



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 2/26/2019 13:14 EST
Performed On: 2/26/2019 13:12 EST by CASSIDY , EDWARD J

Medicaid Number

Medicaid Coverage : No

CASSIDY , EDWARD J - 2/26/2019 13:12 EST

BH Telephone Contact

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication Refill

Cell Phone Number : 980 [REDACTED]

Reason for call : pt would like a refill of medications to be sent to our pharmacy

Last Visit Date : 11/15/2018 EST

Was Appointment Kept? : Show

CASSIDY , EDWARD J - 2/26/2019 13:12 EST

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 2/26/2019 13:14 EST

Communication Comment : pt wanted to also apologize for missing his appt and state he is doing better than he had been doing in the past and is feeling a lot better but that he never got the reminder of his last appt and got confused on the day and that is why he missed it

CASSIDY , EDWARD J - 2/26/2019 13:14 EST

2. Communication Date/Time : 2/26/2019 15:53 EST

Communication Comment : Please verify which meds he is currently taking.

PENISTON , KATHLEEN KELLY NP - 2/26/2019 15:53 EST

3. Communication Date/Time : 2/26/2019 16:27 EST

Communication Comment : spoke with pt, states he is taking adderall xr, celexa and zyprexa..will forward to NP

WADE , KEISHA RN - 2/26/2019 16:27 EST

4. Communication Date/Time : 2/27/2019 8:34 EST

Communication Comment : These were sent. What about Depakote?

PENISTON , KATHLEEN KELLY NP - 2/27/2019 8:34 EST

5. Communication Date/Time : 2/27/2019 8:43 EST

Communication Comment : attempted to contact pt to ask pt if he is still taking depakote, no answer, left message on vm to return RNs call

Provider:

Date of Service: 2/26/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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WADE , KEISHA RN - 2/27/2019 8:43 EST

6. *Communication Date/Time* : 2/28/2019 13:43 EST

Communication Comment : attempted to contact pt x 2, to ask if he is still taking depakote, no answer, vm is full

WADE , KEISHA RN - 2/28/2019 13:43 EST

7. *Communication Date/Time* : 3/4/2019 14:41 EST

Communication Comment : attempted to contact pt x 3, vm is full....will close

WADE , KEISHA RN - 3/4/2019 14:40 EST

Follow-up Appointment : 03.12.19 @ 1100 EC

Appt Provider : RICHARDSON , ANNE SHELTON MD

CASSIDY , EDWARD J - 2/26/2019 13:12 EST

Provider:

Date of Service: 2/26/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	2/26/2019	
Recorded Time	13:12 EST	
Recorded By	CASSIDY ,EDWARD J	
Procedure		Units
Appt Provider	RICHARDSON , ANNE SHELTON MD	
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:

Date of Service: 2/26/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

Admit Date: 3/12/2019 11:00 EDT
Disch Date: 3/12/2019 23:59 EDT
Admitting: RICHARDSON ,ANNE SHELTON MD
Attending: RICHARDSON ,ANNE SHELTON MD
Printed: 4/10/2020 10:27 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6435313825
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

Office/Clinic Visit Notes

DOCUMENT NAME:

Psychiatric OP Engagement Clinic

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6435313825
Age: **38 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **RICHARDSON , ANNE SHELTON MD**

Psychiatric OP Engagement Clinic

Subjective: Pt arrives for appt at engagement clinic d/t multiple unkept appointments. Together and by chart we review past and current psychiatric hx.

Today patient reports he never able to get Saphris d/t expense.

He has a long review of past meds that he has been on before, all with notable, intolerable side effects.

Most recently he stopped Dep for "know myself very well", and concluded that it was causing dementia and not helping with his psychiatric sx.

Off this med x almost 4 months and "doing great". Eating well, sleeping well, no physical complaints. No mood symptoms, no sadness, elevations, anxiety or irritability. Attn and conc good. No elevated sx reported "I always talk fast".

No acute safety issues. No thoughts of death or dying. No SI. No HI.

Objective:

Vital Signs:

Temperature	No result
Systolic Blood Pressure	124 (11:24)
Diastolic Blood Pressure	80 (11:24)
Pulse	94 (11:24)
SpO2	No result
Respiratory Rate	No result

MSE: Patient is alert and oriented. Fairly dressed in comfortable clothing. Fair hygiene. Has fair eye contact, diff to engage. No abnormal movements or behaviors. Gait and station is normal. Speech is rapid, pressured, normal inflection. Mood is good, affect is elevated. No abnm associations. Overly detailed, goal directed. There is no SI, no HI,

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Office/Clinic Visit Notes

no audiovisual hallucinations or paranoia. Attention and concentration is fair. Recent and remote memory intact. Able to name and repeat objects. Fund of knowledge intact. Judgment and insight is fair

ROS:

Constitutional: No fever, no fatigue, no malaise

Psychiatric: as in Subjective

Neuro: no tremor, no seizures, no delirium or confusion

Health Status

Current medications: Medication Reconciliation Completed, (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

Depakote ER 500 mg oral tablet, extended release: 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s)

Saphris Black Cherry 5 mg sublingual tablet: 5 mg, 1 tablet, SUBLINGUAL, Daily (Clinical), for 30 day(s), 30 tablet, 0 Refill(s)

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s)

citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s)

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed

metFORMIN: 500 mg, daily, 0 Refill(s)

Allergies:

Allergic Reactions (All)

No known allergies

Problem list:

All Problems

Resolved: Obesity / 2535065012

Histories reviewed per chart and updates: "tried everything".

Diagnosis:

Bipolar, type I

ADHD

cluster A traits

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Location: HOMS
Print ID: 367579453

Office/Clinic Visit Notes

Plan:

- pt reports stability. coordination and collateral per primary psych that pt baseline presentation is rapid speech. No other elevated sx reported. no safety concerns.
- reviewed primary psych chart
- psychoed on importance of regular appts and clinic's appointment policy, given blue hand out.
- identified and documented steps for clinic and patient to take to improve appt adherence
- cont meds as he is taking. has enough, sees Kathy in 3 weeks.
- Discussed red flags of returning episode and when to call office.
- We discussed situations that could alter pt's safety, safety/ contingency plans to each of these, contact numbers, when return to clinic, when to go to the emergency room in case of safety issues.

RTC in 3w with primary psych or earlier if needed

Greater than 50% of 20 minute appt was spent in counseling and coordination of care as above

Electronically Signed By: RICHARDSON, ANNE SHELTON MD
03/12/2019 11:50 AM

Admit Date: 3/12/2019 11:00 EDT
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Medication Compliance Status

Admission Medication Reconciliation

Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

Display Line See Instructions, 1 packet as needed, 0, 11/03/11 16:02:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

Display Line See Instructions, 1-2 tablets at bedtime, 60 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

citalopram (citalopram 20 mg oral tablet)

Display Line 20 mg per 1 tablet, ORAL, Daily, 30 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/31/20 14:53:00 EDT

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/03/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 02/04/20 14:57:00 EST

Compliance Status: **Compliance Comments:**

metFORMIN (metFORMIN)

Display Line 500 mg per, daily, 0, 04/15/16 15:22:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

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Consents

Admit Date: 3/12/2019 11:00 EDT
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Insurance

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Location: HOMS
Print ID: 367579453

WILLIAMS III, LEONARD CLINTON

11/1/1980

* Insurance. - Auth (Verified) *

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;
0005837791; 0005837791; 0003160689
6435313825

Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: Est OV Level 3 -99213		
Ordering Physician: RICHARDSON ,ANNE SHELTON MD (National Provider Identifier: 1649590191)		
Electronically Signed By: RICHARDSON ,ANNE SHELTON MD		
Order Details: 3/12/19 11:36:00 AM EDT, Bipolar I disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 3/12/2019 11:36 EDT	Entered By: RICHARDSON ,ANNE SHELTON MD
Ordering Provider: RICHARDSON ,ANNE SHELTON MD	Supervising Provider:	
Order Details: 03/12/19 11:36:00 EDT, Bipolar I disorder		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 3/12/2019 11:00 EDT
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary



Atrium Health

CMC Randolph OMS Medication Clinic

501 Billingsley Rd
Charlotte, NC 28211

Patient Visit Summary

Name: WILLIAMS III, LEONARD CLINTON	MRN: 0000642066	DOB: 11/1/1980
Phone: (980) [REDACTED]	Age: 38 Years	Gender: Male
Primary Care Provider: BRADNER , RICHARD L MD	Race: White	Ethnicity: Not Hispanic or Latino
Preferred Language: English	Allergies: No known allergies	Visit Date: 03/12/2019

Atrium Health thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Information from today's visit may be missing or incomplete if your Atrium Health facility/provider has yet to transition to all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your regular doctor is:RICHARDSON , ANNE SHELTON MD

Your doctor or location today:RICHARDSON , ANNE SHELTON MD

Reason for Visit:

Today's Diagnosis:Bipolar I disorder

Today's Clinical Information:

Admit Date: 3/12/2019 11:00 EDT
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

Discharge Information - Patient Education

Height: 5 ft 11.5 inch

Weight: 98.9 kg

BMI: 29.99 kg/m²

Blood Pressure: 124 mmHg / 80 mmHg

Additional Information:

Problem List:

No Problems
found

Recorded at this visit:

Procedures

No Procedures documented

Medications and Immunizations Administered During This Visit

No medication administered during this visit

Orders this Visit

Ambulatory Communications

Follow-Up Appt

Completed Information:

Laboratory and Radiology this Visit (last charted value for your 03/12/2019 visit)

No Laboratory and Radiology documented

My Medicine List

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	

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DOB: 11/1/1980 Age: 38 years Sex: Male
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Print ID: 367579453

Discharge Information - Patient Education

3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
4.	metFORMIN (metFORMIN) 500 mg daily	
5.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	
<i>These Medicines have been Changed or Stopped</i>		
This medicine has been stopped. asenapine (Saphris Black Cherry 5 mg sublingual tablet) 1 tablet under the tongue daily		

*This is a list of current information in your Atrium Health medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

Reminders:

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

Follow-Up

Appointments You Need to Make

Appointments You Already Have

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

	Date	Time	Location	Provider	Phone Number
1.	04/02/19	10:40 am	CMC R OMS Medication Clinic	Peniston NP, Kathleen Kelly	

Patient Safety Information

Call 911 for All Emergencies

Admit Date: 3/12/2019 11:00 EDT
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Discharge Information - Patient Education

Quit Smoking or Tobacco Use For more information, call **1-800-784-8669**

Suicide Information National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

Poison Control Center A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

MyAtriumHealth Patient Online Access

Atrium Health now offers MyAtriumHealth. It provides easy and secure online access to your health information. With MyAtriumHealth, you can:

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

These are just some of the things you can do with MyAtriumHealth. For more information and to get started, visit <https://myatriumhealth.org> Choose **Enroll Online**.

Non-Discrimination Policy Statement

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

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Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Patient Education Materials

MRN: 0000642066

Name: WILLIAMS III, LEONARD CLINTON

Visit Date: 3/12/2019 11:00:00

FIN: 6435313825

DOB: 11/1/1980

Atrium Health thanks you for allowing us to assist you with your healthcare needs. Should you have any questions or concerns regarding your visit, please contact your physician at your convenience

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Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 3/12/2019 11:25 EDT
Performed On: 3/12/2019 11:25 EDT by WARE , QUANDRA RMA

Ambulatory Educational Assessment

Identified Learning Needs : Medications, Pain management

(Comment: citalopram, adderall, depakote, zyprexa, [WARE , QUANDRA RMA - 3/12/2019 11:25 EDT])

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

WARE , QUANDRA RMA - 3/12/2019 11:25 EDT

Admit Date: 3/12/2019 11:00 EDT
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BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic Initial - BH Entered On: 3/12/2019 11:24 EDT
Performed On: 3/12/2019 11:15 EDT by WARE , QUANDRA RMA

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Allergies

(As Of: 3/12/2019 11:24:52 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* FERRARO, NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* FERRARO, NICHOLAS P RN; *Reviewed Date:* 3/12/2019 11:16 EDT

Latex Allergy : No

Spina Bifida : No

Denies Latex Signs Symptoms : Yes

Pregnancy Status : N/A

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Med List

Confirmation of Medication Reconciliation : Yes

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Medication List

(As Of: 3/12/2019 11:24:52 EDT)

Prescription/Discharge Order

citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 2/27/2019 08:34:09

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 2/27/2019 08:34:04

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2

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Location: HOMS
Print ID: 367579453

BH Clinical Documentation

capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 2/27/2019 08:34:03

asenapine : asenapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Saphris Black Cherry 5 mg sublingual tablet ; *Simple Display Line:* 5 mg, 1 tablet, SUBLINGUAL, Daily (Clinical), for 30 day(s), 30 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* asenapine ; *Order Dt/Tm:* 11/15/2018 10:17:50

divalproex sodium : divalproex sodium ; *Status:* Prescribed ; *Ordered As Mnemonic:* Depakote ER 500 mg oral tablet, extended release ; *Simple Display Line:* 1,000 mg, 2 tablet, ORAL, Daily, for 30 day(s), 60 tablet, 1 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* divalproex sodium ; *Order Dt/Tm:* 11/15/2018 10:12:19

Home Meds
metFORMIN

: metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

General Admission Information

Legal Guardian : No

Information Given By : Patient

Cultural/Spiritual Practices Impact Tx : No

Presenting Problem : EC Sees Kathy, Pt is not taking depakote, hasn't started Saphris too expensive, No SI/HI, no plan, Pt says he's not 100% sure he missed 2 appts, and he didn't receive a reminder for the 2nd appt

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Communication

Preferred Communication Mode : Verbal

Communication Barriers : None

Preferred Language for Healthcare : English

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Advance Directives

Advance Directive Documents in EMR RTF : No Advance Directive documents available.

Admit Date: 3/12/2019 11:00 EDT
Disch Date: 3/12/2019 23:59 EDT
Admitting: RICHARDSON ,ANNE SHELTON MD
Attending: RICHARDSON ,ANNE SHELTON MD
Printed: 4/10/2020 10:27 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6435313825
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

BH Clinical Documentation

Advance Directive Completed : No or does not know
Reason No Living Will or POA : Unable/Did not wish to provide advance directive
Advance Directive More Info Requested : No

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Risk for Harm to Others

Assaultive Ideations : No
Homicidal Ideations : No
Access to Firearms/Weapons : No

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. *Have you wished you were dead or wished you could go to sleep and not wake up? (ref)* : Since last visit, no
2. *Have you actually had any thoughts of killing yourself? (ref)* : Since last visit, no
6. *Have you done anything, started to do anything, or prepared to do anything to end your life? (ref)* : Since last visit, no

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Social History

Social History

(As Of: 3/12/2019 11:24:52 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last Updated: 3/12/2019 11:17:25 EDT by WARE , QUANDRA RMA)

Alcohol:

Denies (Last Updated: 3/12/2019 11:17:22 EDT by WARE , QUANDRA RMA)

Drug Abuse:

Denies (Last Updated: 3/12/2019 11:17:20 EDT by WARE , QUANDRA RMA)

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Communications - Acute

Primary Care Provider : BRADNER , RICHARD L MD

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

Phone Number Availability : Phone will be off at work. Please leave message

Provider of Record 1 : BRADNER , RICHARD L MD

Provider Practice 1 : PCP

Provider of Record 2 : PENISTON , KATHLEEN KELLY NP

Provider Practice 2 : Psychiatrist

Provider of Record 3 : None

Provider Practice 3 : Therapist none

Provider Comment 3 : not interested at this time 04/17/18

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Admit Date: 3/12/2019 11:00 EDT
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BH Clinical Documentation

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

BH Comm Share Info with others : Denies

OC Reviewed Contact List : 3/12/2019 11:15 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Vitals

Height Actual or Stated? : Stated/Estimated

Height Documented in (UOM) : feet/inches

Height : 181.61 cm

Height Contributor (ft) : 5 ft

Height Contributor (inches) : 11.5 inch

Clinical Weight Contributor (kg) : 98.9 kg

Weight Actual or Stated? : Actual

Clinical Weight Documented in (UOM) : kg

Weight : 98.9 kg

Body Mass Index : 29.99 kg/m2

Body Surface Area : 2.23 m2

Peripheral Pulse Rate : 94 BPM

Systolic Blood Pressure : 124 mmHg

Diastolic Blood Pressure : 80 mmHg

Weight (lbs.) : 218.04 lb

Height (ft.) : 5.96 ft

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Pain History

Pain Present : No

WARE , QUANDRA RMA - 3/12/2019 11:15 EDT

Admit Date: 3/12/2019 11:00 EDT
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

Vitals View

Recorded Date	3/12/2019	
Recorded Time	11:15 EDT	
Recorded By	WARE ,QUANDRA RMA	
Procedure		Units
Height	181.61	cm
Weight	98.9	kg
BSA	2.23	m2
Body Mass Index	29.99	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	94	BPM
Systolic Blood Pressure	124	mmHg
Diastolic Blood Pressure	80	mmHg
Pain Present	No	

Admit Date: 3/12/2019 11:00 EDT
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: HOMS
Print ID: 367579453

Patient Assessment

Patient Assessment

Recorded Date	3/12/2019
Recorded Time	11:15 EDT
Recorded By	WARE ,QUANDRA RMA
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Admit Date: 3/12/2019 11:00 EDT
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Location: HOMS
Print ID: 367579453

Psychosocial

Psychosocial

	Recorded Date	3/12/2019
	Recorded Time	11:15 EDT
	Recorded By	WARE ,QUANDRA RMA
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Admit Date: 3/12/2019 11:00 EDT
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Visit Information

Visit Information

Recorded Date	3/12/2019	
Recorded Time	11:15 EDT	
Recorded By	WARE ,QUANDRA RMA	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Preferred Communication Mode	Verbal	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Admit Date: 3/12/2019 11:00 EDT
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General Admission History

General Admission History

Recorded Date	3/12/2019
Recorded Time	11:15 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below ^{T1}
Pregnant	N/A

Textual Results

T1: 3/12/2019 11:15 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Admit Date: 3/12/2019 11:00 EDT
Disch Date: 3/12/2019 23:59 EDT
Admitting: RICHARDSON ,ANNE SHELTON MD
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Location: HOMS
Print ID: 367579453

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	3/12/2019
Recorded Time	11:15 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Admit Date: 3/12/2019 11:00 EDT
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Print ID: 367579453

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	3/12/2019
Recorded Time	11:25 EDT
Recorded By	WARE ,QUANDRA RMA
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Admit Date: 3/12/2019 11:00 EDT
Disch Date: 3/12/2019 23:59 EDT
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Printed: 4/10/2020 10:27 EDT

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Location: HOMS
Print ID: 367579453

Behavioral Health

Behavioral Health

Recorded Date	3/12/2019	
Recorded Time	11:15 EDT	
Recorded By	WARE ,QUANDRA RMA	
Procedure		Units
Presenting Problem	See Below ^{T1}	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Access to Firearms/Weapons	No	

Textual Results

T1: 3/12/2019 11:15 EDT (Presenting Problem)

EC Sees Kathy, Pt is not taking depakote, hasn't started Saphris too expensive, No SI/HI, no plan, Pt says he's not 100% sure he missed 2 appts, and he didn't receive a reminder for the 2nd appt

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Location: HOMS
Print ID: 367579453

Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

Allergy Type Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 3/12/2019 11:00 EDT
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Print ID: 367579453



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/2/2019
Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Office/Clinic Visit Notes

DOCUMENT NAME:

PSYCH OMS NP WITH NURSE

Patient: **WILLIAMS III, LEONARD CLINTON** MRN: 0000642066 FIN: 6435933572
Age: **38 years** Sex: **Male** DOB: **11/1/1980**
Associated Diagnoses: **None**
Author: **PENISTON , KATHLEEN KELLY NP**

Visit Information

Visit type

Accompanied by

History limitation

History of Present Illness

Nursing assessment reviewed.

- Last seen in EC by Dr. Richardson on 3/12/19.
- On Zyprexa, Celexa, Adderall. Stopped Depakote on his own. Never filled Saphris due to cost.
- Working for self - this has caused some financial issues. Looking for FT work.
- Mood - fair. Stress related to finances.
- Sleep fair - 8 hours per night. Appetite stable
- Energy good - exercising daily. Concentration variable.
- Short term memory has been poor. Has subscription to Cambridge Brain Services.
- No alcohol or illicit substances. No thoughts of harming others. No AH/VH

Review of Systems

Constitutional: Negative except as documented in history of present illness.

Health Status

Allergies:

Allergic Reactions (All)

No known allergies

Current medications: (Selected)

Prescriptions

Prescribed

Adderall XR 20 mg oral capsule, extended release: See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s)

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax:

Office/Clinic Visit Notes

ZyPREXA 5 mg oral tablet: See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s)
citalopram 20 mg oral tablet: 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s)

Documented Medications

Documented

Goodys Extra Strength: See Instructions, 1 packet as needed
metFORMIN: 500 mg, daily, 0 Refill(s)

Problem list:

All Problems

Resolved: Obesity / SNOMED CT 2535065012

This Problem was set by a rule (CHS_EKS_BMI_PROB).

This Problem was resolved by a rule (CHS_EKS_BMI_PROB).

Histories

Past Medical History:

Resolved

Obesity (2535065012): Resolved on 3/12/2019 at 38 years.

Comments:

7/2/2018 EDT 13:23 EDT - SYSTEM

This Problem was set by a rule (CHS_EKS_BMI_PROB).

3/12/2019 EDT 11:24 EDT - SYSTEM

This Problem was resolved by a rule (CHS_EKS_BMI_PROB).

Family History:

HYPERTENSION

GM, Maternal

Cancer

Father

GM, Paternal

GF, Paternal

GM, Maternal

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

Alcohol

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone:

Fax:

Office/Clinic Visit Notes

04/02/2019 **Use:** Denies

Drug Abuse

04/02/2019 **Use:** Denies

Tobacco

04/02/2019 **Smoking Status:** Never smoker

Years Active Cigarette Smoker: 0

Avg # Packs Per Day (20 cigs/pack): 0.

Physical Examination

Mental Status Examination:

General appearance: Appropriately dressed and groomed.

Gait & station: Normal.

Strength & tone: Not tested.

Attention & concentration: Normal.

Orientation: Oriented X4.

Language: Normal.

Level of consciousness: Alert.

Fund of Knowledge: Average.

Recent & Remote Memory: No impairment in recent or remote.

Speech: Rapid, Overproductive, Perseverative.

Thought process: Perseverating.

Mood and affect: Labile, Anxious.

Thought content: No violent thoughts, No suicidal thoughts, No homicidal thoughts.

Perceptions+: No abnormalities.

Insight: Fair.

Judgment: Fair.

VS/Measurements

Vital Signs

4/2/2019 10:41 EDT

Peripheral Pulse Rate

103 BPM HI

Systolic Blood Pressure

148 mmHg HI

Diastolic Blood Pressure

91 mmHg HI

Blood Pressure Location

Right arm

BP Instrument

Manual

Blood Pressure Position

Sitting

, Measurements from flowsheet : Measurements - Standard

4/2/2019 10:41 EDT

Height Contributor (ft)

5 ft

Height Contributor (inches)

11.5 inch

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

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Phone:

Fax:

Office/Clinic Visit Notes

Health Maintenance

Health Maintenance

Pending (in the next year)

OverDue

- Pneumococcal Vaccine due One-time only

Due

Body Mass Index Follow-Up Plan due 04/02/19 and every

HIV Screening due 04/02/19 One-time only

Influenza Vaccination due 04/02/19 and every

Tdap Vaccine due 04/02/19 One-time only

Tetanus Vaccine due 04/02/19 and every 10 year(s)

Due In Future

Body Mass Index not due until 03/11/20 and every 1 year(s)

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 04/28/18. Satisfied by POWELL , CAROLYN B RTR

Impression and Plan

Dx/Order Association Plan

Psychiatric Diagnoses: Bipolar, type I MRE mixed; ADD; cluster A traits

Medical Diagnoses: diabetes, elevated cholesterol and triglycerides

Psychosocial Stressors: finances

Summary: Doing fairly well.

Plan

- 1) Medication: Zyprexa 5mg 2 tab at HS; Celexa 20mg daily. Adderall XR 20 BID.
- 2) Therapy - Patient is seeing a neurologist and plans to have neuropsych testing
- 3) Labwork Ordered - need updated labs - will order at next visit.
- 4) SA Treatment - Not indicated
- 5) RTC in 3 months for further evaluation of medication.
- 6) Patient was provided with education regarding medication and treatment plan.
- 7) Patient is aware of emergency services availability including Psychiatric ED and Mobile Crisis.
- 8) Patient is aware to contact OMS for any needed medication adjustments.
- 9) Return to work written and given to patient.

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

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Fax:

Office/Clinic Visit Notes

Professional Services

Amount of time spent with patient - Minutes

Greater than 50% of the time spent with patient was devoted to counseling and coordination of care.

Electronically Signed By: PENISTON, KATHLEEN KELLY NP

04/02/2019 11:30 AM

Electronically Signed By: CASTRO, MANUEL A MD

04/03/19 01:59 PM

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Consents

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



HEALTH REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health ("Atrium Health"), maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize Atrium Health to perform on me the care ordered by my providers. I understand that I have the right to be informed by my providers of the nature and purpose of any proposed treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with them. This form is not a substitute for such explanations, which are the responsibility of my providers to provide according to recognized standards of medical practice, and I acknowledge that Atrium Health and its personnel are not responsible for providing me this information for non-Atrium Health providers. I consent to receive services by interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if an insurance plan may not cover or continue to cover specific services, including the specific services rendered during the medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to Atrium Health under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the medical bill, and hereby authorize direct payment to Atrium Health and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits as well as any professional group contracted by Atrium Health for professional services they may perform for me, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to Atrium Health, my providers, and those professional groups or entities included in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my providers and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my provider's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered as part of medical treatment. If Atrium Health deems necessary, I authorize Atrium Health to file member grievances on my behalf with my health plan for any denied claims. I appoint representatives of Atrium Health to act as my representative in pursuing such grievances. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due Atrium Health, my providers, or those professional groups or entities for services in connection with this medical treatment, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to Atrium Health or any other facility or entity related to Atrium Health, my providers, or other professional groups or entities included in this assignment.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that Atrium Health has contracted with certain independent professional groups for such groups to provide exclusively certain medical services at Atrium Health facilities, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services are independent contractors, are not employees or agents of Atrium Health, and are not subject to control or supervision by Atrium Health in their delivery of professional services.

USE OF MEDICAL INFORMATION. I understand that Atrium Health and my providers and independent professional groups providing medical services can use my information for treatment, payment, and health care operations, as further outlined in the Atrium Health Notice of Privacy Practices. As clarification, I understand that Atrium Health and my providers may give any medical information relating to my medical treatment to any insurance company, governmental or charitable and social service agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my medical treatment. I also understand that Atrium Health and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care or support services. I authorize Atrium Health and my provider to take and produce pictures, recordings, and/or videos of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and videos being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize Atrium Health and my providers to release any medical information necessary to prove Atrium Health's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts.

PHONE AND TEXT MESSAGE COMMUNICATIONS. I authorize Atrium Health and its representatives (including third-party agents) to contact me by phone using pre-recorded messages and/or automated dialing systems at any phone number associated with me or my personal representatives, including wireless numbers, in connection with any matter relating to my treatment, payment, or account, or to advise me of products or services that may be of interest to me. I can only decline to receive further calls or messages by following the reasonable instructions specifically provided by Atrium Health. I understand that I am not required to agree to receive phone calls and messages in order to receive treatment or other Atrium Health services. By providing my email address and cell phone number, I give permission for Atrium Health (including its agents and contractors) to send me information, reminders, and messages using those means of communication. I authorize Atrium Health to send me unencrypted messages using these means of communication, and I understand and accept the risks associated with doing so.

Atrium Health - 10/2018

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by Atrium Health and my physicians and other providers for my medical treatment. This guaranty includes charges for services not covered by any insurance, regardless of the reason that insurance coverage is denied. I agree to pay the Hospital account I incur in accordance with the rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and Atrium Health or my providers use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize Atrium Health and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that Atrium Health may assign my accounts as it

*** Request for Treatment and Authorization - Auth (Verified) ***

deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys.

