe, scribing for and in the presence of Dr. David Coffey, MD.

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

Family History

Unable to obtain family history

Lab Results

CBC and Differential

LATEST RESULTS

	10/01/19 14:28	10/01/19 14:28	10/01/19 14:28
WBC	8.3		
RBC	5.07	High	
Hgb	16.1	High	
Hct	46.8	High	
MCV	92.4		
MCH	31.8		
MCHC	34.4		
RDW	13.0		
Platelets	298		
MPV	7.7		
Neutrophil % Auto	76.1		
Lymphocyte % Auto	15.6		
Monocyte % Auto	7.4		
Eosinophil % Auto	0.6		
Basophil % Auto	0.3		
Absolute Neuts	6.3		
Absolute Lymphs	1.3		
Absolute Monos	0.6		
Absolute Eos	0.1		
Absolute Basos	0.0		

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Routine Chemistry	LATEST RESULTS
Sodium Lvl	10/01/19 140 14:28
Potassium Lvl	10/01/19 4.4 14:28
Chloride Lvl	10/01/19 103 14:28
CO2	10/01/19 24 14:28
Glucose Lvl	10/01/19 103 High 14:28
BUN	10/01/19 12 14:28
Creatinine Lvl	10/01/19 0.7 14:28
Calcium Lvl	10/01/19 9.5 14:28
Anion Gap	10/01/19 13.0 High 14:28
eGFR AA	10/01/19 >60 14:28
eGFR Non-AA	10/01/19 >60 14:28

Pregnancy Testing	LATEST RESULTS
hCG Ur	10/01/19 Negative 14:28

Electronically Signed on 10/01/19 04:36 PM

DUPONT, LACEY

Electronically Signed on 10/03/19 10:52 AM

COFFEY, DAVID ALEXANDER MD

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Notes
Service Date/Time: 10/1/2019 22:11 EDT
Result Status: Auth (Verified)
Document Subject: ED Phone Call for Consults
Sign Information: ROGERS,VIRGINIA D (10/1/2019 22:11 EDT)

ED Phone Call for Consults Entered On: 10/01/19 22:11 EDT
Performed On: 10/01/19 22:11 EDT by ROGERS, VIRGINIA D

Phone Call for Consults

Phone Call Attempt One : 10/1/2019 22:11 EDT
Reason for Consult : MICHELLE MOBILE CRISIS CALLED

ROGERS, VIRGINIA D - 10/01/19 22:11 EDT

Document Type: ED Patient Summary
Service Date/Time: 10/3/2019 15:03 EDT
Result Status: Modified
Document Subject: ED Patient Summary
Sign Information: FARRAGUT,MEAGAN SIMMONS RN (10/3/2019 15:03 EDT);
PODGORSKI,ERIN (10/2/2019 21:55 EDT)

ED Patient Summary

Name: REED, EMILY
FIN: 1927410070

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862
Main ED
(865) 446-8800
Discharge Instructions (Patient)

Name: REED, EMILY **Current Date: 10/03/19 15:03:11**

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

DOB: 11/16/96 MRN: LCMC0000592122 FIN: 1927410070

Diagnosis: 1:Dissociative identity disorder; 2:At risk for elopement; 3:Disassociation disorder
1:Dissociative identity disorder; 2:At risk for elopement; 3:Disassociation disorder

Visit Date: 10/01/19 13:59:00

Address: 20762 CRESTVIEW LN HUNTINGTON BH CA 92646

Phone:

Primary Care Provider:

Name: NONE, NONE MD

Phone:

Emergency Department Providers:

Primary Physician:

LANGFORD, JOSEPH SCOTT

LeConte Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following instructions include patient education materials and information regarding your injury/illness.

REED, EMILY has been given the following list of follow-up instructions, prescriptions, and patient education materials:
Follow-up Instructions:

With:	Address:	When:
Follow up with specialist		
Comments:		
Return to Pasadena Villa		

Patient Education Materials:

Dissociative Identity Disorder; Dissociative Identity Disorder

Dissociative Identity Disorder

Dissociative identity disorder is a long-term (*chronic*) mental illness. This disorder used to be called multiple personality disorder. This disorder may start in childhood as an involuntary escape from reality. It can be a

LeConte Medical Center
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Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

defensive coping response to a very stressful or abusive situation. It may become a pattern that lasts into the adult years. It can cause problems with:

- Memory.
- Behavior.
- A person's sense of self.

People with this disorder seem to have many distinct personalities. These personalities repeatedly take control of the person's behavior and awareness.

What are the causes?

This disorder may be caused by:

- Childhood trauma. This includes emotional, sexual, or physical abuse.
- Natural disasters.
- Combat.

What are the signs or symptoms?

Symptoms of this disorder include:

- Memory gaps.
- Flashbacks.
- The sudden return of traumatic memories.
- Feeling disconnected from one's body or thoughts, or having "out of body" experiences.
- Seeing or hearing things that are not real (*hallucinations*).
- Writing with different handwriting and different times.
- Depression.
- Anxiety or panic attacks.
- Mood swings.
- Trouble sleeping (*insomnia*).
- Sleepwalking.
- Severe headaches or pain in other parts of the body.

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Abnormal sexual behavior. This includes sexual addiction and avoiding sex.
- Suicidal thoughts or behaviors.

People with this disorder may also:

- Find themselves in strange places and not know how they got there.
- Be greeted by people who are not familiar to them and who claim to know them.
- Have clothing and jewelry that they do not remember buying and are not consistent with their tastes.

How is this diagnosed?

This condition is diagnosed based on symptoms and personal history. A health care provider may first do tests to rule out a physical health problem, such as:

- A brain injury.
- A brain tumor.
- A seizure disorder.

After physical causes are ruled out, a health care provider who specializes in physical and psychological causes of mental conditions (*psychiatrist*) will do a psychiatric evaluation. This may include interviews and written journals. This condition is diagnosed if:

- There are at least two distinct identities that cause changes in behavior, memory, and thinking. Symptoms may be self-reported or witnessed by others. They must not be part of the person's normal cultural or religious practices or behavior.
- There are repeated gaps in memory about daily events, personal information, or traumatic events from the past.
- Symptoms cause a lot of distress and interfere with the person's job, relationships, or daily activities.

How is this treated?

This condition is usually treated by mental health professionals, such as psychologists, psychiatrists, and clinical social workers. More than one type of treatment may be needed. Treatment may include:

- Psychotherapy. This therapy may involve:
 - Addressing traumatic life events.
 - Identifying personalities.

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Emergency Documentation

- Combining personalities into one.
- Cognitive behavioral therapy. This helps the person to recognize and change unhealthy feelings, thoughts, and behaviors. It involves finding new, more positive thoughts and actions to replace unhealthy ones.
- Dialectical behavioral therapy. Through this type of treatment, a person learns to understand his or her feelings and control them. This may be one-on-one treatment or part of group therapy.
- Family therapy. This treatment includes family members.
- Support groups.
- Medicines.
- Eye movement desensitization and reprocessing (EMDR). This is a form of psychotherapy. It is often helpful for those who have been abused.
- Hypnosis. This can help people:
 - Remember memories they have repressed.
 - Control harmful behaviors.
 - Combine their personalities.

Follow these instructions at home:

People with this condition should:

- Take over-the-counter and prescription medicines only as told by their health care provider.
- Talk to their health care provider about the possible side effects of their medicines. The medicines used to treat this condition can affect different people in different ways.
- Keep all follow-up visits as told by their health care provider. This is important.

Where to find more information

- National Alliance on Mental Illness: www.nami.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org

Contact a health care provider if:

- Symptoms get worse.
- New symptoms develop, such as:

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Unexplained memory loss.
- Significant changes in behavior that are related to stress.
- A sense that one's identity or world is fuzzy or unreal.

Get help right away if:

- Serious thoughts occur about self-harm or about hurting others.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/26/2009 Document Revised: 05/25/2017 Document Reviewed: 10/10/2016
Elsevier Interactive Patient Education © 2019 Elsevier Inc.

Dissociative Identity Disorder

Dissociative identity disorder is a long-term (*chronic*) mental illness. This disorder used to be called multiple personality disorder. This disorder may start in childhood as an involuntary escape from reality. It can be a defensive coping response to a very stressful or abusive situation. It may become a pattern that lasts into the adult years. It can cause problems with:

- Memory.
- Behavior.
- A person's sense of self.

People with this disorder seem to have many distinct personalities. These personalities repeatedly take control of the person's behavior and awareness.

What are the causes?

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- Childhood trauma. This includes emotional, sexual, or physical abuse.
- Natural disasters.
- Combat.

What are the signs or symptoms?

Symptoms of this disorder include:

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Sevierville, TN 37862-5019

Patient Name: REED, EMILY
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Memory gaps.
- Flashbacks.
- The sudden return of traumatic memories.
- Feeling disconnected from one's body or thoughts, or having "out of body" experiences.
- Seeing or hearing things that are not real (*hallucinations*).
- Writing with different handwriting and different times.
- Depression.
- Anxiety or panic attacks.
- Mood swings.
- Trouble sleeping (*insomnia*).
- Sleepwalking.
- Severe headaches or pain in other parts of the body.
- Abnormal sexual behavior. This includes sexual addiction and avoiding sex.
- Suicidal thoughts or behaviors.

People with this disorder may also:

- Find themselves in strange places and not know how they got there.
- Be greeted by people who are not familiar to them and who claim to know them.
- Have clothing and jewelry that they do not remember buying and are not consistent with their tastes.

How is this diagnosed?