PERSONAL PROPERTY. I understand that Atrium Health is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.


APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES. I appoint the Financial Counseling staff of Atrium Health as my (and the patient's) agent and personal representative for the purpose of initiating applications for Medical Assistance programs and/or conducting any and all activities associated with determining eligibility for such benefits, including, but not limited to, including Medical Assistance, Aid to Families with Dependent Children, and Special Assistance. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to send copies of all notices, requests for information, and actions taken in my case including approvals and denials, and to provide such information to the Financial Counselor electronically or via telephone if requested. I authorize the Atrium Health, at its own expense, to obtain legal representation to assist in the evaluation, application or appeal processes. The doctrine of informed consent has been explained to me.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. I acknowledge that this consent is voluntary and that it may be revoked by me in writing at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later; however, the consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below. Witness my (our) hand(s) and seal(s) below.

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

Atrium Health - 10/2018

Patient Signature:


Signature captured with Topaz by Williams, Leonard Clinton III at 4/2/2019 10:16:51 AM

(Seal)

Witness: "Electronically Signed by" Marisa E Day 4/2/2019 10:16 AM


Responsible party:

(Seal)

Relationship to Patient:

I have been provided a copy of Atrium Health Notice of Privacy Practices.

Signature (Patient or Authorized Representative)


Signature captured with Topaz by Williams, Leonard Clinton III at 4/2/2019 10:16:51 AM

Relationship to Patient:

Reason Patient Unable/Unwilling to sign:

Witness: "Electronically Signed by" Marisa E Day 4/2/2019 10:16 AM



901

Williams, Leonard Clinton III

CSN: 6435933572

MRN: 0000642066





AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Insurance

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

11/1/1980

* Insurance. - Auth (Verified) *

**Insurance Verification Letter**

Patient's Name: Williams, Leonard Clinton III
Admit Date: No admission date for patient encounter.
Account Number: 6435933572

Most insurance companies require the hospital to notify them of your admission/visit and advise them of your progress. Please take a few minutes and verify that the insurance information we have on file for you is correct. If your visit today is for the birth of a child, please let us know if the insurance information below will also apply to the newborn baby's account.

Primary Insurance Name: N/A

Secondary Insurance Name: N/A

No Insurance Coverage/Self Pay: NO COVERAGES

If you are currently without Medicare, Medicaid, or insurance coverage (uninsured) for today's visit then you may be eligible to apply and/or be screened for other coverage options and financial assistance.

If you have Medicaid "Be Smart" Family Planning coverage, your coverage is limited to applicable outpatient services. Inpatient and emergency department services are not covered under the Medicaid "Be Smart" Family Planning Program therefore you will be financially responsible for today's services and billed as self-pay.

If you have no coverage, you understand that by signing this form you are indicating that you have no insurance coverage and that you will cooperate and participate in the efforts to help you qualify for any applicable coverage such as Medicaid. Failure to fully cooperate with these efforts will disqualify you from eligibility for any financial assistance. Information on financial assistance is available on the Atrium Health website at www.atriumhealth.org

I attest the information above is correct to the best of my knowledge and reflects my current insurance coverage or my confirmation that I have no coverage (Insurance, Medicare, or Medicaid) for these services. I have also been advised to notify the hospital as soon as possible if there are any changes to the insurance coverage listed above to ensure I am not held financially responsible for services that could be covered by insurance. I understand that failure to disclose insurance coverage may result in the responsible party having to pay for services that would have been paid by insurance if the hospital is unable to bill the insurer within their billing deadlines.

E-Signature

A handwritten signature in black ink, appearing to read "L. Clinton III", written over a horizontal line.

Signature: Signature captured with Topaz by Williams, Leonard Clinton III at 4/2/2019 10:17:13 AM

Relationship to Patient:



039



WILLIAMS III, LEONARD CLINTON

0000642066; 3714274; 0005837791; 0005837791; 0005837791; 0005837791;
0005837791; 0005837791; 0003160689
6435933572

11/1/1980

* Insurance. - Auth (Verified) *

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: Est OV Level 3 -99213		
Ordering Physician: PENISTON ,KATHLEEN KELLY NP (National Provider Identifier: 1346260254)		
Electronically Signed By: PENISTON ,KATHLEEN KELLY NP		
Order Details: 4/2/19 11:28:00 AM EDT, ADD (attention deficit disorder) Bipolar disorder		
Order Comment:		
Action Type: Order	Action Date/Time: 4/2/2019 11:28 EDT	Entered By: PENISTON ,KATHLEEN KELLY NP
Ordering Provider: PENISTON ,KATHLEEN KELLY NP		Supervising Provider: CASTRO ,MANUEL A MD
Order Details: 04/02/19 11:28:00 EDT, Bipolar disorder ADD (attention deficit disorder)		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/2/2019
Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Amb Depart Summary

Amb Depart Summary**CMC Randolph OMS Medication Clinic**501 Billingsley Rd
Charlotte, NC 28211**Patient Visit Summary**

Name: WILLIAMS III, LEONARD CLINTON	MRN: 0000642066	DOB: 11/1/1980
Phone: (980) [REDACTED]	Age: 38 Years	Gender: Male
Primary Care Provider: BRADNER, RICHARD L MD	Race: White	Ethnicity: Not Hispanic or Latino
Preferred Language: English	Allergies: No known allergies	Visit Date: 04/02/2019

Atrium Health thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Information from today's visit may be missing or incomplete if your Atrium Health facility/provider has yet to transition to

Provider: CASTRO, MANUEL A MD
Date of Service: 4/2/2019
Visit #: 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your regular doctor is: MURRAY, PHILLIP MICHAEL MD

Your doctor or location today: PENISTON, KATHLEEN KELLY NP

Reason for Visit:

Today's Diagnosis: ADD (attention deficit disorder); Bipolar disorder

Today's Clinical Information:

Height: 5 ft 11.5 inch

Weight: 98.20 kg

BMI: 29.77 kg/m²

Blood Pressure: 148 mmHg / 91 mmHg

[Additional Information:](#)

Problem List:

No Problems
found

Recorded at this visit:

Procedures

No Procedures documented

Medications and Immunizations Administered During This Visit

No medication administered during this visit

Orders this Visit

Provider: CASTRO, MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

No visit orders documented

Completed Information:**Laboratory and Radiology this Visit** (last charted value for your 04/02/2019 visit)

No Laboratory and Radiology documented

My Medicine List

	New Medicines to take at Home	Prescription	Next Dose Due
1.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
2.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd Charlotte, NC, 28211-1009 Phone: (704)358-2860	
5.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	Sent to CMC RANDOLPH PHARMACY 501 Billingsley Rd	

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/2/2019**Visit #:** 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

		Charlotte, NC, 28211-1009 Phone: (704)358-2860	
	Continue Taking These Medicines at Home	Next Dose Due	
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed		
2.	metFORMIN (metFORMIN) 500 mg daily		

*This is a list of current information in your Atrium Health medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

Reminders:

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to **all** Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

Follow-Up**Appointments You Need to Make****Appointments You Already Have**

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

Patient Safety Information**Call 911 for All Emergencies****Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/2/2019**Visit #:** 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

Quit Smoking or Tobacco Use For more information, call **1-800-784-8669**

Suicide Information National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

Poison Control Center A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

MyAtriumHealth Patient Online Access

Atrium Health now offers MyAtriumHealth. It provides easy and secure online access to your health information. With MyAtriumHealth, you can:

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

These are just some of the things you can do with MyAtriumHealth. For more information and to get started, visit <https://myatriumhealth.org> Choose **Enroll Online**.

Non-Discrimination Policy Statement

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Patient Education

Patient Education



Patient Education Materials

MRN: 0000642066

Name: WILLIAMS III, LEONARD CLINTON

Visit Date: 4/2/2019 10:40:00

FIN: 6435933572

DOB: 11/1/1980

Atrium Health thanks you for allowing us to assist you with your healthcare needs. Should you have any questions or concerns regarding your visit, please contact your physician at your convenience

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115760



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Ambulatory Depart Form - Text

Ambulatory Depart Form Entered On: 4/2/2019 10:45 EDT

Performed On: 4/2/2019 10:44 EDT by LACY , SARAH LPN

Ambulatory Educational Assessment

Identified Learning Needs : Medications, Pain management

Preferred Learning Methods : Discussion, Observing

Barriers to Learning : None evident

LACY , SARAH LPN - 4/2/2019 10:44 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115760



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Discharge Information - Patient Education

DOCUMENT NAME:

Education/Pt. Response Form - Text

Education/Pt. Response Entered On: 4/2/2019 11:28 EDT

Performed On: 4/2/2019 11:27 EDT by PENISTON , KATHLEEN KELLY NP

Response to Education

Response to Teaching : Attentive and verbalizes understanding

PENISTON , KATHLEEN KELLY NP - 4/2/2019 11:27 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115760

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

Outpatient Medication Clinic Initial - BH Entered On: 4/2/2019 10:44 EDT
Performed On: 4/2/2019 10:41 EDT by LACY , SARAH LPN

Travel History*Pregnant :* N/A*Recent Travel Outside of United States :* No travel/no contact within past 14 days

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Allergies

(As Of: 4/2/2019 10:44:50 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* FERRARO,
NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ;
Substance: No known allergies ; *Type:* Allergy ; *Updated By:*
FERRARO, NICHOLAS P RN; *Reviewed Date:* 4/2/2019
10:41 EDT

Latex Allergy : No*Spina Bifida :* No*Denies Latex Signs Symptoms :* Yes*Pregnancy Status :* N/A

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Med List*Confirmation of Medication Reconciliation :* Yes

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Medication List

(As Of: 4/2/2019 10:44:50 EDT)

Prescription/Discharge Order

citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:*
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1
tablet, ORAL, Daily, 30 tablet, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram
; *Order Dt/Tm:* 2/27/2019 08:34:09

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/2/2019**Visit #:** 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 2/27/2019 08:34:04

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 2/27/2019 08:34:03

Home Meds
metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

General Admission Information

Legal Guardian : No
Information Given By : Patient
Cultural/Spiritual Practices Impact Tx : No
Presenting Problem : Medication management

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Communication

Communication Barriers : None
Preferred Language for Healthcare : English

Provider: CASTRO ,MANUEL A MD**Date of Service:** 4/2/2019**Visit #:** 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Advance Directives

Advance Directive Documents in EMR RTF : No Advance Directive documents available.

Advance Directive Completed : No or does not know

Reason No Living Will or POA : Unable/Did not wish to provide advance directive

Advance Directive More Info Requested : No

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Risk for Harm to Others

Assaultive Ideations : No

Homicidal Ideations : No

Does Patient Have a Plan : No

Recent Attempt to Harm Others : No

Access to Firearms/Weapons : No

History of Danger to others : No

LACY , SARAH LPN - 4/2/2019 10:41 EDT

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Social History

Social History

(As Of: 4/2/2019 10:44:50 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last

Updated: 4/2/2019 10:42:18 EDT by LACY , SARAH LPN)

Alcohol:

Denies (Last Updated: 4/2/2019 10:42:21 EDT by LACY ,
SARAH LPN)

Drug Abuse:

Denies (Last Updated: 4/2/2019 10:42:23 EDT by LACY ,
SARAH LPN)

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation*Social History Categories Addressed :* Tobacco, Alcohol, Drug abuse

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Communications - Acute*Primary Care Provider :* BRADNER , RICHARD L MD*Cell Phone Number :* 980- [REDACTED]*Leave Voicemail :* Yes*Phone Number Availability :* Phone will be off at work. Please leave message*Provider of Record 1 :* BRADNER , RICHARD L MD*Provider Practice 1 :* PCP*Provider of Record 2 :* PENISTON , KATHLEEN KELLY NP*Provider Practice 2 :* Psychiatrist*Provider of Record 3 :* None*Provider Practice 3 :* Therapist none*Provider Comment 3 :* not interested at this time 04/17/18

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Communications - BH*Patient Agreement Comm BH :* The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].*BH Comm Share Info with others :* Denies*OC Reviewed Contact List :* 4/2/2019 10:41 EDT*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Vitals*Height Actual or Stated? :* Stated/Estimated*Height Documented in (UOM) :* feet/inches*Height :* 181.61 cm*Height Contributor (ft) :* 5 ft*Height Contributor (inches) :* 11.5 inch*Clinical Weight Contributor (kg) :* 98.20 kg*Weight Actual or Stated? :* Actual*Clinical Weight Documented in (UOM) :* kg*Weight :* 98.2 kg*Body Mass Index :* 29.77 kg/m2*Body Surface Area :* 2.23 m2*Peripheral Pulse Rate :* 103 BPM (HI)*Systolic Blood Pressure :* 148 mmHg (HI)*Diastolic Blood Pressure :* 91 mmHg (HI)**Provider:** CASTRO ,MANUEL A MD**Date of Service:** 4/2/2019**Visit #:** 6435933572**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

Blood Pressure Location : Right arm

Blood Pressure Position : Sitting

BP Instrument : Manual

Weight (lbs.) : 216.49 lb

Height (ft.) : 5.96 ft

Pain History

Pain Present : No

LACY , SARAH LPN - 4/2/2019 10:41 EDT

LACY , SARAH LPN - 4/2/2019 10:41 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Vitals View

Recorded Date	4/2/2019	
Recorded Time	10:41 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Height	181.61	cm
Weight	98.2	kg
BSA	2.23	m2
Body Mass Index	29.77	kg/m2
Height Contributor (ft)	5	ft
Height Contributor (inches)	11.5	inch
Peripheral Pulse Rate	103 ^H	BPM
Systolic Blood Pressure	148 ^H	mmHg
Diastolic Blood Pressure	91 ^H	mmHg
Blood Pressure Location	Right arm	
BP Instrument	Manual	
Blood Pressure Position	Sitting	
Pain Present	No	

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Patient Assessment

Patient Assessment

Recorded Date	4/2/2019
Recorded Time	10:41 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Social History Categories Addressed	Tobacco, Alcohol, Drug abuse

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Psychosocial

Psychosocial

	Recorded Date	4/2/2019
	Recorded Time	10:41 EDT
	Recorded By	LACY ,SARAH LPN
Procedure	Units	
CSSRS Reassess Able to Assess		Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	4/2/2019	
Recorded Time	10:41 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Pregnancy Status	N/A	
Information Given By	Patient	
Primary Care Provider	BRADNER , RICHARD L MD	
Communication Barriers	None	
Preferred Language for Healthcare	English	
Weight Actual or Stated?	Actual	

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

General Admission History

General Admission History

Recorded Date	4/2/2019
Recorded Time	10:41 EDT
Procedure	
Advance Directive Completed	No or does not know
Advance Directive More Info Requested	No
Recent Travel Outside United States MERS	See Below ^{T1}
Pregnant	N/A

Textual Results

T1: 4/2/2019 10:41 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	4/2/2019
Recorded Time	10:41 EDT
Procedure	
Latex Allergy	No
Spina Bifida	No
Denies Latex Signs Symptoms	Yes

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Recorded Date	4/2/2019
Recorded Time	10:44 EDT
Recorded By	LACY ,SARAH LPN
Procedure	
Preferred Learning Methods	Discussion, Observing
Barriers to Learning	None evident

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Behavioral Health

Behavioral Health

Recorded Date	4/2/2019	
Recorded Time	10:41 EDT	
Recorded By	LACY ,SARAH LPN	
Procedure		Units
Presenting Problem	See Below ^{T1}	
Cultural/Spiritual Practices Impact Tx	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	

Textual Results

T1: 4/2/2019 10:41 EDT (Presenting Problem)
Medication management

Provider: CASTRO ,MANUEL A MD
Date of Service: 4/2/2019
Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Procedure History

Procedure: **Hospital outpatient clinic visit for assessment and management of a patient**

Last Updated

4/6/2019 05:22 EDT

Procedure Date

4/2/2019 23:59 EDT

Provider: CASTRO ,MANUEL A MD

Date of Service: 4/2/2019

Visit #: 6435933572

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:29 EST

Print ID: 350115760



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider:
Date of Service: 4/16/2019
Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 4/16/2019 15:15 EDT
Performed On: 4/16/2019 15:14 EDT by HORNE , VERONICA

Medicaid Number

Medicaid Coverage : No

HORNE , VERONICA - 4/16/2019 15:14 EDT

BH Telephone Contact

Caller Name : Leonard

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Other:

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

Reason for call : Pt would like to speak with nurse about his diagnosis. This is all he would tell the writer. Pt can be reached at 980- [REDACTED]

Last Visit Date : 4/2/2019 EDT

HORNE , VERONICA - 4/16/2019 15:14 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 4/16/2019 15:37 EDT

Communication Comment : spoke with pt, states he wants to schedule an app, pt transferred to scheduler for an app...will close

WADE , KEISHA RN - 4/16/2019 15:37 EDT

2. Communication Date/Time : 4/17/2019 12:22 EDT

Communication Comment : pt once again asking for the RN or the provider to call him as soon as possible stating that this is in regards to a legal issue and that someone may have possibly called here to gain access to his medical records and he and would like to discuss this

CASSIDY , EDWARD J - 4/17/2019 12:22 EDT

3. Communication Date/Time : 4/17/2019 13:15 EDT

Communication Comment : spoke with pt, states he would like Kathy NP to return his call next week when she returns to oms. states he thinks people he use to work with at wells fargo is trying to get information re him. RN informed pt that Kathy cant speak with anyone without a

WADE , KEISHA RN - 4/17/2019 13:15 EDT

Provider:

Date of Service: 4/16/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

BH Clinical Documentation

4. *Communication Comment* : ROI, pt still insisting Kathy calls him back. pt denies S/H/I or need to go to ED. pt has app 4/25 at 1:40 with Kathy...will forward to NP

WADE , KEISHA RN - 4/17/2019 13:15 EDT

5. *Communication Date/Time* : 4/23/2019 8:57 EDT

Communication Comment : EMR shows patient involuntarily committed and in OBS currently.

PENISTON , KATHLEEN KELLY NP - 4/23/2019 8:57 EDT

Follow-up Appointment : 6/25/19 recall

HORNE , VERONICA - 4/16/2019 15:14 EDT

Provider:

Date of Service: 4/16/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Visit Information

Visit Information

Recorded Date	4/16/2019	
Recorded Time	15:14 EDT	
Recorded By	HORNE ,VERONICA	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

Provider:

Date of Service: 4/16/2019

Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

ED Pat Edu



BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

**Emergency Department
Patient Discharge Instructions**

Name:
WILLIAMS III, LEONARD
CLINTON

MRN:
0000642066

FIN:
6437633200

DOB:
11/1/1980

Allergies:
No known allergies

Chief Complaint:
1:ADHD

Discharge Disposition: 01 - Home/Self Care

Arrival Date: 4/21/2019 23:53:43

Checkout Date/Time: 04/24/2019 12:45

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

Provider Exam Date/Time: 04/22/2019 02:11

Emergency Provider: KREWSON , CLINTON PA C; RIALS , LATASHA T NP

Follow-Up

Follow-up Instructions:

Please Follow-up at this number to schedule further treatment at **CMC-Randolph: 704-358-2810**

With:	Address:	When:
CMC Randolph OMS (med clinic) NP	501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 (704) 358-2889 Business (1)	[04/25/2019 1:40 PM]

With:	Address:	When:
Follow up with primary care provider		Within A Day Call for Next Available Appt

Appointments You Already Have

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

	Date	Time	Location	Provider	Phone Number
1.	04/25/19	01:40 pm	CMC R OMS Medication Clinic	Peniston NP, Kathleen Kelly	

Mental Health Crisis: The Behavioral Health Call Center is a 24-hour, toll-free service available to anyone with a mental health crisis. Call for yourself, or someone you care about. Your call is free and confidential.

Behavioral Health Call Center: 704-444-2400 or 1-800-418-2065

- Call to speak with someone who cares
- Call if you feel you might be in danger of hurting yourself or others
- Call to find referrals to mental health services in your area
- Call to speak to a crisis worker about someone you're concerned about

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical and psychiatric care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize or treat all injuries and illnesses (including psychiatric or behavioral health related) in one Emergency Department visit.

Medication Summary

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day mood	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
5.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

	See Instructions 2 capsules each am	
6.	metFORMIN (metFORMIN) 500 mg daily	
7.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	

Medication Summary Comment:**Medicine Teaching****Patient Education****Community Resources in the Charlotte / Mecklenburg Area**

<u>EMERGENCY ASSISTANCE (24 hours)</u>	<u>GENERAL ASSISTANCE</u>
Police/Fire/Medic emergency 911 Adult Protective Services (704) 336-CARE [336-2273] CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or 1-800-418-2065 Rape Crisis (704) 375-9900 The Relatives (shelter ages 7-17) (704) 377-0602 Suicide Hotline 1-800-SUICIDE [1-800-784-2433]	United Way www.unitedway.org 211 or (704) 372-7170 Charlotte-Mecklenburg Schools *toll free (980) 343-3000 Charlotte-Mecklenburg Police Non-Emergency (704) 355-1000 Crisis Assistance Ministry (704) 371-3000 Department of Social Services (Food Stamps, Medicaid, Transportation, In-Home Aide, etc) 301 Billingsley Rd (704) 336-3150 Love Inc (must be referred by an agency) (704) 536-5588 Social Security Administration www.ssa.org 1-800-772-1213
<u>COUNSELING / MENTAL HEALTH</u>	<u>EMPLOYMENT</u>

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or (800) 418-2065 Kinder Mournie (704) 376-2580 MAP (Metrolina AIDS Project) (704) 333-1435 NAMI (National Alliance for the Mentally Ill) (704) 333-8218 Referrals: 1-800-THERAPY [1-800-843-7279] SupportWorks Support Groups (704) 331-9500 United Family Services (704) 332-9034 Victims' Assistance (704) 336-4126	Charlotte Area Fund (704) 372-3010 x200 Employment Securities Commission (704) 342-6131 Employment Training Department (704) 336-3380 Energy Committed to Offenders (704) 374-0762 Goodwill (704) 372-3434 Jacob's Ladder 832 Siegle Ave. (704) 332-5822 Job Link Career Center (704) 347-7116 Unemployment Office 500 W. Trade St. (704) 342-6131 Vocational Rehabilitation (704) 568-8804
<u>DRUGS / ALCOHOL</u> Alcoholics Anonymous www.aa.org (704) 332-4387 Family Groups (704) 333-9523 Chemical Dependency Center (704) 376-7447 CMC-Randolph Behavioral Health (704) 444-2400 or (800) 418-2065 Detox 429 Billingsley Rd. (704) 336-3067 Mercy Horizons (at Mercy Hospital) (704) 379-5248 McLeod Center 145 Remount Rd. (704) 332-9002 *walk-in assessments Mon-Fri Narcotics Anonymous www.na.org (704) 379-0440	<u>DRUG / ALCOHOL HALF-WAY HOUSES</u> Dove's Nest (pregnant women) 907 W. 1st St. (704) 332-3999 Hope Haven 3815 N Tyron St. (704) 372-8809 House of Grace (HIV) (704) 375-0309 New Beginnings (704) 334-6574 Oxford Houses (several houses) (704) 569-1740 Peachford House 2500 Eastway Dr. (704) 532-0589 Rebound 901 W. 1st St. (704) 334-4244 Salvation Army 1023 Central Ave. (704) 332-1171 Second Adam 422 Heflin St. (704) 333-7159 Williams House (704) 509-5736
<u>TRANSPORTATION</u>	<u>HOUSING / HOMELESSNESS</u>

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

City Bus www.ridetransit.org (704) 336-RIDE [336-7433] Special Transportation (elderly, disabled) (704) 336-2637 EZ Rider (704) 522-3552 DMV (704) 547-5787 Greyhound Bus 1-800-231-2222 Charlotte 601 W. Trade St. (704) 375-3332 Medicaid Transportation (704) 336-4547 Red Cross www.redcrosshelps.org (704) 376-1661 Traveler's Aide (Community Link) (704) 334-7288 US Air 1-800-428-4322 Charlotte (704) 359-3000	Affordable housing list: www.socialserve.org Charlotte Housing Authority (704) 336-5183 Community Link (704) 372-6440 CUP Ministry 1201 E. 36th St. (704) 331-4806 Family Jump Start (704) 375-5281 Homeless Support Services (704) 343-3790 Salvation Army Women's Shelter 534 Spratt St. (704) 348-2560 Uptown Men's Shelter 1210 N. Tryon St. (704) 334-3187 Urban Ministries (showers, lunch, laundry, etc) (704) 347-0278 Winter Shelter (November-March only) 4th St (704) 333-2608
<u>FINANCIAL ASSISTANCE</u> Consumer Credit Counseling (704) 332-4191 Crisis Assistance Ministry (704) 371-3000 Department of Social Services (704) 336-3150 Low Income Energy Assistance (704) 353-1336 <u>FOOD ASSISTANCE</u> Friendship Trays (sliding scale) (704) 333-9229 Loaves and Fishes (must be referred) (704) 523-4333 Meals on Wheels (DSS) (704) 336-3150	<u>LATINO / SPANISH SPEAKING</u> Centro Catolico Hispano (Catholic Social Services) (704) 391-3732 Centro de Dependencia Quimica (CDC) (704) 376-7447 Latin American Coalition (704) 531-3848 Mi Casa Su Casa (704) 536-9845 Programa Confianza (domestic violence) (704) 432-6970 Programa Eperanza (704) 370-3248 Su Familia Hispanic Health Helpline 1-866-SU FAMILIA

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents

DISABILITIES

Deaf and Hard of Hearing Services (704)
364-4603
Department of Social Services (704)
336-3150
Independent Living Services
1-800-755-5749
NAMI
(National Alliance for the Mentally Ill) (704)
333-8218
Programs for Accessible Living (704)
537-0550
Services for the Blind (704) 342-6185
Social Security www.ssa.org
1-800-772-1213
5800 Executive Center Drive (704)
532-8583
Vocational Rehabilitation (704)
568-8804
Watkins Center (developmental disab.)
(704) 336-7100

HEALTH CARE

CMC Clinics- sliding scale program for uninsured
CMC Myers Park (704) 446-1600
CMC BiddlePoint (704) 446-9987
CMC North Park (704)
446-9987
CMC Eastland Family Practice (704)
446-1000
Carolinas Diabetes Center (704)
347-4033
Health Department - Appointment Line (704)
336-6500
249 Billingsley Rd. (704) 336-6400
2845 Beatties Ford Rd. (704)
336-4788
Metrolina Comprehensive Health

DOMESTIC VIOLENCE

Domestic Violence Misdemeanor Unit (704)
336-4126
DVHP (Domestic Violence HealthCare Project)
(704) 446-3999
HERO program for children (704)
336-3210
Magistrate's Office- protection orders, etc.
(704) 336-4728
National Domestic Violence Hotline (800)
799-SAFE
NOVA Services for Batterers (704)
336-4344
Police Domestic Violence Unit (704) 336-2311
Programa Confianza (Spanish speaking) (704)
432-6970
Shelter for Battered Women (704)
332-2513
Women's Commission
(704) 336-3210

HIV

Myers Park ID Clinic (704) 446-4490
Jemsek Clinic- Huntersville (704)
987-2111
Case Management
MAP (Metrolina AIDS Project) (Medicaid) (704)
333-1435
RAIN (Regional AIDS Interfaith Network) (704)
372-7246
Health Department Case Management
(704) 336-5384
GORE (704) 549-1953
Bradley-Reid Corporation (Medicaid) (704)
763-6635

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



501 Billingsley Road

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents	
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(sliding scale program for uninsured)	(704)	Total Care of the Carolinas	(Medicaid)	(704)
393-7720		529-6664		
Senior Health Connection	(704)	Housing		
543-4360		House of Grace		(704)
Su Familia Hispanic Health Helpline	1-866-SU	375-0309 Society for a Second Chance		(704)
FAMILIA		777-4132 Warren's Place 1380 Kings		
Veterans' Administration		St.	(704) 605-0275	
1-800-827-1000				
<u>PREGNANCY / CHILD CARE</u>		<u>LEGAL SERVICES</u>		
Baby Love Medical Assistance Program	(704)	Child Support Enforcement		(704)
336-6400		342-6325		
Charlotte Pregnancy Care Center	(704)	Fathers' Rights		(704)
372-5981		358-6239		
Child Care Resources	(704) 376-6697	Housing Code Enforcement		(704)
Child Support Enforcement		336-3485		
1-800-992-9457		Jail/ Sheriff's Office		(704)
Florence Crittendon	(704) 372-4663	336-8100		
Smart Start @ Home	(704) 336-5074	Legal Services of Southern Piedmont		(704)
Parent Stress Line	(704)	376-1600		
376-7244		Lawyer Referral Source		(704)
WIC	(704) 336-6500	375-0120		
		Magistrate's Office		
		(704) 336-4728		
		Restraining Orders		(704)
		336-5024		
<u>SERVICES FOR YOUTH</u>		<u>SERVICES FOR OLDER ADULTS</u>		
Big Brothers & Big Sisters	(704)	Department of Social Services		(704)
377-3963		336-4812 ext. 2		
Charlotte-Mecklenburg Schools	*toll free (980)	Friendship Trays		(704)
343-3000		333-9229		
Department of Social Services	(704)	Legal Services for the Elderly		(704)
336-2273		334-0400		
Police Youth Bureau	(704) 336-2926	Meals on Wheels		(704)
Right Moves for Youth	(704) 377-4425	336-3171		
Teen Health Connection @ NorthPark	(704)	Senior Center	2219 Tyvola Rd	(704)
381-8336		522-6222		

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980 **Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Fax: 704-358-2838

ED Documents

Children's Law Center
331-9474

(704)

Senior Health Connection
543-4360

(704)

Coping Techniques

Are you feeling overwhelmed?