This condition is diagnosed based on symptoms and personal history. A health care provider may first do tests to rule out a physical health problem, such as:

- A brain injury.
- A brain tumor.
- A seizure disorder.

After physical causes are ruled out, a health care provider who specializes in physical and psychological causes of mental conditions (*psychiatrist*) will do a psychiatric evaluation. This may include interviews and written journals. This condition is diagnosed if:

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

- There are at least two distinct identities that cause changes in behavior, memory, and thinking. Symptoms may be self-reported or witnessed by others. They must not be part of the person's normal cultural or religious practices or behavior.
- There are repeated gaps in memory about daily events, personal information, or traumatic events from the past.
- Symptoms cause a lot of distress and interfere with the person's job, relationships, or daily activities.

How is this treated?

This condition is usually treated by mental health professionals, such as psychologists, psychiatrists, and clinical social workers. More than one type of treatment may be needed. Treatment may include:

- Psychotherapy. This therapy may involve:
 - Addressing traumatic life events.
 - Identifying personalities.
 - Combining personalities into one.
- Cognitive behavioral therapy. This helps the person to recognize and change unhealthy feelings, thoughts, and behaviors. It involves finding new, more positive thoughts and actions to replace unhealthy ones.
- Dialectical behavioral therapy. Through this type of treatment, a person learns to understand his or her feelings and control them. This may be one-on-one treatment or part of group therapy.
- Family therapy. This treatment includes family members.
- Support groups.
- Medicines.
- Eye movement desensitization and reprocessing (EMDR). This is a form of psychotherapy. It is often helpful for those who have been abused.
- Hypnosis. This can help people:
 - Remember memories they have repressed.
 - Control harmful behaviors.
 - Combine their personalities.

Follow these instructions at home:

People with this condition should:

LeConte Medical Center
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Sevierville, TN 37862-5019

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- Take over-the-counter and prescription medicines only as told by their health care provider.
- Talk to their health care provider about the possible side effects of their medicines. The medicines used to treat this condition can affect different people in different ways.
- Keep all follow-up visits as told by their health care provider. This is important.

Where to find more information

- National Alliance on Mental Illness: www.nami.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org

Contact a health care provider if:

- Symptoms get worse.
- New symptoms develop, such as:
 - Unexplained memory loss.
 - Significant changes in behavior that are related to stress.
 - A sense that one's identity or world is fuzzy or unreal.

Get help right away if:

- Serious thoughts occur about self-harm or about hurting others.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/26/2009 Document Revised: 05/25/2017 Document Reviewed: 10/10/2016
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Allergies: Haldol

Medication Information:

LeConte Medical Center ED Physicians provided you with a complete list of medications post discharge. If you have been instructed to stop taking a medication, please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, please continue to take medications

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Patient Name: REED, EMILY
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Emergency Documentation

as prescribed prior to your Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Medications That Were Changed - Changes Shown Below

Other Medications

Current **calcium carbonate (Tums) 2 tabs** Chewed every 4 hours as needed heartburn.

Last Dose: _____ Next Dose: _____

Current **gabapentin (gabapentin 300 mg oral capsule) 1 Capsules Oral** (given by mouth) every morning as needed anxiety.

Last Dose: _____ Next Dose: _____

Medications That Have Not Changed

Other Medications

acetaminophen (Tylenol 325 mg oral capsule) 2 Capsules Oral (given by mouth) every 6 hours as needed as needed for fever.

Last Dose: _____ Next Dose: _____

bismuth subsalicylate (Pepto-Bismol) 30 Milliliters Oral (given by mouth) 3 times a day as needed nausea.

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 25 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day. do not crush or chew., Do not crush

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 50 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day., Do not crush

Last Dose: _____ Next Dose: _____

diphenhydramine (Benadryl 25 mg oral capsule) 1 Capsules Oral (given by mouth) every 6 hours as needed as needed for allergy symptoms.

Last Dose: _____ Next Dose: _____

hydrocortisone topical (hydrocortisone 0.5% topical cream) Topical (on the skin) 4 times a day as needed allergy symptoms.

Last Dose: _____ Next Dose: _____

hydroxyzine (Vistaril 25 mg oral capsule) 1 Capsules Oral (given by mouth) 3 times a day as needed as needed for anxiety.

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Last Dose: _____ Next Dose: _____

lamoTRigine (LaMICtal 200 mg oral tablet) 1 tab Oral (given by mouth) every day.

Last Dose: _____ Next Dose: _____

loperamide (Imodium A-D) 2 Milligrams Oral (given by mouth) every 4 hours as needed diarrhea.

Last Dose: _____ Next Dose: _____

naproxen (Midol Extended Relief) 440 Milligrams Oral (given by mouth) every 6 hours as needed cramping.

Last Dose: _____ Next Dose: _____

prazosin (prazosin 2 mg oral capsule) 1 Capsules Oral (given by mouth) every day at bedtime.

Last Dose: _____ Next Dose: _____

template non-formulary (medication) (cough drops) 1 lozenge Oral (given by mouth) every 2 hours.

Last Dose: _____ Next Dose: _____

Please share your new medication list with your primary care provider and carry a list of updated medications with you at all times in case of emergency.

Major Tests:

The following tests were performed during your ED visit.

Laboratory or Other Results This Visit (last charted value for your 10/01/2019 visit)

Hematology

10/01/2019 2:28 PM

WBC: 8.3 10x3/uL -- Normal range between (4.0 and 11.0)

RBC: 5.07 10x6/uL -- Normal range between (3.90 and 4.98)

MCV: 92.4 fL -- Normal range between (81.0 and 93.0)

MCHC: 34.4 g/dL -- Normal range between (33.0 and 37.0)

Hct: 46.8 % -- Normal range between (35.0 and 45.0)

MCH: 31.8 pg -- Normal range between (28.0 and 35.0)

Hgb: 16.1 g/dL -- Normal range between (12.0 and 15.5)

MPV: 7.7 fL -- Normal range between (6.0 and 11.1)

Platelets: 298 10x3/uL -- Normal range between (140 and 400)

RDW: 13.0 % -- Normal range between (10.9 and 14.7)

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Absolute Neuts: 6.3 10x3/uL -- Normal range between (1.5 and 8.0)
Basophil % Auto: 0.3 % -- Normal range between (0.0 and 2.0)
Monocyte % Auto: 7.4 % -- Normal range between (3.0 and 14.0)
Lymphocyte % Auto: 15.6 % -- Normal range between (15.0 and 45.0)
Absolute Monos: 0.6 10x3/uL -- Normal range between (0.3 and 1.1)
Absolute Eos: 0.1 10x3/uL -- Normal range between (0.0 and 0.6)
Eosinophil % Auto: 0.6 % -- Normal range between (0.0 and 5.0)
Absolute Basos: 0.0 10x3/uL -- Normal range between (0.0 and 0.2)
Neutrophil % Auto: 76.1 % -- Normal range between (40.0 and 78.0)
Absolute Lymphs: 1.3 10x3/uL -- Normal range between (1.0 and 4.0)

Chemistry

10/01/2019 2:28 PM

Creatinine Lvl: 0.7 mg/dL -- Normal range between (0.5 and 0.9)
BUN: 12 mg/dL -- Normal range between (6 and 20)
Glucose Lvl: 103 mg/dL -- Normal range between (70 and 99)
Calcium Lvl: 9.5 mg/dL -- Normal range between (8.5 and 10.5)
CO2: 24 mmol/L -- Normal range between (21 and 29)
eGFR Non-AA: >60 mL/min/1.73 m2
eGFR AA: >60 mL/min/1.73 m2
Chloride Lvl: 103 mEq/L -- Normal range between (97 and 108)
Anion Gap: 13.0 -- Normal range between (3.0 and 11.0)
hCG Ur: Negative
Sodium Lvl: 140 mEq/L -- Normal range between (136 and 145)
Potassium Lvl: 4.4 mEq/L -- Normal range between (3.4 and 5.1)

Toxicology

10/01/2019 2:28 PM

Ethanol Level: <0.01 %
Barbiturate Scrn Ur: Negative
Benzodiazepine Scrn Ur: Negative
Cocaine Scrn Ur: Negative
Methadone Scrn Ur: Negative
Oxycodone Scrn Ur: Negative
Opiate Scrn Ur: Negative
Cannabinoid Scrn Ur: Negative
Ethanol: <10.1 mg/dL -- Normal range between (0.0 and 10.1)

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Phencyclidine Scrn Ur: Positive
Amphetamine Scrn Ur: Negative

SEDATION OR ANESTHESIA

For patients who have received sedation or anesthesia, it is typical to experience sleepiness.

For the first 24 hours:

Do have a responsible person with you.

Do not drive a car. If you are alone, **do not** take public transportation.

Do not drink alcohol.

Do not take medicine that has not been prescribed by your health care provider.

Do not sign important papers or make important decisions.

Name: REED, EMILY

FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:

Dissociative Identity Disorder; Dissociative Identity Disorder

With:

Address:

When:

Follow up with specialist

Comments:

Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

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Name: REED, EMILY

FIN: 1927410070

"You may have received diagnostic testing at this facility for which final results are not yet available. Please follow up on MyCovenantHealth patient portal to obtain your diagnostic results, which will be available once the results are finalized. Contact your primary care physician with any questions regarding diagnostic test results. If you do not have a primary care physician, please contact this facility's emergency department and ask to speak with an emergency department nurse."