- Irritable
- Frustrated
- Emotional
- Tearful
- Angry

Here are some things that you can do to help yourself relax:

- Set aside time each day for yourself in a quiet place
- Talk to a friend or relative
- Listen to soft music
- Read
- Take deep, slow breaths
- Think of a relaxing place
- Meditate
- Exercise
- Try Yoga
- Walk

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

You may need to seek professional help. You may call the Behavioral Health Call Center for yourself or someone you care about 24hours/day at 704-444-2400 or toll free at 1-800-418-2065. You can also return to CMC-Randolph Emergency Department or your closest Emergency Department. You may also call Mobile Crisis Team at 704-566-3410.



Suggestions for Healthy Sleep

- **Avoid caffeine, especially in late afternoon and evening hours.** Caffeine is a very potent stimulant that interferes with sleep. If you drink soda beverages, check to make sure they do not contain caffeine. If you drink coffee, drink decaffeinated coffee after noon.
-
- **Rise at the same time each morning.** The body's internal clock is set by the time we get out of bed. If we sleep late in the morning, this confuses the clock and makes it harder to sleep at night.
-
- **Don't go to bed until you feel sleepy.** Engage in quiet activities (reading, watching TV) before going to bed. Avoid excessively stimulating activities, like watching horror films or boxing matches.
-
- **Don't lie awake in bed.** If you are unable to sleep, don't lie in bed. Get out of bed and engage in quiet activities until you feel sleepy.
-
- **Take a light carbohydrate snack at bedtime, with milk if you can drink milk.** Many people find they have more trouble falling asleep on an empty stomach.
-
- **Avoid sudden loud noises.** Loud noises at night, such as aircraft flyovers, dogs barking sirens, etc., interfere with restful sleep. The effect of such noises can be diminished by using a steady, masking noise in the bedroom, such as a fan or air conditioner.
-

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

- **Keep the temperature comfortable.** The temperature in the bedroom should be between 40 degrees and 75 degrees.
-
- **Stay active during the day, even after a poor night's sleep.** We all feel less well after we've slept poorly, but our chances for sleeping better are improved if we remain active. After a poor night's sleep, try to keep active with large muscle activities (i.e., walking, raking the lawn) and avoid small muscle activities (like needlepoint).
-
- **Adjust naps.** Some people awaken very refreshed and rested and sleep better during the night when they take a daytime nap. Such people should take naps. Many people awaken feeling groggy and irritable after a daytime nap, or sleep less well after a daytime nap; such people should avoid daytime naps.
-
- **Get a steady amount of daily exercise.** Steady, moderate exercise is helpful to sleep; occasionally heavy workouts are not.
-
- **Avoid alcohol and tobacco at bedtime.** Alcohol relaxes tense people and can reduce the amount of time it takes to fall asleep, but results in fragmented, restless sleep. Alcohol should be avoided before bed. Nicotine also disrupts sleep; people who can't fall asleep without a cigarette at bedtime generally sleep better once their nicotine dependence is reduced. If you smoke, try to avoid smoking just before bedtime.
-
- **Avoid sleeping pills.** When taken for an extended period of time, people come to rely on sleeping pills and feel they can't sleep without them. Sleeping pills are probably damaging to sleep when taken for more than a few days in a row. If you have been taking medication for sleep, we should be talking about how to get you a good night's sleep without it.

Manage Stress with a Healthy Lifestyle

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

ED Documents



Managing stress is easier if you take good care of yourself. Make time for rest and recreation. Eat healthier meals. Take a walk now and then. And don't forget to treat yourself. A little down time can go a long way.

Get enough rest

When you don't get enough sleep, you may be too tired to cope with stress. Also, stress can prevent you from sleeping well or may keep you awake. If this happens to you, try doing relaxing activities before bedtime. Consider meditation, deep breathing, or listening to soothing music before you go to sleep.

Make time for yourself

In today's world, there is often too much to do in too little time. It may seem hard to make time for yourself. But try to spend just a few minutes each day doing something you enjoy. This can improve the quality of your life and your mental outlook. Also, you'll be more productive when handling your day-to-day duties. And you'll be in a better frame of mind to cope with stress.

Eat right

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

ED Documents

It's easy to react to stress by reaching for a bag of chips or a cup of coffee. This may give you a quick boost but may later drain your energy. To keep your energy level steady, eat healthy meals and snacks at home and at work. Try not to skip meals. Consider a healthy diet that's low in fat and rich in whole grains and fresh fruits and vegetables.

Nourish your spirit

When life is hectic, it's easy to forget what your values and goals are. To help prevent this from happening, find out what is most important in your life. Ask yourself, "What would I miss most if I had to start a new life alone somewhere else? My work? My family or friends? Something I love doing?" Then focus on embracing your values and what you want to achieve in your life.

Stay on the move

Exercise helps burn off the negative energy of stress. Doing something active that you enjoy also helps you get away from stressful situations. Try to walk, jog, skate, swim, dance, take a fitness class, or play a team sport on most days. Or practice yoga or tai chi, which can help you relax.

Put some fun into your life

Some things you may enjoy doing may be listed below. If not, try some of these. Then add your own.

- Go see a movie
- Have lunch with a friend
- Learn a new sport or game
- Plan a fun trip
- Take a class on something you always wanted to learn
- Try a new hobby

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Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

ED Documents

Treating ADHD: Medicine



In many cases, medicine is part of a child's treatment plan. These medicines provide a steady supply of the chemicals needed to send and receive messages within the brain.

Sending messages

Certain stimulants cause some sites in the brain to send stronger messages. When the messages are stronger, the child has better control over attention and activity. Stimulants work quickly and last a few hours. Extended release or long-acting stimulants may also be prescribed once your child's dose has been regulated by his or her healthcare provider.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Receiving messages

Some antidepressants help the brain receive messages better. Used to treat depression and inattention, these medicines are taken daily.

Be aware

It may take a few tries to find the best medicine for your child. The amount and time of use may also need to be adjusted. In some cases, your child may need to be checked for side effects. If medicine doesn't help, think about having your child reevaluated.

Parent's role

Recommendations of what you can do to help your child:

- Learn about the medicine your child takes, any side effects that might happen, and what results you can expect.
- Seek a second opinion if you have concerns about how your child's treatment is being managed.
- Make sure you, the school staff, and other caregivers follow all directions for giving your child medicine.
- Watch your child for positive changes both at home and in school. Keep track of any side effects. Tell your child's healthcare provider what you or others observe.
- Avoid running low on medicine. Some prescriptions are special and need extra time to fill.

Child's role

Here are suggestions for what you can do:

- How do you feel after you take your medicine? Tell your parents and healthcare provider how you feel.
- Your medicine comes in a pill. If you can't swallow the whole pill, ask your parents how to make it easier.
- Learn when to take your pill. Remind your parents or teachers when it is time.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

ED Documents

- If someone teases you about taking medicine, talk to your parents or teacher. They can help you decide what to tell that person.

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Treating ADHD: Learning New Behaviors

A child with ADHD often acts up and tunes out. But you can show your child new ways to react to the world. This process takes time and practice. Working with a counselor may help.



Coping skills

What things upset your child? Perhaps having to do chores or share toys sparks poor behavior. Try to work with your child each day. Assign a simple task. Or talk with your child about the tips below. Show your child how to respond to frustration and anger in useful ways. This can help him or her learn self-control.

Reinforcing success

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

ED Documents

Children with ADHD have trouble learning from past events. Positive feedback helps make lessons stick. Offer praise when a job is well done. This helps your child mark the moment in his or her mind. Place a sticker on a reward chart to celebrate each success.

Parent's role

Here are some ways you can help:

- Teach coping skills after your child has taken a dose of medicine. Learning is more likely to happen at such times.
- Praise your child's success. Offer a smile and a hug, a positive comment, or a small reward.
- Set clear rules. Explain what will be taken away if those rules are not followed. Then, follow through.
- Try to stick to a routine. Prepare your child for any change in that routine.
- Help your child stay focused. For instance, avoid crowded, noisy places if they bother your child. Also, limit choices.

Child's role

Here are some hints for your child:

- Try out new ways of dealing with people and places that bother you. When you are upset, you might talk, draw, write, throw a ball, or spend some time alone.
- Act like a STAR: Stop, Think, Act, and then Review.

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Problems Linked to ADHD

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

ED Documents



Any child can suffer from depression, anxiety, or learning problems. These problems can exist along with ADHD or by themselves. Only through careful evaluation can the likely cause of a child's symptoms be found.

Depression

A depressed child may feel sad most of the time. He or she may have low self-esteem and show little interest in life. The child may eat or sleep more or less than in the past. He or she may withdraw from the rest of the world.

Anxiety

It is normal for children to have fears. But extreme anxiety can make a child scared and too sensitive. He or she may be obsessed with upsetting thoughts. The child may be restless, overactive, or withdrawn.

Learning problems

A child with a learning problem may not fully process certain types of information. Some have trouble with what they see. Others have problems with what they hear. For instance, even if a teacher gives clear oral instructions, the message may not register in the child's mind. As a result, the child may struggle with one or more school subjects.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

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Patient Safety Information

Medicine Information: For advice about medicine side effects, call your primary doctor. You may report side effects to the FDA at **1-800-332-1088**.

Call 911 for All Emergencies

Quit Smoking or Tobacco Use For more information, call **1-800-784-8669**

Suicide Information National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

Poison Control Center A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

MyCarolinas Patient Online Access

Atrium Health now offers MyCarolinas. It provides easy and secure online access to your health information. With MyCarolinas, you can:

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

These are just some of the things you can do with MyCarolinas. For more information and to get started, visit <https://my.carolinashealthcare.org> Choose **Enroll Online**.

Non-Discrimination Policy Statement

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



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Fax: 704-358-2838

ED Documents

DOCUMENT NAME:

Depart Summary

Dear Follow-Up Provider:

This is to notify you that WILLIAMS III, LEONARD CLINTON (DOB: 11/1/1980) was discharged from the following facility
04/24/2019 12:45

CHS CMC Behavioral Health

501 Billingsley Road

Charlotte, NC 28211

<p>WILLIAMS III, LEONARD CLINTON received emergency treatment for Bipolar I disorder, Current or most recent episode manic, With psychotic features; Evaluation; Involuntary commitment; Involuntary commitment; and was given the diagnosis of 1:ADHD.</p> <p>The following is a summary of the discharge instructions the patient was given:</p> <p><u>Medication Summary</u></p> <p>New Medicines to take at Home</p>	<p>Prescription</p>	<p>Next Dose Due if Given in ED</p>
	<p><input type="checkbox"/> Prescription Given</p> <p><input type="checkbox"/> Prescription Not Needed</p>	

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

ED Documents**Patient Education Materials**

Community Resources (CHS) (CUSTOM); COPING SKILLS (CUSTOM); Healthy Sleep (CHS) (CUSTOM); Combat Stress with a Healthy Lifestyle; Treating ADHD: Medication; Treating ADHD: Learning New Behaviors; Problems Linked to ADHD

Follow-Up Instructions

With:	Address:	When:
CMC Randolph OMS (med clinic) NP	501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 (704) 358-2889 Business (1)	[04/25/2019 1:40 PM]
Follow up with primary care provider		Within A Day Call for Next Available Appt

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male

**AH Behavioral Health Charlotte**

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ED Documents

DOCUMENT NAME:

ED MD Med Review-Medical Condition Entered On: 4/24/2019 11:21 EDT
Performed On: 4/24/2019 11:21 EDT by RIALS , LATASHA T NP

ED Discharge/Transfer/Expired*Emergency Medical Condition Identified :* D/C - NO EMC Identified, STABLE at time of disposition decision*D/C Information/Transfer Packet Given :* Yes*ED MD/ Provider- Medications Reviewed :* Yes

RIALS , LATASHA T NP - 4/24/2019 11:21 EDT

Medication List

(As Of: 4/24/2019 11:21:37 EDT)

Normal Order

glucagon recombinant 1mg Inj : glucagon recombinant 1mg Inj ; *Status:* Ordered ; *Ordered As Mnemonic:* glucagon ; *Simple Display Line:* 1 mg, IM (INTRAMUSCULAR), Once, PRN: Other (see comment) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* glucagon ; *Order Dt/Tm:* 4/22/2019 03:58:02 ; *Comment:* For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present;
Notify Provider AND recheck blood glucose in 15 minutes;
Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911)
Notify Provider each time blood glucose is below 70 mg/dL

OLANZapine 10mg tab : OLANZapine 10mg tab ; *Status:* Ordered ; *Ordered As Mnemonic:* ZyPREXA ; *Simple Display Line:* 10 mg, 1 tablet, ORAL, qHS (each night at bedtime) ; *Ordering Provider:* ELLIS , CHARLI DO; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/22/2019 11:01:38

nicotine polacrilex 2 mg Gum : nicotine polacrilex 2 mg Gum ; *Status:* Ordered ; *Ordered As Mnemonic:* nicotine 2 mg oral transmucosal gum ; *Simple Display Line:* 2 mg, 1 gum, CHEWED, q1hr, PRN: Smoking Cessation ; *Ordering Provider:* MORCIGLIO , APRIL

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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ED Documents

HARRELL MD; *Catalog Code:* nicotine ; *Order Dt/Tm:* 4/22/2019 03:58:03 ; *Comment:* While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.

benztropine 1 mg/mL 2 mL Inj : benztropine 1 mg/mL 2 mL Inj ; *Status:* Ordered ; *Ordered As Mnemonic:* benztropine ; *Simple Display Line:* 2 mg, 2 mL, IM (INTRAMUSCULAR), Once, PRN: Other (see comment) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* benztropine ; *Order Dt/Tm:* 4/22/2019 03:58:04

citalopram 20 mg Tablet : citalopram 20 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* CeleXA ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, qHS (each night at bedtime) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/22/2019 03:42:00

alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD : alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD ; *Status:* Ordered ; *Ordered As Mnemonic:* aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension ; *Simple Display Line:* 30 mL, ORAL, q4h, PRN: Indigestion ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* Al hydroxide/Mg hydroxide/simethicone ; *Order Dt/Tm:* 4/22/2019 03:58:04

Adderall ER 20 mg Cap : Adderall ER 20 mg Cap ; *Status:* Ordered ; *Ordered As Mnemonic:* Adderall XR ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/22/2019

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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ED Documents

03:41:29

metFORMIN 500 mg Tablet : metFORMIN 500 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, 1 tablet, ORAL, Daily ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/22/2019 03:42:48

acetaminophen 325 mg Tablet : acetaminophen 325 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* acetaminophen ; *Simple Display Line:* 650 mg, 2 tablet, ORAL, q4h, PRN: Pain, MILD (1-3) ; *Ordering Provider:* KARANIKAS , HRISTOS C DO; *Catalog Code:* acetaminophen ; *Order Dt/Tm:* 4/22/2019 13:28:31 ; *Comment:*
When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Prescription/Discharge Order
citalopram

: citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/2/2019 11:24:24

OLANZapine

: OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/2/2019 11:24:22

dextroamphetamine-
amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule,

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:40

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:02

dextroamphetamine-amphetamine

: dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:24:26

Home Meds
metFORMIN

: metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

Med List Status - Updated

: Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* a.wallace rn ; *Simple Display Line:* 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/22/2019 00:52:15

APAP/ASA/caffeine

: APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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ED Documents

16:02:16

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

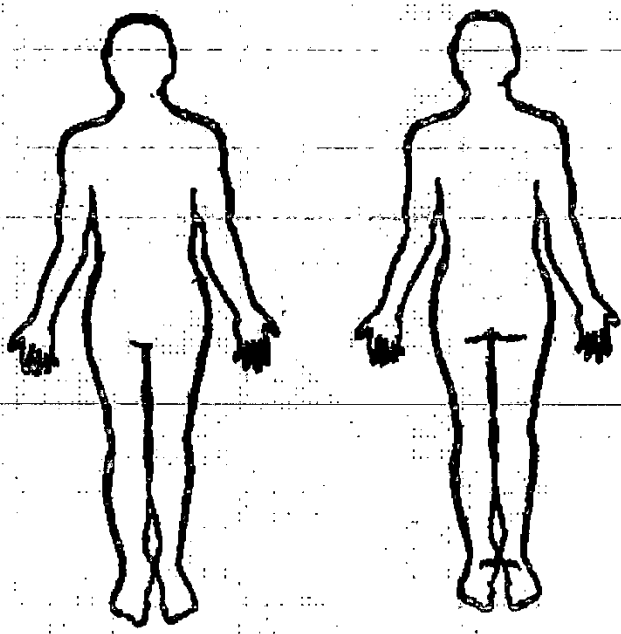
Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

94.8 Kg

	A	Abrasion
	AP	Amputation
	BM	Birthmark
	BA	Bruise
	BU	Burn
	D	Deformity
	DE	Decubitus
	E	Edema
	L	Laceration
	M	Mole
	R	Rash
	S	Scar
	T	Tattoo
U	Ulceration	

Contraband search:

☒ yes by:

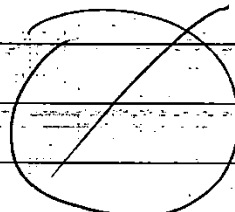
K. McLean

Personal search (triage code 1 or 2):

☐ yes - by:

K. McLean

Description:



0.00

Completed by:

Signature/Credentials:

Kent T. McLean

Date:

4-21-19

Time:

2345

Nurse Review:

Signature/Credentials:

Anne Wallace

Date:

4-20-19

Time:

0019



Carolinas HealthCare System
BH-Charlotte Emergency Department
Body Graph Flowsheet
Page 1 of 1



Rev. 10-22-14

Patient Name:

Date of Birth:

Patient Identifier:

History #:

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*





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ED Documents

DOCUMENT NAME:

ED Med Rec Entered On: 4/22/2019 0:52 EDT
Performed On: 4/21/2019 23:53 EDT by WALLACE , ANNE S RN

Medication List

Medication Information Obtained From : Patient/family

Medication Disposition : No meds brought to hospital

Medication Status : Medication list updated

WALLACE , ANNE S RN - 4/22/2019 0:49 EDT

Medication List

(As Of: 4/22/2019 00:52:20 EDT)

Prescription/Discharge Order

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:26:40

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:26:02

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:24:26

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/2/2019 11:24:24

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZYPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/2/2019 11:24:22

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* a.wallace rn ; *Simple Display Line:* 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/22/2019 00:52:15

metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

DOCUMENT NAME:

**HX ED Urine Screen Results Form (BH) Entered On: 4/22/2019 0:07 EDT
Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN**

Urine Screen Results - BH

Urine Drug Screen Results - BH

Adulterants, Urine - POC : Negative
Marijuana (THC), Urine - POC : Negative
Cocaine (COC), Urine - POC : Negative
Morphine (MOP), Urine - POC : Negative
Methamphetamine (MET), Urine - POC : Negative
Amphetamines (AMP), Urine - POC : Positive
Benzodiazepines (BZO), Urine - POC : Negative
Barbiturates (BAR), Urine - POC : Negative
Methadone (MTD), Urine - POC : Negative
MDMA, Urine - POC : Negative
Oxycodone (OXY), Urine - POC : Negative

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:22 EDT

Caregivers Name - Nsg : MERRITT , KENNETH BH TECHNICIAN

Result Read Date/Time : 4/21/2019 23:45 EDT

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:22 EDT

Breathalyzer : Yes

Breathalyzer Results : 0.00

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:06 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

DOCUMENT NAME:

ED BH Triage - Adult Entered On: 4/22/2019 0:59 EDT
Performed On: 4/21/2019 23:53 EDT by WALLACE , ANNE S RN

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

BH Comm Share Info with others : Denies

OC Reviewed Contact List : 4/22/2019 0:52 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

General Triage Info BH - Adult

ED Falls Risk : Not a fall risk

Stated Complaint : Involuntary, denies he is suicidal

Emergency Contact Number : see registration sheet

Call Center document review : Yes

Accompanied By : Law enforcement officer

Law Enforcement : Local Police

Status Upon Admission : Involuntary

Person/Org with Legal Responsibility : Self

Factors Affecting LMP : N/A

ED BH Reason for Visit Conditional : Document reason for visit

ED BH Vitals Conditional : Document vitals

ED BH Pain History Conditional : Document pain history

ED BH Allergies Conditional : Document allergies

ED BH TB Screen Conditional : Document TB Screen

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

DCP GENERIC CODE

Tracking Acuity : 3 - Urgent

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Tracking Group : ED Behavioral Health

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED BH Medication Questions

ED BH Currently Takes Psych Meds : Yes
ED BH Recent Medication Changes : No
ED BH Patient Feels Medication Working : Yes
ED BH Prescribing Provider : Yes
ED BH Prescribing Provider Details : K Peniston NP

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Daily Considerations

Problems With Sleep : No problems
Eating/Appetite : Other: Low glycemic diet
Cultural/Spiritual Practices Impact Tx : No
ED BH Have New Stressors : No
ED BH Substance Abuse : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

CSSRS Short Version

CSSRS Screen Able to Assess : Yes
1. Have you wished you were dead or wished you could go to sleep and not wake up? : Past month, no
2. Have you actually had any thoughts of killing yourself? : Past month, no
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? : Lifetime, yes
CSSRS Screen Suicide Behavior Details : OD on "sleeping pills"
6a. How long ago did you do any of these? : Over a year ago
CSSRS Screen Suicide Behavior Timeline Details : 1998

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Adult - Risk Assessment

Suicidal and Self-Injurious Behavior from CSSRS : Interrupted attempt lifetime
Treatment History : Previous psychiatric diagnoses and treatments
Other Risk Factors Adult : Ineffective communication skills, Traumatic history, Financial concerns
Recent Clinical Status : Mixed affective episode (Bipolar), Sexual abuse (lifetime)
CSSRS Protective Factors Recent : Engaged in work or school, Identifies reasons for living

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Suicide Attempts Grid

1. Suicide Attempt Number : 1
Suicide Attempt Age : 1,998
Suicide Method : Pills/Overdose
Suicide Attempt Outcome : Hospitalized

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Assessed Risk Level : Moderate

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

Sex: Male



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ED Documents

Describe Any Suicidal, Self-Injurious, or Aggressive Behavior - Include Dates : 4/21/19- denies SI currently, reports 1 suicide attempt in 1998

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Risk For Harm to Others

Assaultive Ideations : No

Homicidal Ideations : No

Does Patient Have a Plan : No

Recent Attempt to Harm Others : No

Access to Firearms/Weapons : No

History of Danger to others : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

PMH (Triage) II

DNR : Full Code Blue

Renal Transplant : No

Does Pt have Diabetes? : Yes

(Comment: Type II- does not do fingersticks, low glycemic diet [WALLACE , ANNE S RN - 4/22/2019 0:52 EDT])

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Standing Order Criteria

UDS Protocol : Yes

UDS Protocol Reason : Placed in secure lobby and is 12 years old or older

BAL Protocol : Yes

BAL Protocol Reason : Placed in secure lobby and is 18 years old or older

FSBG Protocol : No

UPT Protocol : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Reason For Visit

(As Of: 4/22/2019 00:59:05 EDT)

Diagnoses(Active)

Evaluation

Date: 4/22/2019 ; *Diagnosis Type:* Reason For Visit ;

Confirmation: Complaint of ; *Clinical Dx:* Evaluation ;

Classification: Medical ; *Clinical Service:* Emergency

medicine ; Code: SNOMED CT ; *Probability:* 0 ; *Diagnosis*

Code: 1495640015

ED Vitals

ED Clinical Weight Documented in (UOM) : kg

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Pain History

Pain Present : No

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Allergies

(As Of: 4/22/2019 00:59:05 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; *Created By:* FERRARO, NICHOLAS P RN; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No known allergies ; *Type:* Allergy ; *Updated By:* FERRARO, NICHOLAS P RN; *Reviewed Date:* 4/22/2019 0:54 EDT

Denies Latex Signs Symptoms : Yes

Latex Allergy : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

TB Screen ED BH

TB Screen Grid

Night Sweats > 7 days : No

Cough > 2 Weeks : No

Unexplained Weight Loss of > 10 lbs : No

Hx of TB, recent TB exposure, or + PPD : No

Hemoptysis : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

DOCUMENT NAME:

ED BH Assessment - Adult Entered On: 4/22/2019 1:13 EDT
Performed On: 4/22/2019 0:59 EDT by WALLACE , ANNE S RN

Providers/Agencies

CD - Current Treatment Provider Grid

1. *Current Treatment Providers/Agencies* : Primary Care Physician

Provider/Agency Name : Dr Bradner

Appointment Date : PRN

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

2. *Current Treatment Providers/Agencies* : Psychiatrist

Provider/Agency Name : Kathy Peniston

Appointment Date : 11/3/15

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Psychotropic Medications

Psychotropic Meds Taken in Past : None

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Past Psych/Substance Treatment ED BH

Past Psych/Substance Tx

1. *Facility/Outpatient Therapist* : Broughton 1999

Psychiatric Visit Type : Inpatient

Dates of Treatment : 1999 for 72 days

Problem/Reason for Treatment : diagnosed as Schizophrenic, schizoaffective, depression with psychotic features, bipolar Type I

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

2. *Facility/Outpatient Therapist* : Woodridge Hospital in Tennessee

Psychiatric Visit Type : Inpatient

Dates of Treatment : 4 days

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Social History ED BH

Social History

(As Of: 4/22/2019 01:13:16 EDT)

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last Updated: 4/2/2019 10:42:18 EDT by LACY , SARAH LPN)

Alcohol:

Denies (Last Updated: 4/2/2019 10:42:21 EDT by LACY , SARAH LPN)

Drug Abuse:

Denies (Last Updated: 4/2/2019 10:42:23 EDT by LACY , SARAH LPN)

Home/Environment:

Marital Status: Single. lives in an apartment by himself (Last Updated: 4/22/2019 01:00:41 EDT by WALLACE , ANNE S RN)

Nutrition/Health:

Home Diet: Diabetic. (Last Updated: 4/22/2019 01:00:53 EDT by WALLACE , ANNE S RN)

Abuse/Neglect:

History of Abuse: Past. Abuse Type: Mental, Sexual.
Comments: Sexual abuse by MGM, emotional abuse by step-father. (Last Updated: 4/22/2019 01:01:30 EDT by WALLACE , ANNE S RN)

Employment/School:

Frelance graffic art (Last Updated: 4/22/2019 01:02:13 EDT by WALLACE , ANNE S RN) Highest Education: College graduate. (Last Updated: 4/22/2019 01:02:24 EDT by WALLACE , ANNE S RN)

Do You Want to Stop Using Tobacco? : N/A

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse, Home/Environment, Nutrition/Health, Abuse/Neglect, Employment/School

Current and/or Hx of Withdrawal Symptoms : N/A (No history of substance abuse)

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

History of Withdrawal Seizures : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Intimate Partner Violence (IPV)/Domestic Violence (DV) Screen

DV-Is Patient Alone/Able to Answer? : Yes

DV-Feel Unsafe in Current Relationship? : N/A

DV-Feel Controlled by Current Partner? : N/A

DV-Partner Phys Hurt or Threatened You? : N/A

DV-Prev Partner Makes You Feel Unsafe? : N/A

DV-Afraid for Children at Home? : N/A

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Family and Relationships

Family History

(As Of: 4/22/2019 01:13:16 EDT)

Mother: *Relation:* Mother ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Father: *Relation:* Father ; *Gender:* Male ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Grandparent: *Relation:* Grandparent ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

GM, Maternal: *Relation:* GM, Maternal ;

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Nomenclature: HYPERTENSION ; *Value:* Positive

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GM, Paternal:

Relation: GM, Paternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GF, Maternal:

Relation: GF, Maternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

GF, Paternal:

Relation: GF, Paternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Brother:

Relation: Brother ; *Gender:* Male ;

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Sister:

Relation: Sister ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Employment ED BH

Employment Status : Employed

Recent Changes to Employment : No

Means of Financial Support : Employment

Financial Barriers Re: Tx/Medications : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Legal History

Current Legal Status : None

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Military Experience

Military Experience : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : 38 yo WM, involuntary, denies all points on PIC. Reports he has been Dx with autism and bipolar d/o. Reports he often has the feeling that he wants to die, "but no intent." When asked how long he has been having these thoughts, replied, "forever." Reports these feelings usually happen at night. "Somethings I think it would be soothing if i just fall away." Reports a previous attempt in 1998 with pills and ETOH. Denies HI/AH/VH

Reports the petitioner is a former coworker. He lives by himself. Reports his apartment isn't tidy, "but there is no disease in there, it's not that bad." Reports he last had it cleaned 3 weeks ago by a service.

Reports he was sexually abused by his maternal grandmother when he and his mother were living with her. Reports it started about age 3-5 and stopped around age 7 or 8 when Mom moved them out. Reports his grandmother would wear Halloween masks when abusing him, but he knew it was her. Mother didn't find out until pt told her when he was grown.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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ED Documents

Reports "she covered for her."

Calm, cooperative during assessment. Did become tearful when talking about abuse.

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 4/24/2019 12:37 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: RIALS ,LATASHA T NP (4/24/2019 12:38 EDT)
SIGN INFORMATION: LIVINGSTON ,RYAN EDWARD MD (4/24/2019 15:27 EDT);
RIALS ,LATASHA T NP (4/24/2019 12:38 EDT)

WILLIAMS III, LEONARD CLINTON

DOB:

11/01/1980

MRN:

0000642066

Location: CHS CMC
Behavioral Health

Sex: Male

FIN: 6437633200

Admitted on: 04/22/2019

Reason for Admission

Per initial Assessment/Plan on admission to ED:

Pt is 38-year-old white male, previous diagnosis of bipolar 1 disorder (vs. schizoaffective d/o) and ADHD (? ASD), who presents to the emergency department in the early morning hours of 4/22 on a petition by his friend/former coworker for reports of delusional/paranoid and suicidal ideations. Upon initial evaluation, pt was noted to be hyperverbal with pressured, tangential speech, and did sound a bit paranoid when talking about how several of his coworkers turned against him. Given friend/coworker petition citing paranoia and recent text messages concerning for SI, pt was admitted to ED for observation until further collateral could be obtained. Initial review of EMR indicated pt stopped his Depakote, and initial examiner recommended pt either restart Depakote or increase nightly Zyprexa to 10 mg, but pt initially refused.

Therefore, pt continued Zyprexa 5 mg p.o. nightly; though he later requested increase to 10 mg, which was approved by ED physician in interim, prior to re-eval. Current meds: Adderall XR 40 mg and Celexa 20 mg p.o. nightly also continued. IVC/ERIC #1 completed on 4/22.

Per Clinton Krewson, PA on 4/23---Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and that he is chronically hyperverbal but not delusional. We discussed current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider

Relevant Clinical Documentation (last 24 hours)

Universal Progress Note

04/24/19 06:36:00

Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Signed By: ROBINSON , JOSEPH H BH TECHNICIAN

Universal Progress Note

04/23/19 14:41:00

P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health Assessments

tomorrow, as needed.

Current Assessment

Observation day #2: Chart reviewed; BHC staff consulted; patient seen. No acute overnight events or behavior concerns. MAR reflects medication compliance and that the only prn med necessitated was acetaminophen. On assessment today, he is slightly anxious, talkative, but pleasant, polite, cooperative. He says that he is feeling good and is somewhat looking forward to discharge as he wants to maintain his outpatient appointment with NP Peniston on tomorrow. He goes on to explain how he and his Psych NP have been working well to establish a therapeutic rapport, and how his provider listens to his concerns--he is more than satisfied. He denies SI/HI/AI. He denies AVH, IOR, paranoia. No evidence of mania or delusional thought content. He is well composed and insightful. He did not appear distressed. Appropriate for discharge to outpatient--reportedly will f/u with OMS on 4/25 as scheduled.

Review of Systems

A 10 - point review of systems has been performed and found negative except for what was already stated in the HPI/ Current Assessment.

Exam

Vitals & Measurements

T: 97.4 °F (Oral) HR: 90 (Peripheral) RR: 18 BP: 138/89 SpO2: 98%

Mental Status Exam

General appearance: Appropriate grooming/hygiene. Fair eye contact. No major psychomotor abnormalities observed. No acute distress.

Behavior: Polite, cooperative.

Gait & station: Normal.

Strength & tone: Normal.

Level of consciousness: Alert.

Orientation: Oriented X 4.

Attention & concentration: Normal.

Language: Normal.

Fund of knowledge: Intelligent.

Recent & remote memory: No apparent deficits.

Speech: hyperverbal, over-productive, circumstantial.

Thought processes: Logical, Goal directed, Future oriented.

Associations: Intact.

Signed By: MURPHY , MARJORIE M BH TECHNICIAN

Universal Progress Note

04/23/19 11:20:00

Pt provided verbal consent to contact mother (Angie Haun) and friend / co-worker (Jennifer Cox) to obtain information on baseline functioning. See BH-Communication.

Signed By: SHIPP , SHAMIKKI R MSW

Universal Progress Note

04/23/19 10:16:00

D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Signed By: SHIPP , SHAMIKKI R MSW

Universal Progress Note

04/23/19 06:21:00

P: Substance abuse/psychosis

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Behavioral Health Assessments

Mood: "feeling good, just ready to go"

Affect: Restricted/blunted. Mildly anxious.

Thought content: Denies suicidal thoughts; denies homicidal thoughts; denies violent thoughts.

Perceptions: Denies auditory/visual hallucinations. No overt s/s psychosis.

Insight: Present.

Judgment: Intact.

Risk Assessment

Suicide Risk Formulation

Enduring Risk Factors :

Strengths and protective factors : Engaged in work or school, Identifies reasons for living

Long-term risk factors : Previous psychiatric diagnoses and treatments

Ineffective communication skills, Traumatic history, Financial concerns

Past Suicidal behaviors : Interrupted attempt lifetime

Dynamic Risk Factors :

Recent suicidal thoughts and behaviors :

Stressors :

Symptom and Recent Changes : Mixed affective episode (Bipolar), Sexual abuse (lifetime)

Columbia SSRS: Reviewed / consistent with provider assessment

Engagement: good

Risk Status (Specify low. Moderate or High based on normal population for care site): Low

Risk State (Relative to baseline for patient): Low

Protective factors: Past positive response to treatment Motivated for treatment/ sobriety Supportive friend or family

Resources: Outpatient provider Stable home _

Foreseeable Changes: worsening mood _ _

Contingency Plans: safety plan, crisis numbers meds established close follow up

Assessment and Plan/Disposition

1. ADHD

Ordered:

OBS, Discharge Day Management

snack.Slept without any interruptions.

Signed By: SIMMONS , ALEXIS

Universal Progress Note

Program : BHC Adult Observation Unit

FARLEY , MICHAEL - 4/24/2019 11:39 EDT

Universal Progress Note : **LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.**

FARLEY , MICHAEL - 4/24/2019 11:47 EDT [1]

Clinical Risk Assessment Data

Assaultive Ideations: No

History of Danger to others: No

Homicidal Ideations: No

Does Patient Have a Plan: No

Access to Firearms/Weapons: No

Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)

CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicidal Thoughts: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

-CSSRS Reassessment-

CSSRS Reassess Able to Assess: Yes (04/24/19 09:00:00)

CSSRS Reassess Able to Assess: Yes (04/23/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/24/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/24/19 09:00:00)

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

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DOB: 11/1/1980

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Behavioral Health Assessments

Discharge from BH ED or BH ED OBS to the community/ CSU:

Assessment: On assessment today, he is slightly anxious, talkative, but pleasant, polite, cooperative. He says that he is feeling good and is somewhat looking forward to discharge as he wants to maintain his outpatient appointment with NP Peniston on tomorrow. He goes on to explain how he and his OP MH team have been working well to establish a therapeutic rapport, and how his provider listens to his concerns--he is more than satisfied. He denies SI/HI/AI. He denies AVH, IOR, paranoia. No evidence of mania, acute psychosis, or delusional thought content. He is well composed and insightful. No overnight events. He did not appear distressed. At this time, he is appropriate for discharge to outpatient services--reportedly will f/u with OMS on 4/25 as scheduled. Says that he does not need Rx for the olanzapine "already have it". Further psychotropic management and diagnostic clarifications deferred to OP provider, however, pt is strongly encouraged to return to the ED in the event that he experiences any acute distress (medical or psychiatric), acute safety concerns, or worsening of symptoms.

Discharge from: BH ED

Discharge to: Home

Discharge with: Self _

Patient Education

Community Resources (CHS) (CUSTOM)
COPING SKILLS (CUSTOM)
Healthy Sleep (CHS) (CUSTOM)
Combat Stress with a Healthy Lifestyle
Treating ADHD: Medication
Treating ADHD: Learning New Behaviors
Problems Linked to ADHD

Follow Up

Discharge Follow Up Appointments

CMC Randolph OMS (med clinic) NP
501 Billingsley Rd
704-358-2990
704-358-2832
Charlotte NC 28211 (704)358-2889
Follow Up On: 04/25/2019 13:40

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/24/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/23/19 09:00:00)

Medical History

Medications

Inpatient

acetaminophen, 650 mg, 2 tablet, ORAL, q4h, PRN
Adderall XR, 40 mg, 2 capsule, ORAL, qAM (every morning)
aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension, 30 mL, ORAL, q4h, PRN
benztropine, 2 mg, 2 mL, IM (INTRAMUSCULAR), Once, PRN
CeleXA, 20 mg, 1 tablet, ORAL, qHS (each night at bedtime)
glucagon, 1 mg, IM (INTRAMUSCULAR), Once, PRN
metFORMIN, 500 mg, 1 tablet, ORAL, Daily
nicotine 2 mg oral transmucosal gum, 2 mg, 1 gum, CHEWED, q1hr, PRN
ZyPREXA, 10 mg, 1 tablet, ORAL, qHS (each night at bedtime)

Home

a.wallace rn
Adderall XR 20 mg oral capsule, extended release, See Instructions
Adderall XR 20 mg oral capsule, extended release, See Instructions
Adderall XR 20 mg oral capsule, extended release, See Instructions
citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL, Daily, 3 refills, **Still taking, not as prescribed:**
Takes at HS
Goodys Extra Strength, See Instructions
metFORMIN, 500 mg
ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

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Fax: 704-358-2838

Behavioral Health Assessments

Follow up with primary care provider
Follow up within: A Day Call for Next Available Appt

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Allergies

No known allergies

Lab Results

	<u>LAST</u>	<u>PRIOR</u>	<u>RANG</u>	<u>UNITS</u>
<u>Toxicology/The</u>	<u>RESULT</u>	<u>RESULT</u>	<u>E</u>	
<u>rapeutic Drug</u>				
<u>Monitoring</u>				
<u>Adulterants,</u>	04/21/19			
<u>Urine - POC</u>	Negative			
	04/21/19			
<u>Benzodiazepin</u>	Negative			
<u>es (BZO), Ur</u>				
<u>Cocaine</u>	04/21/19			
<u>(COC), Urine -</u>	Negative			
<u>PO</u>				
<u>Marijuana</u>	04/21/19			
<u>(THC), Urine -</u>	Negative			
	04/21/19			
<u>Methamphetam</u>	Negative			
<u>ine (MET), Ur</u>				
<u>Morphine</u>	04/21/19			
<u>(MOP), Urine -</u>	Negative			
<u>P</u>				
	04/21/19			
<u>Amphetamine</u>	Positive			
<u>(AMP), Urine</u>				
<u>Barbiturates</u>	04/21/19			
<u>(BAR), Urine</u>	Negative			
<u>Oxycodone</u>	04/21/19			
<u>(OXY), Urine -</u>	Negative			
<u>Methadone</u>	04/21/19			
<u>(MTD), Urine -</u>	Negative			
<u>MDMA, Urine</u>	04/21/19			
<u>- POC</u>	Negative			

Attestation

Attestation-Brief

I participated in the following activities of this patients care: medical decision making.

I personally performed: supervision of the patient's care, the physical exam, the medical decision making.

Personally reviewed: reason for visit, triage, current visit intake assessment, patient information sheet, family/collateral information sheet, patient's medical record as applicable.

Reviewed documentation: congruent with exam: description provided in History, Impression, and Rationale.

New/Changed medications: risks/benefits discussed with patient and/or legally responsible person.

The case was discussed with: patient, BHC staff; Dr. Ryan Livingston, MD.

Results interpretation: I agree with the study interpretation in this patient's care.

CSSR reviewed.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Phone: 704-358-2990

Fax: 704-358-2838

Behavioral Health Assessments

[1] BH Universal Progress Note; FARLEY , MICHAEL 04/24/2019 11:39 EDT

Electronically Signed By: RIALS, LATASHA T NP

04/24/2019 12:38 PM

Electronically Signed By: LIVINGSTON, RYAN EDWARD MD

04/24/19 03:27 PM

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:26 EST

Print ID: 350115729

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Behavioral Health Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 4/23/2019 13:27 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: KREWSON ,CLINTON PA C (4/23/2019 13:27 EDT)
SIGN INFORMATION: HARTZELL ,MATTHEW L MD (4/23/2019 19:39 EDT);
KREWSON ,CLINTON PA C (4/23/2019 13:35 EDT)

WILLIAMS III, LEONARD CLINTON**DOB:**

11/01/1980

MRN:

0000642066

Location: CHS CMC
Behavioral Health**Sex:** Male**FIN:** 6437633200

Admitted on: 04/22/2019

Reason for Admission**Per initial Assessment/Plan on admission to ED:**

Pt is 38-year-old white male, previous diagnosis of bipolar 1 disorder (vs. schizoaffective d/o) and ADHD (? ASD), who presents to the emergency department in the early morning hours of 4/22 on a petition by his friend/former coworker for reports of delusional/paranoid and suicidal ideations. Upon initial evaluation, pt was noted to be hypervocal with pressured, tangential speech, and did sound a bit paranoid when talking about how several of his coworkers turned against him. Given friend/coworker petition citing paranoia and recent text messages concerning for SI, pt was admitted to ED for observation until further collateral could be obtained. Initial review of EMR indicated pt stopped his Depakote, and initial examiner recommended pt either restart Depakote or increase nightly Zyprexa to 10 mg, but pt initially refused.

Therefore, pt continued Zyprexa 5 mg p.o. nightly; though he later requested increase to 10 mg, which was approved by ED physician in interim, prior to re-eval. Current meds: Adderall XR 40 mg and Celexa 20 mg p.o. nightly also continued. IVC/ERIC #1 completed on 4/22.

Current Assessment

OBS#1

Chart reviewed, patient seen and assessed, case discussed with treatment team. No acute events yesterday or overnight. No PRN/stat psych medications or restrictive interventions required since admission. No acute aggression, agitation, or self-harm. CSSRS consistently

Relevant Clinical Documentation (last 24 hours)**Collateral Information***Name of Collateral :* Angie [REDACTED] (Mother)*Collateral Phone Number :* 423-[REDACTED]*Collateral Relationship :* Mother

Information Provided by Collateral : D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

[1]

Collateral Information*Name of Collateral :* Jennifer Cox (Petitioner)*Collateral Phone Number :* 704-[REDACTED]*Collateral Relationship :* Other: Friend / Co-worker

Information Provided by Collateral : D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and erratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

[2]

Clinical Risk Assessment Data

Assaultive Ideations: No

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Behavioral Health Assessments

negative for SI. Pt denies present or historical HI/bx. Denies current AVH. Pt remains compliant w/ current medications and denies adverse s/e. Pt accepting food/fluids normally. Slept overnight, per staff reports.

Upon reevaluation today, patient was found in the dayroom and agreeable to meeting with writer for assessment. He presented as polite and was fully cooperative with questioning. Patient reviewed his psychiatric history at length w/ writer, including recent sxs/events precipitating his IVC to ED. Pt acknowledges a history of experiencing mania w/ psychotic fts (primarily paranoia/delusions) and admits that recent social, occupational, and financial stressors have led to psychiatric decompensation over the past 1-2 weeks. Pt is able to recount and describe his symptoms, acknowledging recent increase in paranoia/suspicion resulting in increased levels of distress and worsening manic sxs (racing thoughts, decreased sleep, increased energy, impulsivity) that he became evident of since his admission to ED. He fully admits to making impulsive and concerning statements via text message to his friend during this recent period of distress/mania, including suicidal statements; though he denies ever having any actual plan or intention to harm himself during that time. He also denies any present or historical HI/bxs, violence, or access to firearms.

Since admission to ED, pt has voluntarily requested/accepted increased dose of Zyprexa. He admits to sleeping poorly his first night due to his sxs as well as late admission/med administration time, but he reports sleeping well/normally last night. He also reports improved mood, describing currently feeling "content, even-keeled" and denies feeling depressed, irritable, or elevated. His affect is somewhat blunted/restricted. He denies any ongoing paranoia/suspicion and is able to discuss these thoughts with improved insight and clarity today. He further denies any ongoing acute sxs of mania or psychosis. His speech remains fast, overproductive, and circumstantial, which he reports is his baseline; his thoughts appear linear, goal-directed, and future-oriented. Thought content is logical and non-bizarre. No overt delusions, hallucinations, paranoia/suspicion, grandiosity, flight of ideas, or disorganization. No major psychomotor abnormalities.

Since his admission, pt reports talking w/ his friend/coworker/petitioner multiple times via phone, and he reports his mother intends to visit him in the ED later today. Pt is agreeable to signing ROI for EDSW to communicate w/ both these persons for collateral to better assess his current presentation/baseline. Writer recommended pt remain in ED/Obs today to ensure continued safety/stability and allow time for additional

History of Danger to others: No

Homicidal Ideations: No

Does Patient Have a Plan: No

Access to Firearms/Weapons: No

Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)

CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicidal Thoughts: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

-CSSRS Reassessment-

CSSRS Reassess Able to Assess: Yes (04/23/19 09:00:00)

CSSRS Reassess Able to Assess: Yes (04/22/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/22/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/22/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/22/19 09:00:00)

Medical History

Medications

Inpatient

acetaminophen, 650 mg, 2 tablet, ORAL, q4h, PRN
Adderall XR, 40 mg, 2 capsule, ORAL, qAM (every morning)

aluminum hydroxide/magnesium hydroxide/simethicone
200 mg-200 mg-20 mg/5 mL oral suspension, 30 mL, ORAL, q4h, PRN

benztropine, 2 mg, 2 mL, IM (INTRAMUSCULAR),
Once, PRN

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health Assessments

collateral to be obtained and possible discharge planning to occur. Pt was agreeable w/ this plan but expressed desire to be discharged soon due to upcoming job interview and other work obligations. He reported having his next f/u appt with OP psychiatrist, Kathleen Peniston, scheduled for this Thursday, which he plans to attend. And he also reports plan to stay with his mother for the following week while he completes some freelance work in that area.

Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and affirmed that he is chronically hyperverbal but not delusional. We discussed current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider tomorrow, as needed.

Review of Systems

A 10 point review of systems has been performed and found negative except for what was already stated in the HPI/current assessment.

Exam

Vitals & Measurements

T: 97.3 °F (Oral) HR: 80 (Peripheral) RR: 18 BP: 126/79 SpO2: 96%

Mental Status Exam

General appearance: Appropriate grooming/hygiene. Fair eye contact. No major psychomotor abnormalities observed. No acute distress.

Behavior: Polite, cooperative.

Gait & station: Normal.

Strength & tone: Normal.

Level of consciousness: Alert.

Orientation: Oriented X 4.

Attention & concentration: Normal.

Language: Normal.

Fund of knowledge: Intelligent.

Recent & remote memory: No apparent deficits.

Speech: Rapid, hyperverbal, over-productive, circumstantial.

Thought processes: Logical, Goal directed, Future oriented.

Associations: Intact.

Mood: "Content, even-keeled"

Affect: Restricted/blunted. Mildly anxious.

Thought content: Denies suicidal thoughts; denies homicidal thoughts.

CeleXA, 20 mg, 1 tablet, ORAL, qHS (each night at bedtime)

glucagon, 1 mg, IM (INTRAMUSCULAR), Once, PRN

metFORMIN, 500 mg, 1 tablet, ORAL, Daily

nicotine 2 mg oral transmucosal gum, 2 mg, 1 gum,

CHEWED, q1hr, PRN

ZyPREXA, 10 mg, 1 tablet, ORAL, qHS (each night at bedtime)

Home

a.wallace rn

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL,

Daily, 3 refills, **Still taking, not as prescribed:**

Takes at HS

Goody's Extra Strength, See Instructions

metFORMIN, 500 mg

ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Allergies

No known allergies

Lab Results

	LAST	PRIOR	RANG	UNITS
Toxicology/The	RESULT	RESULT	E	
rapeutic Drug				
Monitoring				
Adulterants,	04/21/19			
Urine - POC	Negative			
	04/21/19			
Benzodiazepin	Negative			
es (BZO), Ur				

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health Assessments

Perceptions: Denies auditory/visual hallucinations. No overt s/s psychosis.

Insight: Present.

Judgment: Intact.

Risk Assessment

CSSRS reviewed.

Assessment and Plan/Disposition

ASSESSMENT

Pt is able to recount and describe recent symptoms, acknowledging recent increase in manic sx's including paranoia/suspicion resulting in distress, impulsive suicidal statements, and admission to ED. He denies ever having any plan or intention to harm/kill himself during that time. He acknowledges hx of passive SI during periods of distress but denies any suicidal behavior for past 20 yrs (Hx OD at age 18). Denies history of homicidality. Denies access to firearms.

Since admission to ED, pt has voluntarily requested/accepted increased dose of Zyprexa. He admits to sleeping poorly his first night due to his sx's as well as late admission/med administration time, but he reports sleeping well/normally last night. He also reports improved mood and denies feeling depressed, irritable, or elevated; affect is somewhat blunted/restricted. Denies ongoing paranoia/suspicion and is able to discuss these thoughts with improved insight and clarity. Denies any ongoing acute sx's of mania or psychosis. Speech remains fast, overproductive, and circumstantial, which appears to be his baseline (per collateral reports); thoughts appear linear, goal-directed, and future-oriented; thought content is logical and non-bizarre. No overt delusions, hallucinations, paranoia, grandiosity, flight of ideas, or disorganization.

Since his admission, pt reports talking w/ his friend/coworker/petitioner multiple times via phone, and he reports his mother intends to visit him in the ED later today. Pt is agreeable to signing ROI for EDSW to communicate w/ both these persons for collateral to better assess his current presentation/baseline. Writer recommended pt remain in ED/Obs today to ensure continued safety/stability and allow time for additional collateral to be obtained and dispo planning. Pt was agreeable w/ this plan. Reports next f/u appt with BHC OMS psychiatrist, Kathleen Peniston, scheduled for 4/25.

Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and that he is chronically hyperverbal but not delusional. We discussed

Cocaine 04/21/19
(COC), Urine - Negative
PO

Marijuana 04/21/19
(THC), Urine - Negative
04/21/19

Methamphetamine Negative
(MET), Ur

Morphine 04/21/19
(MOP), Urine - Negative
P

04/21/19
Amphetamine Positive
(AMP), Urine

Barbiturates 04/21/19
(BAR), Urine Negative
Oxycodone 04/21/19

(OXY), Urine - Negative
Methadone 04/21/19

(MTD), Urine - Negative
MDMA, Urine 04/21/19

- POC Negative

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

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Behavioral Health Assessments

current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider tomorrow, as needed.

PLAN

1. Disposition:

- Remain in ED/Obs, pending reevaluation.
- Possible d/c tomorrow.
- Next OMS appt 4/25.

2. Medications:

- Continue current medication as prescribed.
- No med changes made today.

3. Precautions:

- Continue routine (PL3) monitoring.

4. Collateral:

- EDSW to contact petitioner/friend.
- Mother to visit, provide feedback.

Attestation

I personally performed: the medical history, the exam, the medical decision making.

Personally reviewed: reason for visit, triage, current visit intake assessment, call center documentation, patient's medical record as applicable.

Reviewed documentation: congruent with exam.

New/Changed medications: risks/benefits discussed with patient and/or legally responsible person.

The case was discussed with: patient, nursing, social work, OP psychiatrist

[1] Collateral Information; SHIPP, SHAMIKKI R MSW 04/23/2019 13:19 EDT

[2] Collateral Information; SHIPP, SHAMIKKI R MSW 04/23/2019 11:28 EDT

Provider: MORCIGLIO, APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Behavioral Health Assessments

Electronically Signed By: KREWSON, CLINTON PA C
04/23/2019 01:35 PM

Electronically Signed By: HARTZELL, MATTHEW L MD
04/23/19 07:39 PM

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Behavioral Health Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 4/22/2019 02:56 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: MORCIGLIO ,APRIL HARRELL MD (4/22/2019 03:15 EDT)
SIGN INFORMATION: MORCIGLIO ,APRIL HARRELL MD (4/22/2019 03:34 EDT)

WILLIAMS III, LEONARD CLINTON

DOB: 11/01/1980

MRN: 0000642066

Location: CHS CMC
Behavioral Health

Sex: Male

FIN: 6437633200

Clinical Risk Assessment Data

Assaultive Ideations: No
History of Danger to others: No
Homicidal Ideations: No
Does Patient Have a Plan: No
Access to Firearms/Weapons: No
Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)
CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)
CSSRS Screen Suicidal Thoughts: Past month, no (04/21/19 23:53:00)
CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)
CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

History of Present Illness

38-year-old white male, previous diagnosis of bipolar 1 disorder, ADHD, presents to the emergency department on a petition by his friend/former coworker.

The petition reads as follows: Respondent has recently exhibited delusional behaviors and suicidal ideations. He believes that coworkers are "out to get" him and that he is in immediate danger from them. His speech is pressured and incoherent and his apartment is unkempt and neglected. He sent petitioner (friend/coworker) numerous texts outlining his intention to self-harm. Respondent has previous diagnosis of schizoaffective disorder. Unknown meds. Petitioner fears for his ultimate safety.

Nursing attempted to reach petitioner for collateral information but was unable to reach her.

Patient has been followed for several years at the OMS clinic and has most recently been followed by NP Peniston. He has been seen at OMS since 2011. His most recent OMS visit was 2 weeks ago when he saw NP Peniston on April 2. Review of that clinic note shows that patient was currently on Zyprexa, Celexa and Adderall. He had previously been on Depakote but he stopped that on his own. He had also previously been prescribed Saphris but he never filled it secondary to cost. At the end of that visit patient was to continue taking Zyprexa 5 mg 2 tablets at night, Celexa 20 mg daily and Adderall XR 20 mg twice daily. Review of his first clinic visit in November 2011 shows that patient was diagnosed with bipolar disorder at age 18 when he was hospitalized at Broughton State Hospital for 72 days. Dr. Gleditsch also documented in his clinic note from that visit that patient had a brief hospitalization at Woodridge in TN for 4 days. Tonight patient told nursing that he has a diagnosis of autism spectrum disorder. However, review of clinic notes over the past 8 years showed

Medical History**Problem List/Past Medical History****Ongoing**

None

Historical

Obesity

Psychiatric History/Family History

Cancer: Father, GF, Paternal, GM, Maternal and GM, Paternal.