MyCovenantHealth Patient Portal is a secure way to access your electronic health records throughout the Covenant Health system. With MyCovenantHealth, you can:

- View lab results and other relevant health documents
- Manage upcoming appointments
- Send secure messages to your provider
- View your medications

How Do I Sign Up for the MyCovenantHealth Patient Portal?

If you've provided your email address to us, you will receive an email invitation to join the MyCovenantHealth patient portal. The email will come from CovenantHealth <noreply@iqhealth.com>. Follow the instructions in the email to access your patient record.

If you have not provided us with your email address, you may self-enroll in the patient portal by going to <https://mycovenanthealth.iqhealth.com/self-enroll> and providing the following required information:

- Name
- Birthdate
- Medical Record Number (MRN). Please do not enter any letters or leading zeroes. For example, if your Medical Record Number is listed as "MREC- 000000123" or "MRN: ABCD000000123," then only enter "123."
- Last four digits of your Social Security number

Then, follow the instructions provided to complete the self-enrollment process. If you have any questions about registering for the MyCovenantHealth patient portal, please contact us at (865) 374-5260.

Once enrolled, to access the patient portal visit <https://mycovenanthealth.iqhealth.com>.

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Patient Name: **REED, EMILY**
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Emergency Documentation

For more information about accessing the MyCovenantHealth patient portal, visit
CovenantHealth.com/MyCovenantHealth.

How Do I Get the MyCovenantHealth App?

Once you've enrolled in the MyCovenantHealth patient portal, you can download the MyCovenantHealth app from the Apple App Store or Google Play Store.

How do I Connect My Health Information with other Health Management Apps?

Covenant Health also offers the ability to securely connect your MyCovenantHealth patient portal information with some of the health management apps you may use. Please visit www.CovenantHealth.com/health-apps to learn more about this opportunity.

Name: REED, EMILY

FIN: 1927410070

NATIONAL HOTLINES

National Suicide Prevention Lifeline

1-800-273-TALK (8255) [24/7 hotline]

1-888-628-9454 (Spanish)

1-800-799-4889 (TTY)

National Alliance on Mental Illness

1-800-950-6264

National Center on Elder Abuse

877-664-6140

National Child Abuse Hotline

1-800-422-4453

National Domestic Violence Hotline

1-800-799-7233 or 1-800-787-3224 (TTY)

National Sexual Assault Hotline

1-800-656-4673 [24/7 hotline]

National Human Trafficking Resource Center

1 (888) 373-7888

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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

TENNESSEE HOTLINES

Suicide & Crisis Hotlines

Listed by City, County, or Service Area

Knox, Blount, Loudon, Sevier, Monroe Counties

Mobile Crisis Unit

24 hours / 7 days

(865) 539-2409

Name: REED, EMILY

FIN: 1927410070

Anderson, Roane, Campbell, Scott, Morgan County

Ridgeview Mobile Crisis

24 hours / 7 days

1-800-870-5481

(865) 481-6175

ATHENS

Contact

McMinn / Meigs Counties

24 hours / 7 days

Helpline

(423) 745-9111

Claiborne County

Cherokee Health Systems Mobile Crisis

24 hours / 7 days

1-800-826-6881

Cumberland County

Volunteer Behavioral Health

1-800-704-2651

Hamblen County

Mobile Crisis

24 hours / 7 days

(423)-586-5031

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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Youth Villages

Children < 18 years
1-866-791-9224

Name: REED, EMILY
FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:
Dissociative Identity Disorder; Dissociative Identity Disorder

With: Follow up with specialist
Address:
When:
Comments:
Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

Document Type:	ED Triage Note
Service Date/Time:	10/1/2019 14:00 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Triage Part 2 - Adult_v2
Sign Information:	MESSICK, ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 2 - Adult_v2 Entered On: 10/01/19 14:08 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

aED Triage Part 2 - Adultv2

Domestic Concerns : Unable to obtain
Document KINDER Falls Risk : Unable to obtain
Behavioral Health Concern : Unable to obtain
High Risk Non-Suicidal : Impaired thought processes, not appropriate for age, or the inability to make appropriate decisions that leads to self-harm or harm to others
ED Clinical Trial : Unable to obtain
ED Language Preference : Unable to obtain
ED Communication Education Barriers : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

Document Type: ED Triage Note
Service Date/Time: 10/1/2019 14:00 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult_v2
Sign Information: MESSICK,ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 1 - Adult_v2 Entered On: 10/01/19 14:07 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