Coronary artery disease (CAD): Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

Diabetes mellitus: Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

HYPERTENSION: GM, Maternal.

Psych Hx--bipolar disorder, ADHD

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



AH Behavioral Health Charlotte

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Behavioral Health Assessments

no evidence of an autism diagnosis.

On interview patient is hypervertal with pressured, tangential speech. He denied information on the petition and stated that his friend, who is also a former coworker, did this out of spite because they have been arguing lately. He says that she just did this because they've been in a power struggle. Patient also explained that he currently has no coworkers. He works as a freelance web designer. When I asked more questions, he did admit that he previously worked in Wells Fargo for 4 years up until June 2018. When talking about working at Wells Fargo he did sound a bit paranoid when talking about how several of his coworkers turned against him. He does not know exactly why, but he believes it was because of something related to Facebook.

Discussed with patient that the fact that his friend and coworker petition him for paranoia and sending text messages outlining how he is going to harm himself, is very worrisome. Explained to him that from reviewing his clinic notes it appears that he stopped his Depakote on his own and I recommended that we either restart Depakote or increase Zyprexa to 10 mg at night. Patient adamantly refused.

I then recommended a overnight observation stay for further monitoring of symptoms and to also get additional information from the petitioner. Explained to him that nursing called her, I called her and no one has been able to reach her as of yet. Given the allegations on the petition I would like to speak with her and also see the text messages she is referring to before we consider discharge.

Plan to admit to observation for safety and further evaluation; continue Zyprexa 5 mg p.o. nightly, Adderall XR 20mg BID and Celexa 20 mg p.o. nightly; continue to try to reach the petitioner for collateral information and to also see if she can bring the text messages to the hospital. Reevaluate on April 23 and at that time we will be able to make a better informed decision about inpatient treatment versus discharge after we get additional information from the petitioner.

Review of Systems

A 10 - point review of systems has been performed and found negative except for what was already stated in the HPI/ Current Assessment.

Exam

Vitals & Measurements

T: 98.5 °F (Oral) HR: 105 (Peripheral) RR: 18 BP: 131/97
SpO2: 97%

Social History/Substance Use History

Abuse/Neglect

History of Abuse: Past. Abuse Type: Mental, Sexual.

Comments: Sexual abuse by MGM, emotional abuse by step-father.

Alcohol

Denies

Drug Abuse

Denies

Employment/School

Highest Education: College graduate.

Freelance graphic art

Home/Environment

Marital Status: Single. lives in an apartment by himself

Nutrition/Health

Home Diet: Diabetic.

Tobacco

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day.

Medications

Inpatient

No active inpatient medications

Home

a.wallace rn

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL,

Daily, 3 refills, **Still taking, not as prescribed:** Takes at HS

Goodys Extra Strength, See Instructions

metFORMIN, 500 mg

ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Allergies

No known allergies

Lab Results

	<u>LAST</u>	<u>PRIOR</u>	<u>RANGE</u>	<u>UNITS</u>
<u>Toxicology/The</u>	<u>RESULT</u>	<u>RESULT</u>		

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Behavioral Health Assessments

Mental Status Exam

General appearance: Appropriately dressed and groomed Normal eye contact Cooperative Not internally preoccupied or responding to internal stimuli No psychomotor retardation or agitation Normal body habitus for age

Gait & Station: Normal

Strength & tone: Normal

Attention & concentration: Normal

Orientation: Oriented x4

Language: Normal

Fund of knowledge: Average

Recent and remote memory: No impairment in recent or remote _

Speech: Pressured _

Thought process: Tangential

Associations: Tangential

Mood: Anxious _

Affect: Appropriate to stated mood/ thought content

Thought content related to harm to self or others: Denies suicidal thoughts Denies suicidal intent Denies having a plan for suicide Denies homicidal ideation

Thought content (not related to dangerousness): No disturbance in thought content _ _

Perceptions: No perceptual disturbances No auditory hallucinations Paranoid thoughts (see HPI) No visual hallucinations

Insight: Limited

Judgment: Limited

Risk Assessment

Suicide Risk Formulation

Enduring Risk Factors:

Strengths and protective factors: Engaged in work or school, Identifies reasons for living

Long-term risk factors: Previous psychiatric diagnoses and treatments

Ineffective communication skills, Traumatic history, Financial concerns

Past Suicidal behaviors: Interrupted attempt lifetime

Dynamic Risk Factors:

Recent suicidal thoughts and behaviors:

Stressors:

Symptom and Recent Changes: Mixed affective episode (Bipolar), Sexual abuse (lifetime)

Therapeutic Drug

Monitoring

Adulterants, Urine - POC 04/21/19 Negative

Benzodiazepines (BZO), Urine - Cocaine (COC), Urine - PO 04/21/19 Negative

Marijuana (THC), Urine - 04/21/19 Negative

Methamphetamine (MET), Urine - Morphine (MOP), Urine - P 04/21/19 Negative

Amphetamine (AMP), Urine 04/21/19 Positive

Barbiturates (BAR), Urine 04/21/19 Negative

Oxycodone (OXY), Urine - 04/21/19 Negative

Methadone (MTD), Urine - 04/21/19 Negative

MDMA, Urine - POC 04/21/19 Negative

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Behavioral Health Assessments

Columbia SSRS: Reviewed / consistent with provider assessment

Engagement:

Risk Status (Specify low, Moderate or High based on normal population for care site): Medium

Risk State (Relative to baseline for patient): Medium

Protective factors: Past positive response to treatment _ _

Resources: Outpatient provider _ _

Foreseeable Changes: worsening mood _ _

Contingency Plans: Admit to OBS _ _

Assessment and Plan/Disposition

1. Bipolar 1 disorder

2. ADHD

Admission to ED Observation/Inpt Tx IS NOT RECOMMENDED at this time:

Assessment:

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Behavioral Health Assessments

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Plan to admit to observation for safety and further evaluation; continue Zyprexa 5 mg p.o. nightly, Adderall XR 20mg BID and Celexa 20 mg p.o. nightly; continue to try to reach the petitioner for collateral information and to also see if she can bring the text messages to the hospital. Reevaluate on April 23 and at that time we will be able to make a better informed decision about inpatient treatment versus discharge after we get additional information from the petitioner.

Reason for Admission: Suicidal ideation/ attempt **Disposition**

Plan: Admission to OBS is current recommendation, but if rapid improvement is not seen in the next 24-48hrs, the plan will be to proceed to inpt level of care.

Legal Status: Involuntary; PIC/ ERIC #1 completed **Collateral information:** _ _

Monitoring Status: PL-3 **Specific Monitoring Needs:** None

Suicide Risk Monitoring: Daily **Specific Order Set(s) for Care**

Management: None _

Medication: see above

Follow Up

No Follow Up Appointments documented.

Attestation

Personally reviewed: Current visit triage/intake/medical record as applicable _ _ _

Reviewed Documentation: Congruent with exam

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Behavioral Health Assessments

New/Changed medications: Not applicable to this assessment

This assessment/plan of care was discussed with: patient _ _ _

Electronically Signed By: MORCIGLIO, APRIL HARRELL MD

04/22/2019 03:34 AM

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Behavioral Health Assessments

DOCUMENT NAME: Psychiatric Assessment
SERVICE DATE/TIME: 4/22/2019 11:04 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: ELLIS ,CHARLI DO (4/22/2019 11:06 EDT)
SIGN INFORMATION: ELLIS ,CHARLI DO (4/22/2019 11:06 EDT)

WILLIAMS III, LEONARD CLINTON**DOB:** 11/01/1980
Sex: Male**MRN:** 0000642066
FIN: 6437633200

Pt's an after midnight case and therefore will not be assigned to any dayshift docs. The pt has been asking the RN if his Zyprexa can be for 10 mg qhs; his previous dose. I read his eval from Dr. Morciglio and her plan was to start him on 5 mg qhs of Zyprexa. Since he's been here he received a scheduled Zyprexa 5 mg and a 1x dose so he received 10 mg and has tolerated this. Will change Zyprexa to 10 mg qhs.

Electronically Signed By: ELLIS, CHARLI DO
04/22/2019 11:06 AM

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



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Consents

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



Atrium Health

HEALTH REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health ("Atrium Health"), maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize Atrium Health to perform on me the care ordered by my providers. I understand that I have the right to be informed by my providers of the nature and purpose of any proposed treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with them. This form is not a substitute for such explanations, which are the responsibility of my providers to provide according to recognized standards of medical practice, and I acknowledge that Atrium Health and its personnel are not responsible for providing me this information for non-Atrium Health providers. I consent to receive services by interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if an insurance plan may not cover or continue to cover specific services, including the specific services rendered during the medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to Atrium Health under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the medical bill, and hereby authorize direct payment to Atrium Health and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits as well as any professional group contracted by Atrium Health for professional services they may perform for me, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to Atrium Health, my providers, and those professional groups or entities included in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my providers and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my provider's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered as part of medical treatment. If Atrium Health deems necessary, I authorize Atrium Health to file member grievances on my behalf with my health plan for any denied claims. I appoint representatives of Atrium Health to act as my representative in pursuing such grievances. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due Atrium Health, my providers, or those professional groups or entities for services in connection with this medical treatment, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to Atrium Health or any other facility or entity related to Atrium Health, my providers, or other professional groups or entities included in this assignment.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that Atrium Health has contracted with certain independent professional groups for such groups to provide exclusively certain medical services at Atrium Health facilities, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services are independent contractors, are not employees or agents of Atrium Health, and are not subject to control or supervision by Atrium Health in their delivery of professional services.

USE OF MEDICAL INFORMATION. I understand that Atrium Health and my providers and independent professional groups providing medical services can use my information for treatment, payment, and health care operations, as further outlined in the Atrium Health Notice of Privacy Practices. As clarification, I understand that Atrium Health and my providers may give any medical information relating to my medical treatment to any insurance company, governmental or charitable and social service agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my medical treatment. I also understand that Atrium Health and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care or support services. I authorize Atrium Health and my provider to take and produce pictures, recordings, and/or videos of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and videos being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize Atrium Health and my providers to release any medical information necessary to prove Atrium Health's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts.

PHONE AND TEXT MESSAGE COMMUNICATIONS. I authorize Atrium Health and its representatives (including third-party agents) to contact me by phone using pre-recorded messages and/or automated dialing systems at any phone number associated with me or my personal representatives, including wireless numbers, in connection with any matter relating to my treatment, payment, or account, or to advise me of products or services that may be of interest to me. I can only decline to receive further calls or messages by following the reasonable instructions specifically provided by Atrium Health. I understand that I am not required to agree to receive phone calls and messages in order to receive treatment or other Atrium Health services. By providing my email address and cell phone number, I give permission for Atrium Health (including its agents and contractors) to send me information, reminders, and messages using those means of communication. I authorize Atrium Health to send me unencrypted messages using these means of communication, and I understand and accept the risks associated with doing so.

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*

Atrium Health - 10/2018





Atrium Health

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by Atrium Health and my physicians and other providers for my medical treatment. This guaranty includes charges for services not covered by any insurance, regardless of the reason that insurance coverage is denied. I agree to pay the Hospital account I incur in accordance with the rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and Atrium Health or my providers use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize Atrium Health and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that Atrium Health may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys.

PERSONAL PROPERTY. I understand that Atrium Health is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.

APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES. I appoint the Financial Counseling staff of Atrium Health as my (and the patient's) agent and personal representative for the purpose of initiating applications for Medical Assistance programs and/or conducting any and all activities associated with determining eligibility for such benefits, including, but not limited to, including Medical Assistance, Aid to Families with Dependent Children, and Special Assistance. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to send copies of all notices, requests for information, and actions taken in my case including approvals and denials, and to provide such information to the Financial Counselor electronically or via telephone if requested. I authorize the Atrium Health, at its own expense, to obtain legal representation to assist in the evaluation, application or appeal processes. The doctrine of informed consent has been explained to me.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. I acknowledge that this consent is voluntary and that it may be revoked by me in writing at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later; however, the consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below. Witness my (our) hand(s) and seal(s) below.

Name of Patient: _____ (Seal) Phone number: _____
 Patient/Responsible Party Signature: X [Signature] (Seal) Relation, if not Patient: _____
 Date: 4/23/19 Time: 21:37 _____ Spouse _____
 _____ Parent/s _____
 _____ Other (Specify: _____)
 Witness: [Signature] Date: 4/23/19 Time: 21:37

☐ I have been provided access to Atrium Health's Notice of Privacy Practices

Patient/Authorized Representative Signature: X [Signature] Relation, if not Patient: _____
 Date: 4/23/19 Time: 21:37 _____ Spouse _____
 _____ Parent/s _____
 _____ Other (Specify: _____)

Reason Patient Unable/Unwilling to sign _____

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

WILLIAMS, LEONARD CLINT*
 CSN: 6437633200 FAC: H
 MRN: 0000642066 Adm Date: 4/21/2019
 DOB: 11/01/1980 (38 yrs) Male
 Att Phy: 99047 BHR EMERGENCY MEDIC*





HEALTH REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT: The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health ("Atrium Health"), maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize Atrium Health to perform on me the care ordered by my providers. I understand that I have the right to be informed by my providers of the nature and purpose of any proposed treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with them. This form is not a substitute for such explanations, which are the responsibility of my providers to provide according to recognized standards of medical practice, and I acknowledge that Atrium Health and its personnel are not responsible for providing me this information for non-Atrium Health providers. I consent to receive services by interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if an insurance plan may not cover or continue to cover specific services, including the specific services rendered during the medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to Atrium Health under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the medical bill; and hereby authorize direct payment to Atrium Health and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits as well as any professional group contracted by Atrium Health for professional services they may perform for me, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to Atrium Health, my providers, and those professional groups or entities included in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my providers and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my provider's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered as part of medical treatment. If Atrium Health deems necessary, I authorize Atrium Health to file member grievances on my behalf with my health plan for any denied claims. I appoint representatives of Atrium Health to act as my representative in pursuing such grievances. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due Atrium Health, my providers, or those professional groups or entities for services in connection with this medical treatment, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to Atrium Health or any other facility or entity related to Atrium Health, my providers, or other professional groups or entities included in this assignment.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that Atrium Health has contracted with certain independent professional groups for such groups to provide exclusively certain medical services at Atrium Health facilities, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services are independent contractors, are not employees or agents of Atrium Health, and are not subject to control or supervision by Atrium Health in their delivery of professional services.

USE OF MEDICAL INFORMATION. I understand that Atrium Health and my providers and independent professional groups providing medical services can use my information for treatment, payment, and health care operations, as further outlined in the Atrium Health Notice of Privacy Practices. As clarification, I understand that Atrium Health and my providers may give any medical information relating to my medical treatment to any insurance company, governmental or charitable and social service agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my medical treatment. I also understand that Atrium Health and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care or support services. I authorize Atrium Health and my provider to take and produce pictures, recordings, and/or videos of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and videos being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize Atrium Health and my providers to release any medical information necessary to prove Atrium Health's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts.

PHONE AND TEXT MESSAGE COMMUNICATIONS. I authorize Atrium Health and its representatives (including third-party agents) to contact me by phone using pre-recorded messages and/or automated dialing systems at any phone number associated with me or my personal representatives, including wireless numbers, in connection with any matter relating to my treatment, payment, or account, or to advise me of products or services that may be of interest to me. I can only decline to receive further calls or messages by following the reasonable instructions specifically provided by Atrium Health. I understand that I am not required to agree to receive phone calls and messages in order to receive treatment or other Atrium Health services. By providing my email address and cell phone number, I give permission for Atrium Health (including its agents and contractors) to send me information, reminders, and messages using those means of communication. I authorize Atrium Health to send me unencrypted messages using these means of communication, and I understand and accept the risks associated with doing so.



901

Atrium

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*





Atrium Health

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by Atrium Health and my physicians and other providers for my medical treatment. This guaranty includes charges for services not covered by any insurance, regardless of the reason that insurance coverage is denied. I agree to pay the Hospital account I incur in accordance with the rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and Atrium Health or my providers use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize Atrium Health and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that Atrium Health may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys.

PERSONAL PROPERTY. I understand that Atrium Health is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.

APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES. I appoint the Financial Counseling staff of Atrium Health as my (and the patient's) agent and personal representative for the purpose of initiating applications for Medical Assistance programs and/or conducting any and all activities associated with determining eligibility for such benefits, including, but not limited to, including Medical Assistance, Aid to Families with Dependent Children, and Special Assistance. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to send copies of all notices, requests for information, and actions taken in my case including approvals and denials, and to provide such information to the Financial Counselor electronically or via telephone if requested. I authorize the Atrium Health, at its own expense, to obtain legal representation to assist in the evaluation, application or appeal processes. The doctrine of informed consent has been explained to me.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. I acknowledge that this consent is voluntary and that it may be revoked by me in writing at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later; however, the consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below. Witness my (our) hand(s) and seal(s) below.

Name of Patient: Clinton L. Williams, III (Seal) Phone number: _____

INVOLUNTARY (Seal)
Patient/Responsible Party Signature

Relation, if not Patient:

____ Spouse

____ Parent/s

____ Other (Specify: _____)

4/21/19 2355
Date Time

[Signature] 4/21/19 2355
Witness Date Time

☐ I have been provided access to Atrium Health's Notice of Privacy Practices

Clinton L. Williams, III
Patient/Authorized Representative Signature

Relation, if not Patient:

____ Spouse

____ Parent/s

____ Other (Specify: _____)

4/21/19 2355
Date Time

INVOLUNTARY

Reason Patient Unable/Unwilling to sign _____

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



901



Atrium Health

AUTHORIZATION TO RELEASE MEDICARE AND MEDICAID INFORMATION. I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct.

PAYMENT GUARANTY. I (patient and/or responsible party/ies) agree to pay all charges for services rendered by Atrium Health and my physicians and other providers for my medical treatment. This guaranty includes charges for services not covered by any insurance, regardless of the reason that insurance coverage is denied. I agree to pay the Hospital account I incur in accordance with the rates and terms of the Hospital at the time of my discharge. If I fail to pay all charges and Atrium Health or my providers use an attorney to collect unpaid charges, I agree to pay the reasonable cost of the attorney's services in addition to the unpaid charges. I consent and authorize Atrium Health and its agents and subcontractors to contact outside data sources of its choosing, including credit reporting agencies, for purposes related to my account, including evaluating and assessing my credit worthiness, my charity eligibility, and the viability of collecting any amounts due for the treatment I receive, whether at this time or on subsequent visits. I understand and agree that Atrium Health may assign my accounts as it deems necessary for purposes of collecting any amounts I owe, including to collection agencies and attorneys.

PERSONAL PROPERTY. I understand that Atrium Health is not responsible for money, valuables and other personal property in my possession and has no liability for their loss.

APPOINTMENT AND RELEASE FOR FINANCIAL PURPOSES. I appoint the Financial Counseling staff of Atrium Health as my (and the patient's) agent and personal representative for the purpose of initiating applications for Medical Assistance programs and/or conducting any and all activities associated with determining eligibility for such benefits, including, but not limited to, including Medical Assistance, Aid to Families with Dependent Children, and Special Assistance. The Financial Counselor may have access to and copy any records or information to which I would be entitled. I authorize and direct the County Department of Social Services to send copies of all notices, requests for information, and actions taken in my case including approvals and denials, and to provide such information to the Financial Counselor electronically or via telephone if requested. I authorize the Atrium Health, at its own expense, to obtain legal representation to assist in the evaluation, application or appeal processes. The doctrine of informed consent has been explained to me.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. I acknowledge that this consent is voluntary and that it may be revoked by me in writing at any time except to the extent that action has already been taken in reliance on it. Unless otherwise revoked, this consent shall be valid for one (1) year from the date of authorization, or until final determination of any benefits application as described above, whichever is later; however, the consent will not expire for services, claims processing or collection activities for admissions or visits occurring while this consent was in effect. The undersigned hereby consents to such medical treatment as my provider(s) order and indicate the same by my (our) signature below. Witness my (our) hand(s) and seal(s) below.

Name of Patient: Clinton L. Williams, III (Seal) Phone number: _____

INVOLUNTARY (Seal)
Patient/Responsible Party Signature

Relation, if not Patient:

____ Spouse

____ Parent/s

____ Other (Specify: _____)

4/21/19 2355
Date Time

[Signature] 4/21/19 2355
Witness Date Time

☐ I have been provided access to Atrium Health's Notice of Privacy Practices

Clinton L. Williams, III
Patient/Authorized Representative Signature

Relation, if not Patient:

____ Spouse

____ Parent/s

____ Other (Specify: _____)

4/21/19 2355
Date Time

INVOLUNTARY

Reason Patient Unable/Unwilling to sign _____

REQUEST FOR TREATMENT AND AUTHORIZATION FORM

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*



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Atrium Health

HEALTH REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health ("Atrium Health"), maintains certain providers, personnel and facilities needed in providing me medical care, and I authorize Atrium Health to perform on me the care ordered by my providers. I understand that I have the right to be informed by my providers of the nature and purpose of any proposed treatment or procedure and any available alternative methods of treatment, together with an explanation of the likely risks and benefits associated with them. This form is not a substitute for such explanations, which are the responsibility of my providers to provide according to recognized standards of medical practice, and I acknowledge that Atrium Health and its personnel are not responsible for providing me this information for non-Atrium Health providers. I consent to receive services by interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so. I choose to receive the services even if an insurance plan may not cover or continue to cover specific services, including the specific services rendered during the medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS. I/we hereby assign all my rights to Atrium Health under any policy of insurance, including but not limited to, major medical insurance, hospital or outpatient benefits, sick benefits, injury benefits due to me because of liability of a third party, such as auto insurance or Workers' Compensation insurance, and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient up to the full amount of the medical bill, and hereby authorize direct payment to Atrium Health and/or my providers of all benefits to which I am entitled. This assignment includes payment of hospital, outpatient, surgical, and medical benefits as well as any professional group contracted by Atrium Health for professional services they may perform for me, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. In addition, I/we further warrant and represent that any insurance which I/we assign is valid insurance and in effect and that I/we have the right to make this assignment. I understand that I am financially responsible to Atrium Health, my providers, and those professional groups or entities included in this assignment for amounts due that are not covered by this assignment. For example, I know that sometimes insurance companies will not pay for services ordered by my providers and which I have authorized. I understand that these payment denials occur for a variety of reasons. My insurance policy may not include the particular service as a benefit. In other cases, a service will not be covered by my insurance company because it decides the service is not necessary, despite my provider's decision to order the service. In any event, even if a service is not covered by insurance, I agree to pay for all charges for all services rendered, including the specific services rendered as part of medical treatment. If Atrium Health deems necessary, I authorize Atrium Health to file member grievances on my behalf with my health plan for any denied claims. I appoint representatives of Atrium Health to act as my representative in pursuing such grievances. I further agree that in the event benefits paid under this assignment or any other amounts paid by me/us or on my/our behalf exceed the amounts due Atrium Health, my providers, or those professional groups or entities for services in connection with this medical treatment, any such excess amount may be applied to any other indebtedness that I or my spouse or any child for whom I am financially responsible may have to Atrium Health or any other facility or entity related to Atrium Health, my providers, or other professional groups or entities included in this assignment.

NOTICE OF INDEPENDENT CONTRACTORS. I understand that Atrium Health has contracted with certain independent professional groups for such groups to provide exclusively certain medical services at Atrium Health facilities, including but not limited to radiology and imaging, anesthesia and pain services, pathology, radiation oncology, and emergency medicine services. I understand that professional groups providing those services are independent contractors, are not employees or agents of Atrium Health, and are not subject to control or supervision by Atrium Health in their delivery of professional services.

USE OF MEDICAL INFORMATION. I understand that Atrium Health and my providers and independent professional groups providing medical services can use my information for treatment, payment, and health care operations, as further outlined in the Atrium Health Notice of Privacy Practices. As clarification, I understand that Atrium Health and my providers may give any medical information relating to my medical treatment to any insurance company, governmental or charitable and social service agencies and their agents, and professional review organizations with whom I may have insurance coverage or who may be assisting in payment of my medical treatment. I also understand that Atrium Health and my providers may release any medical information to any health care provider or medical facility to which I may be referred or transferred for further medical care or support services. I authorize Atrium Health and my provider to take and produce pictures, recordings, and/or videos of me for treatment and health care operation purposes. I can object to, or rescind my permission for, pictures, recordings, and videos being taken or produced for reasons other than treatment and health care operations at any time. In addition, I authorize Atrium Health and my providers to release any medical information necessary to prove Atrium Health's damages in any legal proceeding brought to enforce any unpaid balance on any of my accounts.

PHONE AND TEXT MESSAGE COMMUNICATIONS. I authorize Atrium Health and its representatives (including third-party agents) to contact me by phone using pre-recorded messages and/or automated dialing systems at any phone number associated with me or my personal representatives, including wireless numbers, in connection with any matter relating to my treatment, payment, or account, or to advise me of products or services that may be of interest to me. I can only decline to receive further calls or messages by following the reasonable instructions specifically provided by Atrium Health. I understand that I am not required to agree to receive phone calls and messages in order to receive treatment or other Atrium Health services. By providing my email address and cell phone number, I give permission for Atrium Health (including its agents and contractors) to send me information, reminders, and messages using those means of communication. I authorize Atrium Health to send me unencrypted messages using these means of communication, and I understand and accept the risks associated with doing so.



801

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Legal

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

STATE OF NORTH CAROLINA

File No.

MECKLENBURG

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

LEONARD CLINTON WILLIAMS III

13009 YORK RIDGE DR #214

105 MC RANDOLPH 501 BILLINGSLEY RD

CHARLOTTE

NC 28211

FINDINGS AND CUSTODY ORDER
INVOLUNTARY COMMITMENT

(PETITIONER APPEARS BEFORE MAGISTRATE OR CLERK)

G.S. 122C-252, -261, -263, -281, -283.

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

11/01/1980

I. FINDINGS

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably:

(Check all that apply)

- ☒ 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.
☐ In addition to being mentally ill, the respondent probably is also mentally retarded. (If this finding is made, see G.S. 122C-261(b) and (d) for special instructions.)
☐ 2. a substance abuser and dangerous to self or others.

II. CUSTODY ORDER

TO ANY LAW ENFORCEMENT OFFICER:

The Court ORDERS you to take the above named respondent into custody **WITHIN 24 HOURS AFTER THIS ORDER IS SIGNED** and take the respondent for examination by a person authorized by law to conduct the examination. (A COPY OF THE EXAMINER'S FINDINGS SHALL BE TRANSMITTED TO THE CLERK OF SUPERIOR COURT IMMEDIATELY.)

- ➔ IF the examiner finds that the respondent IS NOT a proper subject for involuntary commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
- ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for outpatient commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
- ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for inpatient commitment, then you shall transport the respondent to a 24-hour facility designated by the State for the custody and treatment of involuntary clients and present the respondent for custody, examination and treatment pending a district court hearing.
- ➔ IF the examiner finds that the respondent IS a substance abuser and subject to involuntary commitment, the examiner must recommend whether the respondent be taken to a 24-hour facility or released, and then you shall either release him/her or transport the respondent to a 24-hour facility designated by the State for the custody and treatment of involuntary clients and present the respondent for custody, examination and treatment pending a district court hearing.

Date

Time

☐ AM☒ PM

Signature

F. Wilson

☐ Deputy CSC☐ CSC☐ Assistant CSC☒ Magistrate

This Order is valid throughout the State. If the respondent is taken into custody, this Order is valid for seven (7) days from the date and time of issuance.

III. RETURN OF SERVICE

A. CUSTODY CERTIFICATION

☐ Respondent WAS NOT taken into custody for the following reason:

☒ I certify that this Order was received and respondent served and taken into custody as follows:

Date Respondent Taken Into Custody

04/21/2019

Time

11:43

☐ AM☒ PM

Name Of Law Enforcement Officer (Type Or Print):

C. D'Avanzo

Signature Of Law Enforcement Officer

[Signature]

Name Of Law Enforcement Agency

CMPD

Badge No. Of Officer

5504

NOTE TO LAW ENFORCEMENT OFFICER: If respondent is not taken into custody within 24 hours after this Order is signed, check the appropriate box above and return to the Clerk of Superior Court immediately. If respondent is served and taken into custody, complete return of service on the reverse. When taking respondent into custody you must inform him or her that he or she is not under arrest and has not committed a crime, but is being transported to receive treatment and for his or her own safety and that of others.

Original-File Copy-24-Hr

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*



AOC-SP-302A, New 11/12

© 2012 Administrative Office of the Courts

L. WILLIAMS

WILSON

B. PATIENT DELIVERY TO FIRST EXAMINATION SITE

The respondent was presented to an authorized examiner as shown below:

Date Presented 04/21/2019	Time 11:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Name Of Examiner (Type Or Print) Silver
Name Of Examining Facility CMC Billingsly	County Of Examining Facility Mecklenburg	
Name Of Law Enforcement Officer (Type Or Print) C. O. Alvarez	Signature Of Law Enforcement Officer <i>[Signature]</i>	
Name Of Law Enforcement Agency CMPD	Badge No. Of Officer 5504	

C. FOR USE WHEN TRANSPORTING AFTER FIRST EXAMINATION: PATIENT RELEASED OR DELIVERED TO 24-HOUR FACILITY


- ☐ 1. The examiner found that the respondent does not meet the commitment criteria, or meets the criteria for outpatient commitment, or meets the criteria for substance abuse commitment and should be released pending a hearing. I returned respondent to his/her regular residence or the home of a consenting person and released respondent from custody.
- ☐ 2. The examiner found that the respondent is mentally ill and meets the criteria for inpatient commitment, or meets the criteria for substance abuse commitment and should be held pending a district court hearing. I transported and placed the respondent in the custody of the 24-hour facility named below for observation and treatment.

Name Of 24-Hour Facility	County Of 24-Hour Facility
--------------------------	----------------------------

- ☐ 3. Respondent was temporarily detained under appropriate supervision at the site of first examination because the first examiner recommended inpatient commitment and a 24-hour facility was not immediately available or medically appropriate. Upon further examination, an examiner determined that the respondent no longer meets inpatient commitment criteria or meets the criteria for outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person and released respondent from custody.

Date Delivered	Time Delivered <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Examiner (Type Or Print)
Name Of Examining Facility	County Of Examining Facility	
Name Of Law Enforcement Officer (Type Or Print)	Signature Of Law Enforcement Officer	
Name Of Law Enforcement Agency	Badge No. Of Officer	

NOTE TO LAW ENFORCEMENT OFFICER: Upon completing this section, immediately return this form and a copy of the examiner's written report (Form No. DMH 5-72-01) to the Clerk of Superior Court of the county where the petition was filed and the custody order issued (See top of reverse side).

WILLIAMS, LEONARD CLINT*
 CSN: 6437633200 FAC: H
 MRN: 0000642066 Adm Date: 4/21/2019
 DOB: 11/01/1980 (38 yrs) Male
 Att Phy: 99047 BHR EMERGENCY MEDIC*


STATE OF NORTH CAROLINA Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

County Mecklenburg
Patient Record # _____

EXAMINATION AND RECOMMENDATION TO
DETERMINE
NECESSITY FOR INVOLUNTARY COMMITMENT

~~1ST ERIC~~ *rv*
Film # **2ND ERIC**

Name of Respondent:	Age	DOB	Sex	Race	M.S.
<u>Williams, Leonard</u>	<u>38</u>	<u>11/1/80</u>	<u>M</u>	<u>CA</u>	<u>Single</u>
Address (Street, Box Number, City, State, Zip (use facility address after 1 year in facility):			County:		
<u>13009 York Ridge Dr. #214 Charlotte, NC 28211</u>			<u>Mecklenburg</u>		
Legally Responsible Person			Next of Kin (Name and Address)		
<u>Self</u>			Relationship:		
Petitioner (Name and address)			Relationship:		
<u>Jennifer Cox 7235 City View Dr Charlotte, NC 28212</u>			<u>Friend</u>		
			Phone: <u>704-943-5731</u>		

The above-named respondent was examined on 4/23, 2019 at 2:07 o'clock P.M. at BHC ED/OBS
OR, I examined the respondent via telemedicine technology on 20 at 2 o'clock M. Included in the examination was an assessment of the respondent's: ☒ (1) current and previous mental illness or mental retardation including, if available, previous treatment history; (2) dangerousness to self or others as defined in G.S. 122C-3 (11*); (3) ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) capacity to make an informed decision concerning treatment. ☒ (1) current and previous substance abuse including, if available, previous treatment history; and (2) dangerousness to himself or others as defined in G.S. 122C-3 (11*). The following findings and recommendations are made based on this examination. For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination via telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken to a facility for face to face evaluation. (*Statutory Definitions are on reverse side)

SECTION I - CRITERIA FOR COMMITMENT

- Inpatient.** It is my opinion that the respondent is:
- 1st Exam - Physician or Psychologist) ☐ mentally ill; ☐ dangerous to self; ☐ dangerous to others
2nd Exam - Physician only) ☐ in addition to being mentally ill is also mentally retarded
☐ none of the above
- Outpatient.** It is my opinion that:
- (Physician or Psychologist) ☐ the respondent is mentally ill
☐ the respondent is capable of surviving safely in the community with available supervision
☐ based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11*)
☐ the respondent's current mental status or the nature of his illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment
☐ none of above

COPY

- Substance Abuse.** It is my opinion that the respondent is:
- (1st Exam - Physician or Psychologist; 2nd Exam - If 1st exam done by Physician, 2nd exam may be done by Qual. Prof.) ☐ a substance abuser
☐ dangerous to himself or others
☐ none of the above

SECTION II - DESCRIPTION OF FINDINGS

Clear description of findings (findings for each criterion checked above in Section I must be described):

No acute suicidal, homicidal or assaultive ideation.
No psychotic symptoms.
Willing to comply with voluntary services.
No longer meet criteria for involuntary commitment.

over

Form No. DMH 5-72-01
Revised December 2009

EXAMINATION AND RECOMMENDATION FOR INVOLUNTARY COMMITMENT

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



COPY

Notable Physical Conditions:

None acute

Current Medications (medical and psychiatric)

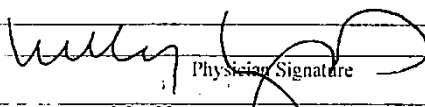
See chart

Impression/Diagnosis:

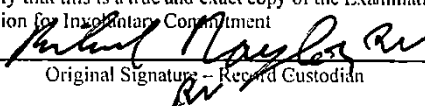
Bipolar I Disorder

SECTION III - RECOMMENDATION FOR DISPOSITION

- ☐ Inpatient Commitment for _____ days (respondent must be mentally ill and dangerous to self or others)
- ☐ Outpatient Commitment (respondent must meet ALL of the first four criteria outlined in Section I, Outpatient)
- Proposed Outpatient Treatment Center or Physician: (Name) _____
- (Address and Phone Number) _____
- LME notified of appointment: (Name of LME and date) _____
- ☐ Substance Abuse Commitment (respondent must meet both criteria outlined in Section I, Substance Abuse)
- ☐ Release respondent pending hearing - Referred to: _____
- ☐ Hold respondent at 24-hour facility pending hearing - Facility: _____
- ☐ Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found not guilty by reason of insanity or incapable of proceeding; therefore, the respondent will not be released until so ordered following the court hearing.
- ☒ Respondent or Legally Responsible Person Consented to Voluntary Treatment
- ☒ Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)
- ☐ Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- ☐ Other (Specify) _____

 M.D.
 Physician Signature
 Signature/Title of Physician/Qual. Prof. Professional
Kelly Haggood, MD
 Print Name of Examiner
 Behavioral Health Charlotte (Atrium Health)
 501 Billingsley Rd
 Charlotte NC 28211
 704 358 2800

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment


 Original Signature - Record Custodian


 Title

Address or Facility

4/23/19

Date

NOTE: Only copies to be introduced as evidence need to be certified

CC: Clerk of Superior Court where petition was initiated (initial hearing only)

Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised

Respondent or Respondent's Attorney and State's Attorneys, when applicable

Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Program / Physician (Substance Abuse Commitment)

NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

***STATUTORY DEFINITIONS**

"Dangerous to self". Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

"Dangerous to others". Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

"Mental illness": (a) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth's capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

"Substance abuser". An individual who engages in the pathological use or abuse of all produces an impairment in personal, social, or occupational functioning. Substance abuse m

WILLIAMS, LEONARD CLINT* that

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*



STATE OF NORTH CAROLINA Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

County Mecklenburg

1ST file ERIC

Examination Record # _____

EXAMINATION AND RECOMMENDATION TO
DETERMINE
NECESSITY FOR INVOLUNTARY COMMITMENT

Film # _____

Name of Respondent: <u>Williams, Leonard</u>		Age <u>38</u>	DOB <u>11/1/80</u>	Sex <u>M</u>	Race <u>Cauc.</u>	M.S. <u>Single</u>
Address (Street, Box Number, City, State, Zip (use facility address after 1 year in city): <u>13009 York Ridge Dr. #214</u> <u>Charlotte, NC 28211</u>				County: <u>Mecklenburg</u>		
Legally Responsible Person <u>Self</u>				Relationship: <u>—</u>		
Next of Kin (Name and Address)				Phone: <u>—</u>		
Petitioner (Name and address) <u>Jennifer Cox</u> <u>7235 City View Dr.</u> <u>Charlotte, NC 28212</u>				Relationship: <u>friend</u>		
				Phone <u>704-943-5731</u>		

The above-named respondent was examined on 4/22, 2019 at 0300 o'clock A.M. at BH CLT
OR, I examined the respondent via telemedicine technology on 20 at
o'clock M. Included in the examination was an assessment of the respondent's: ☒ (1) current and previous mental illness or
mental retardation including, if available, previous treatment history; (2) dangerousness to self or others as defined in G.S. 122C-3 (11*); (3)
ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) capacity to
make an informed decision concerning treatment. ☒ (1) current and previous substance abuse including, if available, previous treatment history;
and (2) dangerousness to himself or others as defined in G.S. 122C-3 (11*). The following findings and recommendations are made based on
this examination. For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination
a telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken to a facility for
face to face evaluation. (*Statutory Definitions are on reverse side)

SECTION I - CRITERIA FOR COMMITMENT

- Inpatient.** It is my opinion that the respondent is: ☒ mentally ill; ☐ dangerous to self; ☐ dangerous to others
(1st Exam - Physician or Psychologist) ☐ in addition to being mentally ill is also mentally retarded
2nd Exam - Physician only ☐ none of the above
- Outpatient.** It is my opinion that: ☐ the respondent is mentally ill
(Physician or Psychologist) ☐ the respondent is capable of surviving safely in the community with available supervision
☐ based upon the respondent's treatment history, the respondent is in need of treatment in order
to prevent further disability or deterioration which would predictably result in dangerousness
as defined by G.S. 122C-3 (11*)
☐ the respondent's current mental status or the nature of his illness limits or negates his/her
ability to make an informed decision to seek treatment voluntarily or comply with
recommended treatment
☐ none of above

- Substance Abuse.** It is my opinion that the respondent is: ☐ a substance abuser
(1st Exam - Physician or Psychologist; 2nd Exam - If 1st exam done by Physician, 2nd exam may be done by Qual. Prof.) ☐ dangerous to himself or others
☐ none of the above

SECTION II - DESCRIPTION OF FINDINGS

Clear description of findings (findings for each criterion checked above in Section I must be described):

Friend and former co-worker reported that patient sent
numerous texts detailing plans to harm self. Patient
needs further psychiatric evaluation.

over

Form No. DMH 5-72-01
Revised December 2009

EXAMINATION AND RECOMMENDATION FOR INVOLUNTARY COMMITMENT

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
At Pky: 99047 BHR EMERGENCY MEDIC*

WILLIAMS, LEONARD CLINT*
 CSN: 6437633200 FAC: H
 MRN: 0000642066 Adm Date: 4/21/2019
 DOB: 11/01/1980 (38 yrs) Male
 Att Phy: 99047 BHR EMERGENCY MEDIC*

Notable Physical Conditions: *see chart*

ications (medical and psychiatric)
el chart

Impression/Diagnosis:

Bipolar Disorder

SECTION III - RECOMMENDATION FOR DISPOSITION

- ☒ Inpatient Commitment for 30 days (respondent must be mentally ill and dangerous to self or others)
☐ Outpatient Commitment (respondent must meet ALL of the first four criteria outlined in Section I, Outpatient)
 Proposed Outpatient Treatment Center or Physician: (Name) _____
 (Address and Phone Number) _____
- LME notified of appointment: (Name of LME and date) _____
- ☐ Substance Abuse Commitment (respondent must meet both criteria outlined in Section I, Substance Abuse)
☐ Release respondent pending hearing - Referred to: _____
☐ Hold respondent at 24-hour facility pending hearing - Facility: _____
- ☐ Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found not guilty by reason of insanity or incapable of proceeding: therefore, the respondent will not be released until so ordered following the court hearing.
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- ☐ Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)
- ☐ Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- ☐ Other (Specify) _____

[Signature]
 Physician Signature

M.D.

Signature/Title - Eligible Psychologist/Qualified Professional

[Signature]
 Print Name of Examiner

Behavioral Health Charlotte (Atrium Health)
 501 Billingsley Rd
 Charlotte NC 28211
 704 358 2800

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

Original Signature - Record Custodian

Title

Address or Facility

Date

NOTE: Only copies to be introduced as evidence need to be certified

CC: Clerk of Superior Court where petition was initiated (initial hearing only)

Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised

Respondent or Respondent's Attorney and State's Attorneys, when applicable

Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Program / Physician (Substance Abuse Commitment)

NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

*STATUTORY DEFINITIONS

"Dangerous to self". Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

"Dangerous to others". Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

"Mental illness": (a) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth's capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

"Substance abuser". An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

STATE OF NORTH CAROLINA

File No.

MECKLENBURG

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Respondent

LEONARD CLINTON WILLIAMS III

13009 YORK RIDGE DR #214

TO: CMC RANDOLPH 501 BILLINGSLEY RD

CHARLOTTE

NC 28211

AFFIDAVIT AND PETITION FOR INVOLUNTARY COMMITMENT

G.S. 122C-261, 122C-281

Social Security No. Of Respondent (if available)

Date Of Birth

11/01/1980

Drivers License No. Of Respondent

State

I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and is:

(check all that apply)

☒ 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.

☐ in addition to being mentally ill, respondent is also "mentally retarded" pursuant to G.S. 122C-261.

☐ 2. a substance abuser and dangerous to self or others.

The facts upon which this opinion is based are as follows: (State facts, not conclusions, to support ALL blocks checked.)

RESPONDENT HAS RECENTLY EXHIBITED DELUSIONAL BEHAVIORS AND SUICIDAL IDEATIONS. HE BELIEVES THAT CO-WORKERS ARE "OUT TO GET" HIM, AND THAT HE'S IN IMMEDIATE DANGER FROM THEM. HIS SPEECH IS PRESSURED AND INCOHERENT, AND HIS APARTMENT IS UNKEMPT AND NEGLECTED. HE SENT PETITIONER (FRIEND/ CO-WORKER) NUMEROUS TEXTS OUTLINING HIS INTENTION TO SELF-HARM. RESPONDENT HAS PREVIOUS DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER. UNKNOWN MEDS. PETITIONER FEARS FOR HIS ULTIMATE SAFETY.

Name And Address Of Nearest Relative Or Guardian

Name And Address Of Person Other Than Petitioner Who May Testify

Home Telephone No.

Business Telephone No.

Home Telephone No.

Business Telephone No.

Petitioner requests the court to issue an order to a law enforcement officer to take the respondent into custody for examination by a person authorized by law to conduct the examination for the purpose of determining if the respondent should be involuntarily committed.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Petitioner

Date

04/21/2019

Signature

J. Wilson

Name And Address Of Petitioner (type or print)

JENNIFER COX

7235 CITY VIEW DR

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☒ Magistrate

CHARLOTTE

NC

28212

☐ Notary (use only with physician or psychologist petitioner)

Date Notary Commission Expires

Relationship To Respondent

FRIEND

SEAL

County Where Notarized

Home Telephone No.

7049435731

Business Telephone No.

WILLIAMS, LEONARD CLINT*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC*

Original-File Copy-Hospitals

AOC-SP-300, Rev. 5/17

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PETITIONER'S WAIVER OF NOTICE OF HEARING


I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.

Signature Of Witness

Date

Signature Of Petitioner

NOTE: "Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of [Chapter 122C] may be expunged from the files of the court." G.S. 122C-54(e).

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*




AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Correspondence Other

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 Sex: Male

11/1/1980

* Release Authorization - Auth (Verified) *

Hi, my name is Leonard Clinton Williams III. My birthday is 11/01/1980. I was told by your medical records dept that I am allowed accommodations in requesting my medical records, due to inability to fill out paperwork that results from my now disabling post-traumatic stress disorder.

I am requesting all of the involuntary commitment paperwork filed in relation to my stay at your location on 501 Billingsly road. The paperwork was filed between the late evening hours of 4/21/2019 and the early morning hours of 4/22/2019.

I am requesting the magistrate's findings to be included. I am requesting unaltered copies of the original paperwork. I would ask that this request be expedited and delivered to me via myatriumhealth. I am using this to document criminal behavior and need it urgently so that I may address my concerns with the Chief of Police at Charlotte Mecklenburg Police Dept and prevent any future criminal behavior from being directed at me.

This document will be digitally signed below.

Leonard Clinton Williams III

Digitally signed
by Leonard Clinton Williams III
Date:
2020.01.22
15:39:23 -05'00'

10 pages involuntary commitment legal documents sent via MyAH 1/22/2020.
[SHOUSE13-1/22/2020 6:04:03 PM]

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Chemistry**Accession Number:**

Orderable Name:	Collected Date/Time: 4/21/2019 23:45 EDT	Result Date/Time: 4/22/2019 00:22 EDT
------------------------	---	--

Procedure	Result	Units	Reference Range
Breathalyzer Results	0.00		
Adulterants,Urine -POC	Negative		
Benzodiazepines (BZO),Urine -POC	Negative		
Cocaine (COC),Urine -POC	Negative		
Marijuana (THC),Urine -POC	Negative		
Methamphetamine (MET),Urine -POC	Negative		
Morphine (MOP),Urine -POC	Negative		
Amphetamine (AMP),Urine -POC	Positive		
Barbiturates (BAR),Urine -POC	Negative		
Oxycodone (OXY),Urine -POC	Negative		
Methadone (MTD),Urine -POC	Negative		
MDMA,Urine -POC	Negative		

Orderable Name: Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))	Collected Date/Time: 4/22/2019 03:57 EDT	Result Date/Time:
--	---	--------------------------

Procedure	Result	Units	Reference Range
Breathalyzer Results	Not Done: Task duplication		
ED Urine Pregnancy Test	Not Done: Task duplication		

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

PowerPlans**Medical****Plan:** ADULT BHC Admission**Status:** Discontinued**History:** Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: PHARM Nicotine Replacement Therapy; **Status:** Discontinued**History:** Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: CODE BLUE Status; **Status:** Discontinued**History:** Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: PHARM Hypoglycemia Orders; **Status:** Discontinued**History:** Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: ED Notification -Involuntary		
Ordering Physician: SYSTEM		
Electronically Signed By: SYSTEM		
Order Details: 4/22/19 12:59:07 AM EDT Routine Stop: 4/24/19 3:10:01 PM EDT		
Order Comment:		
Action Type: Order	Action Date/Time: 4/22/2019 00:59 EDT	Entered By: SYSTEM
Ordering Provider: SYSTEM	Supervising Provider:	
Order Details: 04/22/19 0:59:07 EDT Routine Stop: 04/22/19 0:59:07 EDT		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
Ordering Provider: SYSTEM	Supervising Provider:	
Order Details: 04/22/19 0:59:07 EDT Routine Stop: 04/22/19 0:59:07 EDT		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Bed Request**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 4/22/19 3:35:00 AM EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD
Regular Bed - No Telemetry Specialty Care: None Modifier: None

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 03:39 EDT

Entered By: MORCIGLIO ,APRIL
HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 04/22/19 3:35:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: None Modifier: None

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 4/24/2019 15:10 EDT

Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 04/22/19 3:35:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: None Modifier: None

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 4/22/19 8:00:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 03:43 EDT

Entered By: MORCIGLIO ,APRIL
HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 04/22/19 8:00:00 EDT, 14 day(s), Stop date 05/06/19 7:59:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 4/24/2019 15:10 EDT

Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 04/22/19 8:00:00 EDT, 14 day(s), Stop date 05/06/19 7:59:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: citalopram (CeleXA) (citalopram 20 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 4/22/19 8:30:00 PM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 03:43 EDT

Entered By: MORCIGLIO ,APRIL HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 4/24/2019 15:10 EDT

Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: metFORMIN (metFORMIN 500 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 4/22/19 8:30:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT, 1 tab PO Q11am

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 03:43 EDT

Entered By: MORCIGLIO ,APRIL HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT, 1 tab PO Q11am

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:03 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 4/24/2019 15:10 EDT

Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT, 1 tab PO Q11am

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Enhanced Admission Med Rec Rx Review**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 4/22/19 6:03:26 AM EDT

Order Comment: MORCIGLIO , APRIL HARRELL MD requested

Action Type: Order Action Date/Time: 4/22/2019 03:45 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 05/06/19 3:45:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Doctor Cosign: Not Required

Order Comment: MORCIGLIO , APRIL HARRELL MD requested

Action Type: Delete Action Date/Time: 4/22/2019 06:03 EDT Entered By: MEDINA ,IVAN RPH

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 05/06/19 3:45:00 EDT

Review Information:

Nurse Review: Electronically Signed, WALLACE ,ANNE S RN on 4/22/2019 06:06 EDT

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:03 EDT

Doctor Cosign: Not Required

Order Comment:

Order: Initiate Powerplan

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Stop: 4/22/19 4:26:00 AM EDT, On arrival to the unit

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Stop: 04/22/19 4:26:00 EDT, On arrival to the unit

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Admit/Change Patient Status (Admit)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD
Regular Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Obtain Lab If**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Nursing Task**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Order Comment: If blood glucose remains less than 70 mg/dL without decreased level of consciousness THEN repeat 15 grams of carbohydrates AND retest blood glucose in 15 minutes; REPEAT process every 15 minutes until blood glucose is 70 or greater OR provider gives new order ; Provide 15 gm protein/carbohydrate snack (peanut butter and crackers, cheese and crackers, or milk) OR meal within 2 hours of hypoglycemia episode *NOTE: Foods that provide 15 grams of carbohydrates: 1/2 cup apple juice 1/2 cup orange juice 240 mL skim or 2% milk 6 soda crackers 3 graham cracker squares 1/2 cup unsweetened applesauce (DO NOT ADD SUGAR)

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment: If blood glucose remains less than 70 mg/dL without decreased level of consciousness THEN repeat 15 grams of carbohydrates AND retest blood glucose in 15 minutes; REPEAT process every 15 minutes until blood glucose is 70 or greater OR provider gives new order ; Provide 15 gm protein/carbohydrate snack (peanut butter and crackers, cheese and crackers, or milk) OR meal within 2 hours of hypoglycemia episode *NOTE: Foods that provide 15 grams of carbohydrates: 1/2 cup apple juice 1/2 cup orange juice 240 mL skim or 2% milk 6 soda crackers 3 graham cracker squares 1/2 cup unsweetened applesauce (DO NOT ADD SUGAR)

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Electronic Orders**Order: Nursing Task**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Notify Provider**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Stat Of hypoglycemic event, 4/22/19 4:06:20 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Stat Of hypoglycemic event, 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete | Action Date/Time: 4/22/2019 04:06 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Stat Of hypoglycemic event, 04/22/19 3:57:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Initiate Powerplan

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Stop: 4/22/19 4:26:00 AM EDT, On arrival to the unit

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Stop: 04/22/19 4:26:00 EDT, On arrival to the unit

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Electronic Orders**Order: glucagon (glucagon recombinant 1mg Inj)**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 4/22/19 3:57:00 AM EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Order Comment: For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present; Notify Provider AND recheck blood glucose in 15 minutes; Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911) Notify Provider each time blood glucose is below 70 mg/dL

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment: For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present; Notify Provider AND recheck blood glucose in 15 minutes; Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911) Notify Provider each time blood glucose is below 70 mg/dL

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Fax: 704-358-2838

Electronic Orders**Order: ERIC to be Completed By**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/22/19 4:06:19 AM EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Order Comment: Place ERIC with demographic information on chart; Notify physician that ERIC 2 must be completed within 24 hours

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment: Place ERIC with demographic information on chart; Notify physician that ERIC 2 must be completed within 24 hours

Action Type: Complete Action Date/Time: 4/22/2019 04:06 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Code Status FULL CODE BLUE**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, CODE BLUE Status

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: FULL CODE BLUE 4/22/19 3:57:00 AM EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: FULL CODE BLUE 04/22/19 3:57:00 EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: FULL CODE BLUE 04/22/19 3:57:00 EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Weight (BH)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine qWeek (every week)

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine qWeek (every week)

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine qWeek (every week)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: Weight (BH)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/24/19 3:10:01 PM EDT Obtain patient's weight upon discharge

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT Obtain patient's weight upon discharge

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT Obtain patient's weight upon discharge

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Suicide Risk Assessment (BH)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Daily (DEF)

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Daily (DEF)

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Daily (DEF)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Charlotte, NC 28211-

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Fax: 704-358-2838

Electronic Orders**Order: Routine Monitoring (BH)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Suicide every 15 minute visual checks

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Suicide every 15 minute visual checks

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Suicide every 15 minute visual checks

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Regular Diet.**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 4/22/19 3:57:00 AM EDT, Stop date 4/22/19 4:05:36 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 3:57:00 EDT, Stop date 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/22/2019 04:05 EDT Entered By: WALLACE ,ANNE S RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 3:57:00 EDT, Stop date 04/22/19 3:57:00 EDT

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Electronic Orders**Order: Nursing Misc Communication (Nurse Communication)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine, Breathalyzer, IF not done in ED

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine, Breathalyzer, IF not done in ED

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine, Breathalyzer, IF not done in ED

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Nursing Misc Communication (Nurse Communication)**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Nicotine Replacement Therapy

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Fax: 704-358-2838

Electronic Orders**Order: Nursing Misc Communication**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: nicotine (nicotine 2 mg oral transmucosal gum) (nicotine polacrilex 2 mg Gum)**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Nicotine Replacement Therapy

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 4/22/19 3:57:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:02 PM EDT, Light Tobacco Use.

Order Comment: While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT, Light Tobacco Use.

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment: While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT, Light Tobacco Use.

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Electronic Orders**Order: BH Commitment Status**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Commitment Status: Involuntary

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Commitment Status: Involuntary

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Commitment Status: Involuntary

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/22/19 4:06:29 AM EDT If not done in ED.

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT If not done in ED.

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/22/2019 04:06 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT If not done in ED.