ED Triage Part 1 - Adultv2

Chief Complaint : Sent by pasadena villa for danger to self and elopement risk. Patient refuses to speak or answer any questions.
Lynx Mode of Arrival : Police
ED Allergies/Med Hx Section : Document assessment
RFV Disclaimer : **Note: the 'Reason For Visit' Diagnosis Type is the Chief Complaint. This is not a Clinical Diagnosis. The Discharge Diagnosis is the Clinical Diagnosis for this visit.
Temperature Oral : 36.8 Deg C(Converted to: 98.2 Deg F)
Systolic Blood Pressure : 124 mmHg
Diastolic Blood Pressure : 83 mmHg
Peripheral Pulse Rate : 130 bpm (HI)
Respiratory Rate : 17 br/min
SpO2 : 98 %
Oxygen Therapy : Room air
Pain : No pain observed or expressed
ED Triage Sepsis Screening : None
Weight Method Type : Measured

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

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Height Method Type : Estimated
Weight Dosing : 52.10 kg(Converted to: 114 lb 14 oz)
Height Inches : 64 in(Converted to: 163 cm)
ED Infectious Risk Screening : ED Launch Screening

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

DCP GENERIC CODE

Tracking Acuity : 2 - Emergent
Tracking Group : LCMC ED Tracking Group

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT
(As Of: 10/1/2019 2:07:35 PM EDT)

Diagnoses(Active)

Mental illness
Date: 10/1/2019 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Mental illness ;
Classification: Nursing ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
91097F17-F03A-41F9-9471-2423E720D5E5

ED Triage Allergies

(As Of: 10/1/2019 2:07:35 PM EDT)

Allergies (Active)

Haldol
Estimated Onset Date: Unspecified ; Reactions: unknown ;
Created By: MESSICK, ELIZABETH ANNE RN; Reaction
Status: Active ; Category: Drug ; Substance: Haldol ; Type:
Allergy ; Updated By: MESSICK, ELIZABETH ANNE RN;
Reviewed Date: 10/01/19 14:03 EDT

ED IP Screening

Travel Outside US the Last 6 Months : Unable to obtain
Candida Auris Screening : Unable to obtain
Is there a risk of exposure to an infectious disease or history of infectious disease? : Unable to obtain
Hx of TB exposure, infection, or cough : No, Unable to obtain
ED Mask Patient Alert : Unable to obtain
C Diff Loose Stool Screening : Unable to obtain
ED Immunocompromised : Unable to obtain
ED Hazardous Exposure Screening : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

LeConte Medical Center
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Automated Diff	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	76.1 ^{**}	%	[40.0-78.0]	10/1/2019 14:44 EDT
Lymphocyte % Auto	15.6 ^{**}	%	[15.0-45.0]	10/1/2019 14:44 EDT
Monocyte % Auto	7.4 ^{**}	%	[3.0-14.0]	10/1/2019 14:44 EDT
Eosinophil % Auto	0.6 ^{**}	%	[0.0-5.0]	10/1/2019 14:44 EDT
Basophil % Auto	0.3 ^{**}	%	[0.0-2.0]	10/1/2019 14:44 EDT
Absolute Neuts	6.3 ^{**}	10x3/uL	[1.5-8.0]	10/1/2019 14:44 EDT
Absolute Lymphs	1.3 ^{**}	10x3/uL	[1.0-4.0]	10/1/2019 14:44 EDT
Absolute Monos	0.6 ^{**}	10x3/uL	[0.3-1.1]	10/1/2019 14:44 EDT
Absolute Eos	0.1 ^{**}	10x3/uL	[0.0-0.6]	10/1/2019 14:44 EDT
Absolute Basos	0.0 ^{**}	10x3/uL	[0.0-0.2]	10/1/2019 14:44 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
CBC w/ Automated Differential	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	8.3 ^{**}	10x3/uL	[4.0-11.0]	10/1/2019 14:44 EDT
RBC	5.07 ^{H**}	10x6/uL	[3.90-4.98]	10/1/2019 14:44 EDT
Hgb	16.1 ^{H**}	g/dL	[12.0-15.5]	10/1/2019 14:44 EDT
Hct	46.8 ^{H**}	%	[35.0-45.0]	10/1/2019 14:44 EDT
MCV	92.4 ^{**}	fL	[81.0-93.0]	10/1/2019 14:44 EDT
MCH	31.8 ^{**}	pg	[28.0-35.0]	10/1/2019 14:44 EDT
MCHC	34.4 ^{**}	g/dL	[33.0-37.0]	10/1/2019 14:44 EDT
RDW	13.0 ^{**}	%	[10.9-14.7]	10/1/2019 14:44 EDT
Platelets	298 ^{**}	10x3/uL	[140-400]	10/1/2019 14:44 EDT
MPV	7.7 ^{**}	fL	[6.0-11.1]	10/1/2019 14:44 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Chemistry