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)**

Plan Name: ADULT BHC Admission

Ordering Physician: ELLIS ,CHARLI DO (National Provider Identifier: 1114239316)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 4/22/19 8:30:00 PM EDT, 14 day(s), Stop date 4/22/19 11:01:20 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel Action Date/Time: 4/22/2019 11:01 EDT Entered By: ELLIS ,CHARLI DO

Ordering Provider: ELLIS ,CHARLI DO Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:10 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 11:14 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Obtain Lab If**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic OrdersOrder: **benztropine (benztropine 1 mg/mL 2 mL Inj)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 4/22/19 3:57:00 AM EDT, For Acute Dystonia and Notify Physician

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, For Acute Dystonia and Notify Physician

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, For Acute Dystonia and Notify Physician

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: Al hydroxide/Mg hydroxide/simethicone (aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) (alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 4/22/19 3:57:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:01 PM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 03:58 EDT | Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD | Supervising Provider:

Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: POC Glucose (Blood) (POC Glucose (Blood))**

Ordering Physician: KARANIKAS ,HRISTOS C DO (National Provider Identifier: 1033539499)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: Blood, 4/22/19 4:06:00 AM EDT, Timed collect, ACHS (before meals and at bedtime)

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 04:06 EDT

Entered By: MORCIGLIO ,APRIL
HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: Blood, 04/22/19 4:06:00 EDT, Timed collect, ACHS (before meals and at bedtime)

Review Information:

Nurse Review: Electronically Signed, WALLACE ,ANNE S RN on 4/22/2019 04:07 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 4/22/2019 11:34 EDT

Entered By: KARANIKAS ,HRISTOS C
DO

Ordering Provider: KARANIKAS ,HRISTOS C DO

Supervising Provider:

Order Details: Blood, 04/22/19 4:06:00 EDT, Timed collect, ACHS (before meals and at bedtime)

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:56 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 4/22/19 8:30:00 AM EDT, 14 day(s), Stop date 4/22/19 5:20:07 AM EDT

Order Comment:

Action Type: Order

Action Date/Time: 4/22/2019 05:19 EDT

Entered By: MORCIGLIO ,APRIL HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel

Action Date/Time: 4/22/2019 05:20 EDT

Entered By: MORCIGLIO ,APRIL HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 4/22/19 5:20:00 AM EDT, Stop date 4/22/19 5:25:13 AM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 05:20 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 5:20:00 EDT, Stop date 04/22/19 5:20:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 4/22/2019 05:25 EDT	Entered By: WALLACE ,ANNE S RN
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 5:20:00 EDT, Stop date 04/22/19 5:20:00 EDT

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Weekly Integumentary Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT Routine qWeek Sun (every Sunday)

Order Comment: Order placed by rule on admission: CHSADT_ADM_BH

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT Routine qWeek Sun (every Sunday)

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule on admission: CHSADT_ADM_BH

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT Routine qWeek Sun (every Sunday)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Tobacco Treatment Quality Measures

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: Tobacco Treatment Quality Measures**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Substance Quality Measure

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Fax: 704-358-2838

Electronic Orders**Order: Substance Quality Measure**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Notifications/Events -CNA

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: HBIPS Quality Measures**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: HBIPS Quality Measures

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Electronic Orders**Order: Events/Procedures/Notifications**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Education Teaching Record

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed automatically by rule CHSADT_IPOC_ETR

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed automatically by rule CHSADT_IPOC_ETR

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: OLANZapine (ZyPREXA) (OLANZapine 10mg tab)**

Ordering Physician: ELLIS ,CHARLI DO (National Provider Identifier: 1114239316)

Electronically Signed By: ELLIS ,CHARLI DO

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 4/22/19 8:30:00 PM EDT, 14 day(s),
Stop date 4/24/19 3:10:02 PM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 11:01 EDT Entered By: ELLIS ,CHARLI DO

Ordering Provider: ELLIS ,CHARLI DO

Supervising Provider:

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 04/22/19 20:30:00 EDT, 14 day(s),
Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:10 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 11:14 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: ELLIS ,CHARLI DO

Supervising Provider:

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 04/22/19 20:30:00 EDT, 14 day(s),
Stop date 05/06/19 20:29:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: acetaminophen (acetaminophen 325 mg Tablet)**

Ordering Physician: KARANIKAS ,HRISTOS C DO (National Provider Identifier: 1033539499)

Electronically Signed By: KARANIKAS ,HRISTOS C DO

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 4/22/19 1:28:00 PM EDT, 14 day(s), Stop date 4/24/19 3:10:02 PM EDT, See Order Comments

Order Comment: When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Action Type: Order Action Date/Time: 4/22/2019 13:28 EDT Entered By: KARANIKAS ,HRISTOS C DO

Ordering Provider: KARANIKAS ,HRISTOS C DO

Supervising Provider:

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 04/22/19 13:28:00 EDT, 14 day(s), Stop date 05/06/19 13:27:00 EDT, See Order Comments

Review Information:

Nurse Review: Electronically Signed, FOSTER ,WILLIAM P RN on 4/22/2019 15:19 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 13:34 EDT

Doctor Cosign: Not Required

Order Comment: When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: KARANIKAS ,HRISTOS C DO

Supervising Provider:

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 04/22/19 13:28:00 EDT, 14 day(s), Stop date 05/06/19 13:27:00 EDT, See Order Comments

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Electronic Orders**Order: Chart Pain Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 3:53:21 PM EDT Routine Stop: 4/22/19 7:35:46 PM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order Action Date/Time: 4/22/2019 15:53 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 15:53:21 EDT Routine Stop: 04/22/19 15:53:21 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete Action Date/Time: 4/22/2019 19:35 EDT Entered By: CUNNINGHAM ,
NICHOLAS A RN BHC

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 15:53:21 EDT Routine Stop: 04/22/19 15:53:21 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Fax: 704-358-2838

Electronic Orders**Order: Chart Pain Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/23/19 9:53:50 AM EDT Routine Stop: 4/23/19 10:07:46 AM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order Action Date/Time: 4/23/2019 09:53 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/23/19 9:53:50 EDT Routine Stop: 04/23/19 9:53:50 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete Action Date/Time: 4/23/2019 10:07 EDT Entered By: FOSTER ,WILLIAM P RN

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/23/19 9:53:50 EDT Routine Stop: 04/23/19 9:53:50 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Electronic Orders**Order: Chart Pain Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/24/19 9:15:41 AM EDT Routine Stop: 4/24/19 12:05:17 PM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order Action Date/Time: 4/24/2019 09:15 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/24/19 9:15:41 EDT Routine Stop: 04/24/19 9:15:41 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete Action Date/Time: 4/24/2019 12:05 EDT Entered By: WASSON ,SHERRI RN

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/24/19 9:15:41 EDT Routine Stop: 04/24/19 9:15:41 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Clinical Documentation

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 12:05 EDT)

PRN Medication Response Entered On: 4/24/2019 12:05 EDT

Performed On: 4/24/2019 9:45 EDT by WASSON , SHERRI RN

Intervention Information:

acetaminophen

Performed by WASSON , SHERRI RN on 4/24/2019 09:15:38 EDT

acetaminophen,650mg

ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

NRS Pain Scale

Pain Location : Back

Numeric Rating Pain Scale : 0 = No pain

Numeric Rating Pain Score : 0

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

NAYLOR ,RICHARD B RN (4/23/2019 23:23 EDT)

PRN Medication Response Entered On: 4/23/2019 23:23 EDT

Performed On: 4/23/2019 22:32 EDT by NAYLOR , RICHARD B RN

Intervention Information:

acetaminophen

Performed by NAYLOR , RICHARD B RN on 4/23/2019 22:02:25 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Charlotte, NC 28211-

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Clinical Documentation

acetaminophen,650mg
ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

NRS Pain Scale

Numeric Rating Pain Scale : 0 = No pain

Numeric Rating Pain Score : 0

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

NAYLOR ,RICHARD B RN (4/23/2019 19:42 EDT)

PRN Medication Response Entered On: 4/23/2019 19:43 EDT
Performed On: 4/23/2019 19:43 EDT by NAYLOR , RICHARD B RN

Intervention Information:

acetaminophen

Performed by CUNNINGHAM , NICHOLAS A RN on 4/23/2019 09:53:48 EDT

acetaminophen,650mg
ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

Clinical Documentation

NRS Pain Scale

Numeric Rating Pain Scale : 0 = No pain

Numeric Rating Pain Score : 0

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 15:54 EDT)

PRN Medication Response Entered On: 4/22/2019 15:57 EDT
Performed On: 4/22/2019 16:23 EDT by FOSTER , WILLIAM P RN

Intervention Information:

acetaminophen

Performed by CUNNINGHAM , NICHOLAS A RN on 4/22/2019 15:53:19 EDT

acetaminophen,650mg

ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : FACES

Wong-Baker Pain Scale Used : Yes

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

Wong Baker Pain Scale

Wong-Baker FACES Pain Rating Scale : 8 = Hurts whole lot

Wong-Baker FACES Pain Rating Score : 8

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

WASSON , SHERRI RN (4/24/2019 12:04 EDT)

Pain Assessment Entered On: 4/24/2019 12:05 EDT
Performed On: 4/24/2019 9:15 EDT by WASSON , SHERRI RN

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Pain Assessment

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

NRS Pain Scale

Pain Location : Head

Numeric Rating Pain Scale : 3

Numeric Rating Pain Score : 3

Primary Pain Quality : Aching

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/23/2019 10:05 EDT)

Pain Assessment Entered On: 4/23/2019 10:07 EDT

Performed On: 4/23/2019 9:53 EDT by FOSTER , WILLIAM P RN

Pain Assessment

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

NRS Pain Scale

Pain Location : Head

Primary Pain Laterality : Bilateral

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Numeric Rating Pain Scale : 5 = Moderate pain

Numeric Rating Pain Score : 5

Primary Pain Quality : Aching

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

CUNNINGHAM ,NICHOLAS A RN BHC (4/22/2019 19:35 EDT)

Pain Assessment Entered On: 4/22/2019 19:35 EDT

Performed On: 4/22/2019 15:53 EDT by CUNNINGHAM , NICHOLAS A RN BHC

Pain Assessment

PRN Med Pain Assessment : Adult

PRN Med Vital Sign Assessment : Yes

Adult Pain Med Response : Yes

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : FACES

Wong-Baker Pain Scale Used : Yes

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Wong Baker Pain Scale

Wong-Baker FACES Pain Rating Scale : 0 = No hurt

Wong-Baker FACES Pain Rating Score : 0

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

FARLEY ,MICHAEL (4/24/2019 09:04 EDT); FARLEY ,
MICHAEL (4/24/2019 09:00 EDT)

Collateral Information Entered On: 4/24/2019 9:03 EDT

Performed On: 4/24/2019 9:00 EDT by FARLEY , MICHAEL

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Collateral Information

Name of Collateral : Angie [REDACTED]

Collateral Phone Number : 423-[REDACTED]

FARLEY , MICHAEL - 4/24/2019 9:00 EDT

Information Provided by Collateral : LCSW spoke with patient's mother who was at work and could not speak at length. She did say that she visited and did not have any safety concerns. She said patient appeared to be doing "real well."

FARLEY , MICHAEL - 4/24/2019 9:04 EDT

{LCSW spoke with patient's mother who was at work and could not speak at length.
} -- previously charted by FARLEY , MICHAEL at 4/24/2019 9:00 EDT};

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP ,SHAMIKKI R MSW (4/23/2019 13:19 EDT)

Collateral Information Entered On: 4/23/2019 13:23 EDT

Performed On: 4/23/2019 13:19 EDT by SHIPP , SHAMIKKI R MSW

Collateral Information

Name of Collateral : Angie [REDACTED] (Mother)

Collateral Phone Number : 423-[REDACTED]

Collateral Relationship : Mother

Information Provided by Collateral : D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

SHIPP , SHAMIKKI R MSW - 4/23/2019 13:19 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP ,SHAMIKKI R MSW (4/23/2019 11:35 EDT)

Collateral Information Entered On: 4/23/2019 11:37 EDT

Performed On: 4/23/2019 11:35 EDT by SHIPP , SHAMIKKI R MSW

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Clinical Documentation

Collateral Information

Name of Collateral : Angie [REDACTED]

Collateral Phone Number : 423-[REDACTED]

Collateral Relationship : Mother

Information Provided by Collateral : D/C attempted to contact mother to request an update on baseline functioning. No answer. Unable to leave message due to VM full. It has been reported that mother is coming for visitation today; mother to provide update.

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:35 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP ,SHAMIKKI R MSW (4/23/2019 11:28 EDT)

Collateral Information Entered On: 4/23/2019 11:34 EDT

Performed On: 4/23/2019 11:28 EDT by SHIPP , SHAMIKKI R MSW

Collateral Information

Name of Collateral : Jennifer Cox (Petitioner)

Collateral Phone Number : 704-[REDACTED]

Collateral Relationship : Other: Friend / Co-worker

Information Provided by Collateral : D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and erratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:28 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

WALLACE ,ANNE S RN (4/22/2019 08:59 EDT)

Collateral Information Entered On: 4/22/2019 9:06 EDT

Performed On: 4/22/2019 8:59 EDT by WALLACE , ANNE S RN

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Clinical Documentation

Collateral Information

Name of Collateral : Jennifer Cox- petitioner

Collateral Phone Number : [REDACTED]

Information Provided by Collateral : Ms Cox returned phone call. See above for cell number. Number on petition is work number.

Petitioner reports that for the past week, pt's behavior has been more erratic. Believes that someone from Charlotte has contacted people in his home county and are spreading rumors about him. He believes it is the petitioner.

Last night he sent her a text, "I'll be dead by tomorrow, is there anything you want to tell me."

Has been yelling at her about various things and then will flip and begin to calmly talk about unrelated topics. Has screamed at her that "he is in hell."

Reports he is highly intellient and reads psych books for fun.

WALLACE , ANNE S RN - 4/22/2019 8:59 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

WALLACE ,ANNE S RN (4/22/2019 01:13 EDT)

Collateral Information Entered On: 4/22/2019 1:15 EDT
Performed On: 4/22/2019 1:13 EDT by WALLACE , ANNE S RN

Collateral Information

Name of Collateral : Jennifer Cox- friend

Collateral Phone Number : 704-943-5731

Information Provided by Collateral : No answer, generic message left to return call

WALLACE , ANNE S RN - 4/22/2019 1:13 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 12:56 EDT)

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Clinical Documentation

Education Teaching Record Entered On: 4/24/2019 12:57 EDT

Performed On: 4/24/2019 12:56 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions, Written instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 12:56 EDT

ETR Discharge Planning

Discharge Planning Education : Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider

Learner Response - Discharge Planning : Demonstrates acceptable knowledge of topic/instructions

WASSON , SHERRI RN - 4/24/2019 12:56 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 12:24 EDT)

Education Teaching Record Entered On: 4/24/2019 12:24 EDT

Performed On: 4/24/2019 12:24 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions, Written instructions

Preferred Learning Methods : Discussion

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Barriers to Learning : None evident

Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 12:24 EDT

ETR Discharge Planning

Discharge Planning Education : Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider

Learner Response - Discharge Planning : Demonstrates acceptable knowledge of topic/instructions

WASSON , SHERRI RN - 4/24/2019 12:24 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 09:06 EDT)

Education Teaching Record Entered On: 4/24/2019 9:07 EDT

Performed On: 4/24/2019 9:06 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 9:06 EDT

ETR Medications

Medication : Adderall, metformin

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

WASSON , SHERRI RN - 4/24/2019 9:06 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

NAYLOR ,RICHARD B RN (4/23/2019 22:03 EDT)

Education Teaching Record Entered On: 4/23/2019 22:03 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

Clinical Documentation

Performed On: 4/23/2019 22:03 EDT by NAYLOR , RICHARD B RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Audio/Visual

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

ETR Medications

Medication : tylenol

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

NAYLOR ,RICHARD B RN (4/23/2019 21:40 EDT)

Education Teaching Record Entered On: 4/23/2019 21:41 EDT

Performed On: 4/23/2019 21:40 EDT by NAYLOR , RICHARD B RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Audio/Visual

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Action Plan to Barriers : None required

NAYLOR , RICHARD B RN - 4/23/2019 21:40 EDT

ETR Medications

Medication : olanzapine, citalopram

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

NAYLOR , RICHARD B RN - 4/23/2019 21:40 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/23/2019 10:04 EDT)

Education Teaching Record Entered On: 4/23/2019 10:05 EDT
Performed On: 4/23/2019 10:04 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 16:00 EDT)

Education Teaching Record Entered On: 4/22/2019 16:00 EDT
Performed On: 4/22/2019 16:00 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Patient Identified Learning Needs : Pt provided med ed

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/22/2019 16:00 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 11:25 EDT)

Education Teaching Record Entered On: 4/22/2019 11:25 EDT
Performed On: 4/22/2019 11:25 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/22/2019 11:25 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WALLACE , ANNE S RN (4/22/2019 04:09 EDT)

Education Teaching Record Entered On: 4/22/2019 4:09 EDT
Performed On: 4/22/2019 4:09 EDT by WALLACE , ANNE S RN

ETR Learning Assessment

Provider: MORCIGLIO , APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Clinical Documentation

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

WALLACE , ANNE S RN - 4/22/2019 4:09 EDT

ETR Medications

Medication : Zyprexa

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications, Self monitoring techniques

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

WALLACE , ANNE S RN - 4/22/2019 4:09 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

GRIMES ,EMILY M RN (4/22/2019 03:49 EDT)

Education Teaching Record Entered On: 4/22/2019 3:49 EDT

Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Teach back, Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : Code care, Fall reduction strategies/programs, HIPAA information, How to report concerns r/t care, tx, services, safety, Infection control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain

BH Admission Requirements Education : Court process

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

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Phone: 704-358-2990 Fax: 704-358-2838

Clinical Documentation

Orientation to Room, Unit, Dept : Ask Me 3, Contraband process, Coping skills, Interdisciplinary roles, Mealtimes, Orientation to facility/dept, Patient care nurse, Patient identifiers, Questions about my care, Quiet time, Restrictive interventions/alternatives, Room/phone number, visiting hours, thermostat, room lighting, Safe sleep, Safety - Personal (Security/Police Officers), Securing of belongings and valuables, Speak Up To Prevent Errors in Your Care Brochure, Tobacco free policy, Visitor restrictions

Learner Response - Admission/Orientation : Demonstrates acceptable knowledge of topic/instructions

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Discharge Information - Patient Education

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis is developing:	
1.	Thoughts thoughts, or negative behaviors / feelings
2.	nothing noticed
3.	
Step 2: Internal coping strategies (things I can do to take my mind off my problems without contacting another person – relaxation techniques, physical activity):	
1.	Reading
2.	Playing pool
3.	
Step 3: Social settings/places that provide distractions:	
1.	Bar / restaurants
2.	pool hall
3.	
Step 4: Supports (people whom I can ask for help):	
<u>NAME:</u>	<u>PHONE NUMBER:</u>
1. mom	927-213-3176
2. friend	704-509-3909
3.	
Step 5: Making the environment safe.	
1.	keep cell phone away when heated emotionally
2.	never allow anyone I don't know on my apartment

(continued on reverse side)



Carolinas HealthCare System
BH-Charlotte
Patient Safety Plan
Page 1 of 2



Rev. 5/6/15

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



Step 6: The one thing that is important to me and worth living for is:

paying my mom back for all her
sacrifices

Crisis phone numbers in the event of an emergency:

1. Cardinal Innovations: 1-800-939-5911
2. Suicide Prevention Lifeline Phone: 1-800-273-8255
3. Behavioral Health Call Center: 704-444-2400
4. Mobile Crisis: Mecklenburg County: 704-566-3410; Gaston County: 704-842-6354; Cabarrus and Union counties: 800-939-5911.
5. Emergency: 911
6. Clinician name: _____ Phone: _____

Patient's signature: _____

Date: _____

Time: _____

Staff's signature: _____

Date: _____

Time: _____



Carolinus HealthCare System
BH-Charlotte
Patient Safety Plan
Page 2 of 2 Rev. 5/6/15

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*





AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

**Fall Risk Assessment - BH Entered On: 4/22/2019 3:49 EDT
Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN**

Fall Risk Assessment

Age-Fall Risk : N/A

Fall History : N/A

Elimination, Bowel, & Urine : N/A

Medication(s) : N/A

Cognitive CD : N/A

Mobility Status : N/A

Patient Care Equipment : N/A

Total Fall Risk Score : 0

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/24/2019 12:27 EDT
Performed On: 4/24/2019 12:26 EDT by TAYLOR , JEANETTE BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : TAYLOR , JEANETTE BH TECHNICIAN

Valuables/Belongings Update : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Valuables Returned : Yes

Valuables/Clothing Returned To : Patient

Valuables/Clothing Returned to Patient : 4/24/2019 12:27 EDT

TAYLOR , JEANETTE BH TECHNICIAN - 4/24/2019 12:26 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/22/2019 9:54 EDT
Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:54 EDT

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.

NAYLOR , RICHARD B RN - 4/23/2019 21:07 EDT

{ [Cell phone, Clothing, Money, Wallet] -- previously charted by DUNCAN , JOHNNIE BH TECHNICIAN at 4/22/2019 9:54 EDT};

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : DUNCAN , JOHNNIE BH TECHNICIAN

Valuables/Belongings Update : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:54 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

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Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/22/2019 0:05 EDT

Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : MERRITT , KENNETH BH TECHNICIAN

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:02 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/24/2019 12:09 EDT
Performed On: 4/24/2019 12:06 EDT by WASSON , SHERRI RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt. has been appropriate in mood and behaviors. Pleasant and cooperative. Compliant with medications. Social with staff and peers. Jovial at times. Denies thoughts to harm himself or others, hallucinations, paranoia, or delusional thinking. Sleep and appetite are wnl. Maintained on PL3 for suicide without incident. Discharge instructions given with good understanding. Copy to pt. Belongings given to pt. Discharged, ambulatory per hospital transportation.

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/24/2019 6:14 EDT
Performed On: 4/24/2019 6:11 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Evening shift note: Pt appears to have slept all night. Pt was up earlier in evening and pacing. After taking his meds around 2200, pt stayed in his room reading a book for awhile, then slept the rest of the night. Pt safety maintained.

NAYLOR , RICHARD B RN - 4/24/2019 6:11 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 23:22 EDT
Performed On: 4/23/2019 23:13 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Evening shift note: Pt was observed walking frequently in hall and changing direction frequently as to avoid interaction with others. Pt pleasant in conversation but does exhibit pressured speech and appears impulsive. Pt not voicing any si,hi, or psychosis, no aggression. Pt requested his meds be given later in evening since he wanted to stay up some. Pt meds rescheduled to 2200. Pt compliant with meds. Pt had his keys and four soft cover books delivered to unit this evening. Pt keys placed in his belonging bag. Pt was given one book and others placed in his belongings. Pt was told he could have one book at a time so they wouldn't get lost or be thrown around unit. Pt okay with this and presently has one book out in his possession. MD came to see pt tonight and pt converted to vol status, pt signed vol consent. Pt voiced concern that his guns wouldn't be taken away from him since he was invol earlier. Pt voiced having a headache, tylenol given for headache per pt request.

NAYLOR , RICHARD B RN - 4/23/2019 23:13 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 22:04 EDT
Performed On: 4/23/2019 22:03 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt voicing headache 3/10, pt requested and recieved tylenol for headache.

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 10:04 EDT
Performed On: 4/23/2019 10:04 EDT by FOSTER , WILLIAM P RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt was interviewed without issue, maintained eye contact, and was engaged. Pt endorses good sleep and a good appetite. Pt endorses feeling "extremely better," feels well enough to be discharged, and endorses a safe place to go home to - pt lives alone but insists he is not isolated. Pt denies SI, HI, AH, VH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 5:36 EDT
Performed On: 4/23/2019 5:35 EDT by GRIMES , EMILY M RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt remains in OUH on PL3 monitoring. He remained in bed asleep since the beginning of this writer's shift at 2100. Eyes closed and regular unlabored respirations. Will continue to monitor per MD orders.

GRIMES , EMILY M RN - 4/23/2019 5:35 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 19:37 EDT
Performed On: 4/22/2019 19:35 EDT by CUNNINGHAM , NICHOLAS A RN BHC

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt came to the interview without issue, maintained good eye contact and was engaged. The Pt endorses having a good day and appetite and feels better and wants to leave and go home. The Pt denies SI, HI, AH, VH and a desire to harm self or others. The Pt remains PL3 waiting to see to the doctor.

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 11:24 EDT
Performed On: 4/22/2019 11:18 EDT by FOSTER , WILLIAM P RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt was able to be interviewed without issue, maintained eye contact, and was engaged. Pt endorses poor sleep due to not receiving meds til 4AM last night, but says he goes without sleep fairly regularly. Pt endorses good appetite, but only ate pancakes from breakfast due to sensory issues that make it difficult to eat other breakfast foods. Pt endorses feeling better, feels good enough to leave, and endorses a safe place with mom and boyfriend. Pt denies SI, HI, VH, AH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 6:08 EDT
Performed On: 4/22/2019 6:06 EDT by WALLACE , ANNE S RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Has lept very little since admission to OBH, requested and received a second zyprexa when he couldn't sleep. Reports he doesn't want to be awakened for AM meds, he doesn't want to take his Adderall this morning and reports he can take his Metformin before lunch.

WALLACE , ANNE S RN - 4/22/2019 6:06 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 3:50 EDT
Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt admitted into ED OBS. Contraband search complete. Will continue to monitor per MD orders.

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/24/2019 12:05 EDT

Performed On: 4/24/2019 9:00 EDT by WASSON , SHERRI RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
WASSON , SHERRI RN - 4/24/2019 12:05 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/23/2019 10:05 EDT
Performed On: 4/23/2019 9:00 EDT by FOSTER , WILLIAM P RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no
 2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no
 6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
- FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



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BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/22/2019 11:25 EDT

Performed On: 4/22/2019 9:00 EDT by FOSTER , WILLIAM P RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
FOSTER , WILLIAM P RN - 4/22/2019 11:25 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Communications - BH Entered On: 4/23/2019 11:20 EDT
Performed On: 4/23/2019 11:19 EDT by SHIPP , SHAMIKKI R MSW

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

BH Comm Share Info with others : Yes

OC Reviewed Contact List : 4/23/2019 11:19 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

BH Communication Grid

1. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Angie [REDACTED]

Contact Number : 423 [REDACTED]

Relationship : Mother

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

2. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Jennifer Cox

Contact Number : 704- [REDACTED]

Relationship : Co-worker / Friend

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Communications - BH Entered On: 4/23/2019 11:19 EDT
Performed On: 4/23/2019 11:13 EDT by SHIPP , SHAMIKKI R MSW

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

OC Reviewed Contact List : 4/23/2019 11:13 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

BH Communication Grid

1. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Angie [REDACTED]

Contact Number : 423-[REDACTED]

Relationship : Mother

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

(Comment: Shamikki Shipp, MSW [SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT])

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

2. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Jennifer Cox

Contact Number : 704-[REDACTED]

Relationship : Co-worker / Friend

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 10:31 EDT

Performed On: 4/22/2019 9:45 EDT by MURPHY , MARJORIE M BH TECHNICIAN

HX Safety Rounds

Patient Location : Other: admission to OUH

Patient Behavior/Interventions : Calm

Violence - Aggressive Checklist : No aggression noted

MURPHY , MARJORIE M BH TECHNICIAN - 4/22/2019 10:31 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 9:54 EDT

Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

HX Safety Rounds

Patient Location : Transport

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:53 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 0:02 EDT

Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN

HX Safety Rounds

Patient Location : Other: search room

Patient Behavior/Interventions : Calm

Violence - Aggressive Checklist : No aggression noted

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:01 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

Printed: 1/31/2020 08:26 EST

Print ID: 350115729



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BH Clinical Documentation

DOCUMENT NAME:

Recreation Therapy Initial Assessment Form Entered On: 4/22/2019 12:09 EDT

Performed On: 4/22/2019 12:03 EDT by HUEBENTHAL , TORI A LRT

Recreation Therapy Initial Assessment

Leisure Interests : Computer, Exercise, Listening to music, Reading, Shopping, Sports, Table games, Walking, Writing, Other: graphic design

Personal Challenges : Decision making, Relationships, Social interaction, Trusting others

Reason Unable to Participate in Rec Grp : No

Things Done Well : programming, math, reading, writing, learning billiards

Change Something About Self : i would see people more

What do you do for fun? : read, study

Why are you in the hospital? : i got very emotional and told a friend and acquaintance i was going to die

Goals for Hospitalization : get an ideal medication configuration that will avoid side effects as much as possible.

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

**BH Universal Progress Note Entered On: 4/24/2019 12:27 EDT
Performed On: 4/24/2019 12:26 EDT by TAYLOR , JEANETTE BH TECHNICIAN**

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Patient is discharged to home with returned belongings. Patient is calm upon leaving the unit.

Medicaid Coverage : No

TAYLOR , JEANETTE BH TECHNICIAN - 4/24/2019 12:26 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/24/2019 11:46 EDT
Performed On: 4/24/2019 11:39 EDT by FARLEY , MICHAEL

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.