Legend: c=Corrected, (A)=Abnormal, I=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Basic Metabolic Panel	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	140 ^{**}	mEq/L	[136-145]	10/1/2019 15:18 EDT
Potassium Lvl	4.4 ^{**}	mEq/L	[3.4-5.1]	10/1/2019 15:18 EDT
Chloride Lvl	103 ^{**}	mEq/L	[97-108]	10/1/2019 15:18 EDT
CO2	24 ^{**}	mmol/L	[21-29]	10/1/2019 15:18 EDT
Glucose Lvl	103 ^{H**}	mg/dL	[70-99]	10/1/2019 15:18 EDT
BUN	12 ^{**}	mg/dL	[6-20]	10/1/2019 15:18 EDT
Creatinine Lvl	0.7 ^{**}	mg/dL	[0.5-0.9]	10/1/2019 15:18 EDT
Calcium Lvl	9.5 ^{**}	mg/dL	[8.5-10.5]	10/1/2019 15:18 EDT
Anion Gap	13.0 ^{H**}		[3.0-11.0]	10/1/2019 15:18 EDT
eGFR AA	>60 ^{**}	mL/min/1.73 m2		10/1/2019 15:18 EDT
eGFR Non-AA	>60 ^{**}	mL/min/1.73 m2		10/1/2019 15:18 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG Qualitative Urine	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
hCG Ur	Negative ^{**}		[Negative]	10/1/2019 14:46 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, I=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Alcohol Level (ETOH Level)	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Ethanol	<10.1 ¹	mg/dL	[0.0-10.1]	10/1/2019 15:25 EDT
Ethanol Level	<0.01 ¹	%		10/1/2019 15:25 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Drugs of Abuse Screen, Urine toxicology	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ⁱ²		[Negative]	10/1/2019 15:25 EDT
Barbiturate Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Benzodiazepine Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Cannabinoid Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Cocaine Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Methadone Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Opiate Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Oxycodone Scrn Ur	Negative ¹		[Negative]	10/1/2019 15:25 EDT
Phencyclidine Scrn Ur	Positive ^{@1}		[Negative]	10/1/2019 15:25 EDT

Interpretive Data

i2: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

Admit: 10/1/2019

FIN: 1927410070

Disch: 10/3/2019

DOB/Age/Sex: 11/16/1996 22 years Female

Admitting: COFFEY, DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient: REED, EMILY
MRN: LCMC0000592122
FIN: 1928001957
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC LAB
Admit: 10/7/2019
Disch: 10/7/2019
Admitting:

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
Automated Diff	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	71.4 ^{**}	%	[40.0-78.0]	10/7/2019 10:53 EDT
Lymphocyte % Auto	21.6 ^{**}	%	[15.0-45.0]	10/7/2019 10:53 EDT
Monocyte % Auto	5.9 ^{**}	%	[3.0-14.0]	10/7/2019 10:53 EDT
Eosinophil % Auto	0.6 ^{**}	%	[0.0-5.0]	10/7/2019 10:53 EDT
Basophil % Auto	0.5 ^{**}	%	[0.0-2.0]	10/7/2019 10:53 EDT
Absolute Neuts	5.2 ^{**}	10x3/uL	[1.5-8.0]	10/7/2019 10:53 EDT
Absolute Lymphs	1.6 ^{**}	10x3/uL	[1.0-4.0]	10/7/2019 10:53 EDT
Absolute Monos	0.4 ^{**}	10x3/uL	[0.3-1.1]	10/7/2019 10:53 EDT
Absolute Eos	0.0 ^{**}	10x3/uL	[0.0-0.6]	10/7/2019 10:53 EDT
Absolute Basos	0.0 ^{**}	10x3/uL	[0.0-0.2]	10/7/2019 10:53 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
CBC w/ Automated Differential	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	7.3 ^{**}	10x3/uL	[4.0-11.0]	10/7/2019 10:53 EDT
RBC	4.76 ^{**}	10x6/uL	[3.90-4.98]	10/7/2019 10:53 EDT
Hgb	15.3 ^{**}	g/dL	[12.0-15.5]	10/7/2019 10:53 EDT
Hct	43.9 ^{**}	%	[35.0-45.0]	10/7/2019 10:53 EDT
MCV	92.3 ^{**}	fL	[81.0-93.0]	10/7/2019 10:53 EDT
MCH	32.1 ^{**}	pg	[28.0-35.0]	10/7/2019 10:53 EDT
MCHC	34.8 ^{**}	g/dL	[33.0-37.0]	10/7/2019 10:53 EDT
RDW	13.0 ^{**}	%	[10.9-14.7]	10/7/2019 10:53 EDT
Platelets	301 ^{**}	10x3/uL	[140-400]	10/7/2019 10:53 EDT
MPV	7.8 ^{**}	fL	[6.0-11.1]	10/7/2019 10:53 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Comprehensive Metabolic Panel	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	139 ¹	mEq/L	[136-145]	10/7/2019 10:51 EDT
Potassium Lvl	4.2 ¹	mEq/L	[3.4-5.1]	10/7/2019 10:51 EDT
Chloride Lvl	101 ¹	mEq/L	[97-108]	10/7/2019 10:51 EDT
CO2	25 ¹	mmol/L	[21-29]	10/7/2019 10:51 EDT
Glucose Lvl	82 ¹	mg/dL	[70-99]	10/7/2019 10:51 EDT
BUN	12 ¹	mg/dL	[6-20]	10/7/2019 10:51 EDT
Creatinine Lvl	0.6 ¹	mg/dL	[0.5-0.9]	10/7/2019 10:51 EDT
Calcium Lvl	9.5 ¹	mg/dL	[8.5-10.5]	10/7/2019 10:51 EDT
Protein Total	7.6 ¹	g/dL	[6.6-8.7]	10/7/2019 10:51 EDT
Albumin Lvl	4.6 ¹	g/dL	[3.5-5.2]	10/7/2019 10:51 EDT
Bilirubin Total	1.0 ¹	mg/dL	[0.2-1.2]	10/7/2019 10:51 EDT
AST	18 ¹	unit/L	[5-32]	10/7/2019 10:51 EDT
ALT	14 ¹	unit/L	[5-41]	10/7/2019 10:51 EDT
Alkaline Phos	70 ¹	unit/L	[35-105]	10/7/2019 10:51 EDT
Anion Gap	13.0 ^{H 1}		[3.0-11.0]	10/7/2019 10:51 EDT
eGFR AA	>60 ^{i 1}	mL/min/1.73 m2		10/7/2019 10:51 EDT
eGFR Non-AA	>60 ¹	mL/min/1.73 m2		10/7/2019 10:51 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Cholesterol Total	160 ¹	mg/dL	[0-200]	10/7/2019 10:51 EDT
HDL Cholesterol	49 ^{i2 1}	mg/dL		10/7/2019 10:51 EDT

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Triglycerides	41 ^{**}	mg/dL	[9-150]	10/7/2019 10:51 EDT
LDL Calculated	102 ^{H**}	mg/dL	[10-100]	10/7/2019 10:51 EDT
Cholesterol/HDL Ratio	3 ^{**}			10/7/2019 10:51 EDT

Interpretive Data

i2: HDL Cholesterol
HDL Cholesterol Note:

LEVEL	RISK
Females -	
> 55	Low
35 - 54	Moderate
< 35	High
Males -	
> 65	Low
45 - 65	Moderate
< 45	High

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG, Beta Quant, Serum	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Beta-HCG Quant	<0.1 ^{**}	mIU/mL	[0.0-5.0]	10/7/2019 11:32 EDT

Result Comments

f1: Beta-HCG Quant
result rechecked

Interpretive Data

i3: Beta-HCG Quant
bHCG REFERENCE RANGE
<5.0 Negative
5.0-15.0 Indeterminate; recommend recollect in 3 days
>15.0 Positive

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: REED, EMILY
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Interpretive Data

i3: Beta-HCG Quant
Weeks post LMP:

3-4 wks 15-750
4-5 wks 18-7,138
5-6 wks 217-31,795
6-7 wks 158-163,563
7-12 wks 3,697 -210,612
12-16 wks 27,832-56,451
16-18 wks 9,040-58,176
2nd Trimester 1,400-53,000
3rd Trimester 940-60,000

This assay is not FDA cleared as a tumor marker.

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Thyroid

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Thyroid Stimulating Hormone	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
TSH	0.82 ^{*1}	mIU/mL	[0.27-4.20]	10/7/2019 11:09 EDT

Interpretive Data

i4: TSH

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name Ordering Provider Accession Number Collected Date/Time
Drugs of Abuse Screen, Urine SEE-FACESHEET,PHYSICIAN 06-19-280-0268 10/7/2019 10:09 EDT
toxicology

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ⁱ⁵ *1		[Negative]	10/7/2019 10:43 EDT
Barbiturate Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Benzodiazepine Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Cannabinoid Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Cocaine Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Methadone Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Opiate Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Oxycodone Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Phencyclidine Scrn Ur	Positive @*1		[Negative]	10/7/2019 10:43 EDT

Interpretive Data

i5: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Urinalysis

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

UA Macroscopic

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Urinalysis Dipstick Only	SEE-FACESHEET,PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
UA Color	Yellow *1		[Yellow]	10/7/2019 10:34 EDT
UA Appear	Clear *1		[Clear]	10/7/2019 10:34 EDT
UA Spec Grav	1.015 *1		[1.030]	10/7/2019 10:34 EDT
UA pH	8 *1		[5.0-8.0]	10/7/2019 10:34 EDT
UA Protein	NEG *1		[NEG]	10/7/2019 10:34 EDT
UA Glucose	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Ketones	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Bili	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Blood	1+ @ *1		[Negative]	10/7/2019 10:34 EDT
UA Nitrite	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Urobilinogen	NEG *1			10/7/2019 10:34 EDT
UA Leuk Est	Negative *1		[Negative]	10/7/2019 10:34 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-