FARLEY , MICHAEL - 4/24/2019 11:39 EDT

FARLEY , MICHAEL - 4/24/2019 11:47 EDT

{~~LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan.~~
~~]~~ -- previously charted by FARLEY , MICHAEL at 4/24/2019 11:39 EDT};

Medicaid Coverage : No

FARLEY , MICHAEL - 4/24/2019 11:39 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/24/2019 6:36 EDT
Performed On: 4/24/2019 6:36 EDT by ROBINSON , JOSEPH H BH TECHNICIAN

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Medicaid Coverage : No

ROBINSON , JOSEPH H BH TECHNICIAN - 4/24/2019 6:36 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 14:43 EDT
Performed On: 4/23/2019 14:41 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 14:41 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 11:22 EDT
Performed On: 4/23/2019 11:20 EDT by SHIPP , SHAMIKKI R MSW

Universal Progress Note

Program : BHC Emergency Department

Universal Progress Note : Pt provided verbal consent to contact mother (Angie [REDACTED]) and friend / co-worker (Jennifer Cox) to obtain information on baseline functioning. See BH-Communication.

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:20 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 10:16 EDT
Performed On: 4/23/2019 10:16 EDT by SHIPP , SHAMIKKI R MSW

Universal Progress Note

Program : BHC Emergency Department

Universal Progress Note : D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 10:16 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 6:23 EDT

Performed On: 4/23/2019 6:21 EDT by SIMMONS , ALEXIS

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: Substance abuse/psychosis

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for snack. Slept without any interruptions.

Medicaid Coverage : No

SIMMONS , ALEXIS - 4/23/2019 6:21 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 15:50 EDT

Performed On: 4/22/2019 15:49 EDT by RAMOS , CLAUDIA

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Staff attempted to see patient. Patient would not speak to this staff at this time due to being on the phone. Patient would follow up later.

Claudia A Ramos MS LCASA

Medicaid Coverage : No

RAMOS , CLAUDIA - 4/22/2019 15:49 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

**BH Universal Progress Note Entered On: 4/22/2019 14:58 EDT
Performed On: 4/22/2019 14:57 EDT by MURPHY , MARJORIE M BH TECHNICIAN**

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient appeared restless. At times he would pace. He would be intrusive but was redirectable. He did not express any delusional thoughts or stated he was SI. It appeared he was talking to himself in his room. He attended group. He ate well at lunch and drank fluids. He rested in his room later in the shift. No other issues to report

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/22/2019 14:57 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 12:09 EDT
Performed On: 4/22/2019 12:03 EDT by HUEBENTHAL , TORI A LRT

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : Recreational Therapy note- the Recreational Therapy assessment has been initiated.

Medicaid Coverage : No

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 10:01 EDT
Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Medicaid Coverage : No

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 10:01 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

**BH Universal Progress Note Entered On: 4/22/2019 6:40 EDT
Performed On: 4/22/2019 6:38 EDT by MORROW , DARIN**

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : P - Observation

I - Staff monitored patient throughout the shift to ensure safety and compliance while documenting every 15 minutes.

E - Patient was able to comply with search process upon arrival. Patient slept well throughout the night. No issues to report.

Medicaid Coverage : No

MORROW , DARIN - 4/22/2019 6:38 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

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Fax: 704-358-2838

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/24/2019 11:49 EDT

Performed On: 4/24/2019 11:00 EDT by SLAYTON , CAMERON G LRT

Medicaid Number

Medicaid Coverage : No

SLAYTON , CAMERON G LRT - 4/24/2019 11:49 EDT

Group Note BH

Group : Values clarification, Process group

Goal Areas Addressed : Identified coping skills, Identified positive plans for future, Identified interactions, Verbalized topical contributions, Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate, Restless

Staff Intervention : Support

SLAYTON , CAMERON G LRT - 4/24/2019 11:49 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/24/2019 10:51 EDT

Performed On: 4/24/2019 10:00 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Medicaid Number

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/24/2019 10:50 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support

Group Therapy Details : P: Goals Group

I: Requested a goal from the patient for the day

E: The patient's goal for the day is to be discharged

MURPHY , MARJORIE M BH TECHNICIAN - 4/24/2019 10:50 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/23/2019 12:41 EDT
Performed On: 4/23/2019 12:00 EDT by SHIPP , SHAMIKKI R MSW

Medicaid Number

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 12:38 EDT

Group Note BH

Group : Discharge planning

Goal Areas Addressed : Identified coping skills, Discussed discharge plans

Group Participation Level : Active

Group Affect : Mood congruent, Bright

Behavior : Appropriate

Staff Intervention : Support, Problem Solving, Education

Staff Intervention Education Type : D/C planning

Staff Intervention Education Outcome : Acknowledges understanding

Group Therapy Details : Pt attended discharge and safety planning group. PT actively participated in discharge and safety planning topic. Mood was congruent and bright. Pt was able to identify warning signs to crisis. Pt identified places of distraction and supports to contact in case of a crisis. Pt acknowledged understanding of discharge and safety planning. Pt did not have any additional questions or concerns. No safety concerns reported.

SHIPP , SHAMIKKI R MSW - 4/23/2019 12:38 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/23/2019 11:08 EDT

Performed On: 4/23/2019 10:00 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Medicaid Number

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 11:06 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Discussed discharge plans

Group Participation Level : Active

Group Affect : Anxious

Behavior : Restless

Staff Intervention : Support

Group Therapy Details :

P: Goals Group

I: Requested a goal from the day from the patient

E: Patient stated his goal for the day is to be discharged

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 11:06 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/22/2019 19:54 EDT
Performed On: 4/22/2019 19:53 EDT by SIMMONS , ALEXIS

Medicaid Number

Medicaid Coverage : No

SIMMONS , ALEXIS - 4/22/2019 19:53 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Discussed discharge plans

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support

Group Therapy Details : Patient expressed that he wanted to work on being well rested and to actually get some rest.

SIMMONS , ALEXIS - 4/22/2019 19:53 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/22/2019 12:03 EDT
Performed On: 4/22/2019 11:00 EDT by HUEBENTHAL , TORI A LRT

Medicaid Number

Medicaid Coverage : No

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Group Note BH

Group : Discharge planning

Goal Areas Addressed : Identified positive plans for future, Identified interactions, Verbalized topical contributions, Discussed discharge plans, Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support, Education

Staff Intervention Education Type : D/C planning

Staff Intervention Education Outcome : Acknowledges understanding

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Vitals View

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	09:45 EDT	09:15 EDT
	Recorded By	WASSON ,SHERRI RN	WASSON ,SHERRI RN
Procedure			Units
Numeric Rating Scale Used	Yes	Yes	
Primary Pain Location	Back	Head	
Primary Pain Quality	-	Aching	
Able to Self Report Pain	Numeric	Numeric	
Numeric Rating Pain Scale	0 = No pain	3	
Numeric Rating Pain Score	0	3	
PRN Med Pain Assessment	Adult	Adult	

	Recorded Date	4/24/2019
	Recorded Time	07:57 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Temperature Oral (F)	97.4	DegF
Peripheral Pulse Rate	90	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	138 ^H	mmHg
Diastolic Blood Pressure	89	mmHg
Mean Arterial Pressure	99	mmHg
SpO2	98	%

	Recorded Date	4/23/2019
	Recorded Time	22:32 EDT
	Recorded By	NAYLOR ,RICHARD B RN
Procedure		Units
Numeric Rating Scale Used	Yes	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	0 = No pain	
Numeric Rating Pain Score	0	
PRN Med Pain Assessment	Adult	

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Vitals View

	Recorded Date	4/23/2019
	Recorded Time	22:00 EDT
	Recorded By	NAYLOR ,RICHARD B RN
Procedure		Units
Pain Present	Yes	
Primary Pain Location	Head	
Primary Pain Laterality	Midline	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	3	
Numeric Rating Pain Score	3	
NUMERIC Acceptable Level of Pain Scale	0 = No pain	
NUMERIC Acceptable Level of Pain Score	0	
Pain Negatively Impacts	Sleep	
Pharmacological Therapy	Yes	

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	19:43 EDT	09:53 EDT
	Recorded By	NAYLOR ,RICHARD B RN	FOSTER ,WILLIAM P RN
Procedure			Units
Numeric Rating Scale Used	Yes	Yes	
Primary Pain Location	-	Head	
Primary Pain Laterality	-	Bilateral	
Primary Pain Quality	-	Aching	
Able to Self Report Pain	Numeric	Numeric	
Numeric Rating Pain Scale	0 = No pain	5 = Moderate pain	
Numeric Rating Pain Score	0	5	
PRN Med Pain Assessment	Adult	Adult	

	Recorded Date	4/23/2019
	Recorded Time	08:03 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Temperature Oral (F)	97.3	DegF
Peripheral Pulse Rate	80	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	126	mmHg

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Vitals View

Recorded Date	4/23/2019	
Recorded Time	08:03 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Diastolic Blood Pressure	79	mmHg
Mean Arterial Pressure	88	mmHg
SpO2	96	%

Recorded Date	4/22/2019	
Recorded Time	16:23 EDT	
Recorded By	FOSTER ,WILLIAM P RN	
Procedure		Units
Wong-Baker Pain Scale Used	Yes	
Able to Self Report Pain	FACES	
Wong-Baker FACES Pain Rating Scale	8 = Hurts whole lot	
Wong-Baker FACES Pain Rating Score	8	
PRN Med Pain Assessment	Adult	

Recorded Date	4/22/2019	
Recorded Time	15:53 EDT	
Recorded By	CUNNINGHAM ,NICHOLAS A RN BHC	
Procedure		Units
Wong-Baker Pain Scale Used	Yes	
Able to Self Report Pain	FACES	
Wong-Baker FACES Pain Rating Scale	0 = No hurt	
Wong-Baker FACES Pain Rating Score	0	
PRN Med Pain Assessment	Adult	
PRN Med Vital Sign Assessment	Yes	

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	07:39 EDT	07:38 EDT	
Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK	
Procedure			Units
Temperature Oral (F)	98.1	98.1	DegF
Peripheral Pulse Rate	101 ^H	97	BPM
Systolic Blood Pressure	136 ^H	137 ^H	mmHg
Diastolic Blood Pressure	84	80	mmHg

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Vitals View

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	07:39 EDT	07:38 EDT
	Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK
Procedure			Units
Mean Arterial Pressure		93	92
SpO2		95	94
			%

	Recorded Date	4/21/2019
	Recorded Time	23:59 EDT
	Recorded By	MERRITT ,KENNETH M BH TECHNICIAN
Procedure		Units
Temperature Oral (F)	98.5	DegF
Peripheral Pulse Rate	105 ^H	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	131	mmHg
Diastolic Blood Pressure	97 ^H	mmHg
Mean Arterial Pressure	102	mmHg
SpO2	97	%

	Recorded Date	4/21/2019
	Recorded Time	23:53 EDT
	Recorded By	WALLACE ,ANNE S RN
Procedure		Units
Pain Present	No	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Fax: 704-358-2838

HandOFF Communication - Transport**HandOFF Communication - Transport**

	Recorded Date	4/24/2019	4/23/2019
	Recorded Time	07:15 EDT	19:30 EDT
	Recorded By	WASSON ,SHERRI RN	NAYLOR ,RICHARD B RN
Procedure	Units		
Report given to		Wasson, S.	Richard Naylor RN
Patient Transfer of Care		Shift change	-
Report Received From		Naylor, R.	Nicholas Cunningham RN
Report Type		Verbal, Written	-

	Recorded Date	4/23/2019
	Recorded Time	07:23 EDT
	Recorded By	FOSTER ,WILLIAM P RN
Procedure	Units	
Report given to		WF, RN
Patient Transfer of Care		Transfer
Report Received From		EG, RN
Transfer of Care Verifications		See Below ^{T1}
Report Type		Verbal

Textual Results

T1: 4/23/2019 07:23 EDT (Transfer of Care Verifications)
Appropriate isolations in place, Continuous medications rate and dose, Medication tasks, Patient care tasks

	Recorded Date	4/23/2019
	Recorded Time	07:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units	
Tech/NA Transfer of Care Report From		SIMMONS , ALEXIS
Tech/NA Transfer of Care Report Given To		See Below ^{T3}

Textual Results

T3: 4/23/2019 07:15 EDT (Tech/NA Transfer of Care Report Given To)
MURPHY , MARJORIE M BH TECHNICIAN

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Fax: 704-358-2838

HandOFF Communication - Transport**HandOFF Communication - Transport**

	Recorded Date	4/22/2019
	Recorded Time	21:15 EDT
	Recorded By	GRIMES ,EMILY M RN
Procedure	Units	
Report given to		Emily Grimes, RN
Patient Transfer of Care		Shift change
Report Received From		Nicholas Cunningham, RN

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	07:50 EDT	04:08 EDT
	Recorded By	FOSTER ,WILLIAM P RN	WALLACE ,ANNE S RN
Procedure	Units		
Report given to		WF, RN	A Wallace RN
Patient Transfer of Care		Transfer	Other: Transfer to OBH
Report Received From		AW, RN	E Grimes RN
Transfer of Care Verifications		See Below ^{T2}	-
Report Type		Verbal	-

Textual Results

T2: 4/22/2019 07:50 EDT (Transfer of Care Verifications)

Appropriate isolations in place, Continuous medications rate and dose, Medication tasks, Patient care tasks

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Patient Assessment

Patient Assessment

Recorded Date	4/22/2019
Recorded Time	00:59 EDT
Recorded By	WALLACE ,ANNE S RN
Procedure	
Social History Categories Addressed	See Below ^{T1}

Textual Results

T1: 4/22/2019 00:59 EDT (Social History Categories Addressed)

Tobacco, Alcohol, Drug abuse, Home/Environment, Nutrition/Health, Abuse/Neglect, Employment/School

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Psychosocial

Psychosocial

	Recorded Date	4/24/2019	4/23/2019
	Recorded Time	09:00 EDT	09:00 EDT
	Recorded By	WASSON ,SHERRI RN	FOSTER ,WILLIAM P RN
Procedure	Units		
CSSRS Reassess Able to Assess		Yes	Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no	Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no	Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no	Since last visit, no

	Recorded Date	4/22/2019	4/21/2019
	Recorded Time	09:00 EDT	23:53 EDT
	Recorded By	FOSTER ,WILLIAM P RN	WALLACE ,ANNE S RN
Procedure	Units		
CSSRS Screen Able to Assess		-	Yes
CSSRS Screen Wish to be Dead		-	Past month, no
CSSRS Screen Suicidal Thoughts		-	Past month, no
CSSRS Screen Suicide Behavior		-	Lifetime, yes
CSSRS Screen Suicide Behavior Timeline		-	Over a year ago
CSSRS Reassess Able to Assess		Yes	-
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no	-
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no	-
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no	-

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Integumentary**Integumentary**

Recorded Date	4/23/2019	4/22/2019	
Recorded Time	23:29 EDT	11:26 EDT	
Recorded By	NAYLOR ,RICHARD B RN	FOSTER ,WILLIAM P RN	
Procedure			Units
Integumentary Within Defined Limits	Within defined limits	Within defined limits ^{R1}	
Integumentary Symptoms	-	None reported	

Result Comments

R1: Integumentary Within Defined Limits
Pt refused skin assessment and denies any new skin concerns.

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Activities of Daily Living**Activities of Daily Living**

Recorded Date	4/24/2019	4/23/2019	
Recorded Time	12:06 EDT	10:04 EDT	
Recorded By	WASSON ,SHERRI RN	FOSTER ,WILLIAM P RN	
Procedure			Units
Safety/Alert Armbands In Place	ID	ID	

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	19:35 EDT	11:18 EDT	
Recorded By	CUNNINGHAM ,NICHOLAS A RN BHC	FOSTER ,WILLIAM P RN	
Procedure			Units
Safety/Alert Armbands In Place	ID	ID	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Discharge.

Discharge.

Recorded Date	4/24/2019
Recorded Time	11:21 EDT
Recorded By	RIALS ,LATASHA T NP
Procedure	Units
Emergency Medical Condition Identified	See Below ^{T1}

Textual Results

T1: 4/24/2019 11:21 EDT (Emergency Medical Condition Identified)

D/C - NO EMC Identified, STABLE at time of disposition decis

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Visit Information**Visit Information**

Recorded Date	4/21/2019	
Recorded Time	23:53 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Stated Complaint	See Below ^{T1}	
ED Falls Risk	Not a fall risk	
Law Enforcement	Local Police	
Accompanied By	Law enforcement officer	
Emergency Contact Number	see registration sheet	
Person/Org with Legal Responsibility	Self	
Medication Information Obtained From	Patient/family	
Medication Disposition	No meds brought to hospital	
Medication Status	Medication list updated	

Textual Results

T1: 4/21/2019 23:53 EDT (Stated Complaint)
Involuntary, denies he is suicidal

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Resuscitation Status

Resuscitation Status

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
DNR	Full Code Blue

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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General Admission History**General Admission History**

Recorded Date Recorded Time	4/24/2019 12:26 EDT	4/22/2019 09:40 EDT	4/21/2019 23:53 EDT	4/21/2019 23:45 EDT
Procedure				
Recent Travel Outside United States MERS	-	-	See Below ^{T1}	-
Pregnant	-	-	N/A	-
Valuable Policy Explained	Yes	Yes	-	Yes
Valuable/Belongings with Patient	None	None	-	None
Valuable/Belongings with Family	None	None	-	None
Valuables/Belongings in Secure Area	See Below ^{T2}	See Below ^{T3 C1}	-	See Below ^{T4}
Valuables/Belongings Secure Area Details	See Below ^{T5}	See Below ^{T6}	-	See Below ^{T7}
Valuables/Belongings w/Safe	None	None	-	None
Valuables/Belongings Update	See Below ^{T8}	See Below ^{T9}	-	-
Valuables/Clothing Returned To	Patient	-	-	-

Textual Results

- T1: 4/21/2019 23:53 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days
- T2: 4/24/2019 12:26 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.
- T3: 4/22/2019 09:40 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.
- T4: 4/21/2019 23:45 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet
- T5: 4/24/2019 12:26 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks
jeans & belt / brwn shirt
keys / boost drink
\$ 3.00
- T6: 4/22/2019 09:40 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks
jeans & belt / brwn shirt
keys / boost drink
\$ 3.00
- T7: 4/21/2019 23:45 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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General Admission History

General Admission History

Textual Results

T7: 4/21/2019 23:45 EDT (Valuables/Belongings Secure Area Details)

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

T8: 4/24/2019 12:26 EDT (Valuables/Belongings Update)

Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

T9: 4/22/2019 09:40 EDT (Valuables/Belongings Update)

Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Corrected Results

C1: Valuables/Belongings in Secure Area

Corrected from Cell phone, Clothing, Money, Wallet on 4/23/2019 21:07 EDT by NAYLOR , RICHARD B RN

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Health History

Health History

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
Renal Transplant	No

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Social Habits

Social Habits

Recorded Date	4/22/2019
Recorded Time	00:59 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
Night Sweats > 7 days	No
Cough > 2 Weeks	No
Unexplained Weight Loss of > 10 lbs	No
Hx of TB, recent TB exposure, or + PPD	No
Hemoptysis	No
Latex Allergy	No
Denies Latex Signs Symptoms	Yes

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	12:56 EDT	12:24 EDT
	Recorded By	WASSON ,SHERRI RN	WASSON ,SHERRI RN
Procedure			
Education Plan of Care		See Below ^{T1}	See Below ^{T2}
Patient Identified Learning Needs		See Below ^{T11}	See Below ^{T12}
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		See Below ^{T16}	See Below ^{T17}
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required
Discharge Planning Education		See Below ^{T29}	See Below ^{T30}
Learner Response -Discharge Planning		See Below ^{T31}	See Below ^{T32}

Textual Results

- T1: 4/24/2019 12:56 EDT (Education Plan of Care)
Patient identified learning needs
- T2: 4/24/2019 12:24 EDT (Education Plan of Care)
Patient identified learning needs
- T11: 4/24/2019 12:56 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T12: 4/24/2019 12:24 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T16: 4/24/2019 12:56 EDT (Method of Teaching)
Verbal instructions, Written instructions
- T17: 4/24/2019 12:24 EDT (Method of Teaching)
Verbal instructions, Written instructions
- T29: 4/24/2019 12:56 EDT (Discharge Planning Education)
Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider
- T30: 4/24/2019 12:24 EDT (Discharge Planning Education)
Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider
- T31: 4/24/2019 12:56 EDT (Learner Response - Discharge Planning)
Demonstrates acceptable knowledge of topic/instructions
- T32: 4/24/2019 12:24 EDT (Learner Response - Discharge Planning)
Demonstrates acceptable knowledge of topic/instructions

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

	Recorded Date Recorded Time Recorded By	4/24/2019 09:06 EDT WASSON ,SHERRI RN	4/23/2019 22:03 EDT NAYLOR ,RICHARD B RN
Procedure			
Education Plan of Care		See Below ^{T3}	See Below ^{T4}
Patient Identified Learning Needs		See Below ^{T13}	See Below ^{T14}
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Verbal instructions	Audio/Visual
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required
Medication -ETR		Adderall, metformin	tylenol
Medication Education		See Below ^{T21}	See Below ^{T22}
Learner Response -Medications		See Below ^{T25}	See Below ^{T26}

Textual Results

- T3: 4/24/2019 09:06 EDT (Education Plan of Care)
Patient identified learning needs
- T4: 4/23/2019 22:03 EDT (Education Plan of Care)
Patient identified learning needs
- T13: 4/24/2019 09:06 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T14: 4/23/2019 22:03 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T21: 4/24/2019 09:06 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications
- T22: 4/23/2019 22:03 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications
- T25: 4/24/2019 09:06 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions
- T26: 4/23/2019 22:03 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

	Recorded Date Recorded Time Recorded By	4/23/2019 21:40 EDT NAYLOR ,RICHARD B RN	4/23/2019 10:04 EDT FOSTER ,WILLIAM P RN
Procedure			
Education Plan of Care		See Below ^{T5}	See Below ^{T6}
Patient Identified Learning Needs		See Below ^{T15}	-
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Audio/Visual	Verbal instructions
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required
Medication -ETR		olanzapine, citalopram	-
Medication Education		See Below ^{T23}	-
Learner Response -Medications		See Below ^{T27}	-

Textual Results

- T5: 4/23/2019 21:40 EDT (Education Plan of Care)
Patient identified learning needs
- T6: 4/23/2019 10:04 EDT (Education Plan of Care)
No patient identified learning needs
- T15: 4/23/2019 21:40 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T23: 4/23/2019 21:40 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications
- T27: 4/23/2019 21:40 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

	Recorded Date Recorded Time Recorded By	4/22/2019 16:00 EDT FOSTER ,WILLIAM P RN	4/22/2019 11:25 EDT FOSTER ,WILLIAM P RN
Procedure			
Education Plan of Care		See Below ^{T7}	See Below ^{T8}
Patient Identified Learning Needs		Pt provided med ed	-
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Interdisciplinary and Patient Education**Interdisciplinary and Patient Education**

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	16:00 EDT	11:25 EDT
	Recorded By	FOSTER ,WILLIAM P RN	FOSTER ,WILLIAM P RN
Procedure			
Method of Teaching		Verbal instructions	Verbal instructions
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required

Textual Results

T7: 4/22/2019 16:00 EDT (Education Plan of Care)

Patient identified learning needs

T8: 4/22/2019 11:25 EDT (Education Plan of Care)

No patient identified learning needs

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	04:09 EDT	03:49 EDT
	Recorded By	WALLACE ,ANNE S RN	GRIMES ,EMILY M RN
Procedure			
Education Plan of Care		See Below ^{T9}	See Below ^{T10}
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Verbal instructions	Teach back, Verbal instructions
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required
Admission Requirements		-	Yes
Admission Requirements Education		-	See Below ^{T18}
BH Admission Requirements Education		-	Court process
Orientation to Room,Unit,Dept		-	See Below ^{T19}
Learner Response -Admission/Orientation		-	See Below ^{T20}
Medication -ETR		Zyprexa	-
Medication Education		See Below ^{T24}	-
Learner Response -Medications		See Below ^{T28}	-

Textual Results

T9: 4/22/2019 04:09 EDT (Education Plan of Care)

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

- T9: 4/22/2019 04:09 EDT (Education Plan of Care)
No patient identified learning needs
- T10: 4/22/2019 03:49 EDT (Education Plan of Care)
No patient identified learning needs
- T18: 4/22/2019 03:49 EDT (Admission Requirements Education)
Code care, Fall reduction strategies/programs, HIPAA information, How to report concerns r/t care, tx, services, safety, Infection control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain
- T19: 4/22/2019 03:49 EDT (Orientation to Room, Unit, Dept)
Ask Me 3, Contraband process, Coping skills, Interdisciplinary roles, Mealtimes, Orientation to facility/dept, Patient care nurse, Patient identifiers, Questions about my care, Quiet time, Restrictive interventions/alternatives, Room/phone number, visiting hours, thermostat, room lighting, Safe sleep, Safety - Personal (Security/Police Officers), Securing of belongings and valuables, Speak Up To Prevent Errors in Your Care Brochure, Tobacco free policy, Visitor restrictions
- T20: 4/22/2019 03:49 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T24: 4/22/2019 04:09 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications, Self monitoring techniques
- T28: 4/22/2019 04:09 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Perioperative

Perioperative

Recorded Date	4/24/2019
Recorded Time	12:26 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	
Valuables/Clothing Returned to Patient	4/24/2019 12:27 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/24/2019	
Recorded Time	12:30 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Discharge	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	12:26 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below ^{T12}	
Staff Members Who Received Valuables	TAYLOR , JEANETTE BH TECHNICIAN	

Textual Results

T12: 4/24/2019 12:26 EDT (Universal Progress Note)

Patient is discharged to home with returned belongings. Patient is calm upon leaving the unit.

Recorded Date	4/24/2019	
Recorded Time	12:15 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T39}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T39: 4/24/2019 12:15 EDT (Patient Behavior/Interventions)

Calm, Fluids accepted, Food accepted

Recorded Date	4/24/2019	
Recorded Time	12:06 EDT	
Recorded By	WASSON ,SHERRI RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T1}	
BH Mental Status WDL	Within defined limits	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health****Textual Results**

T1: 4/24/2019 12:06 EDT (Progress Note Behavioral Health)

Pt. has been appropriate in mood and behaviors. Pleasant and cooperative. Compliant with medications. Social with staff and peers. Jovial at times. Denies thoughts to harm himself or others, hallucinations, paranoia, or delusional thinking. Sleep and appetite are wnl. Maintained on PL3 for suicide without incident. Discharge instructions given with good understanding. Copy to pt. Belongings given to pt. Discharged, ambulatory per hospital transportation.

Recorded Date	4/24/2019
Recorded Time	12:00 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	11:45 EDT	11:39 EDT	
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	FARLEY ,MICHAEL	
Procedure				Units
Universal Progress Note		-	See Below T13 C1	
Patient Location		Dayroom	-	
Patient Behavior/Interventions		Calm	-	
Violence -Aggressive Checklist		No aggression noted	-	

Textual Results

T13: 4/24/2019 11:39 EDT (Universal Progress Note)

LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.

Corrected Results

C1: Universal Progress Note

Textual result corrected on 4/24/2019 11:47 EDT by FARLEY , MICHAEL

LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan.

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/24/2019	
Recorded Time	11:30 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	11:15 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	11:00 EDT	
Recorded By	SLAYTON ,CAMERON G LRT	
Procedure		Units
Group	See Below T ³⁰	
Goal Areas Addressed	See Below T ³¹	
Group Participation Level	Active	
Group Affect	Mood congruent	
Behavior	Appropriate, Restless	
Staff Intervention	Support	

Textual Results

T30: 4/24/2019 11:00 EDT (Group)

Values clarification, Process group

T31: 4/24/2019 11:00 EDT (Goal Areas Addressed)

Identified coping skills, Identified positive plans for future, Identified interactions, Verbalized topical contributions, Maintained focus during group

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/24/2019
	Recorded Time	11:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:45 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:30 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:15 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/24/2019
	Recorded Time	10:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Group	Goal group	
Goal Areas Addressed	Maintained focus during group	
Group Participation Level	Active	
Group Affect	Mood congruent	
Behavior	Appropriate	
Staff Intervention	Support	
Group Therapy Details	See Below ^{T35}	

Textual Results

T35: 4/24/2019 10:00 EDT (Group Therapy Details)

P: Goals Group

I: Requested a goal from the patient for the day

E: The patient's goal for the day is to be discharged

	Recorded Date	4/24/2019
	Recorded Time	10:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Bathroom	
Patient Behavior/Interventions	Other: shower	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	09:45 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Recorded Date	4/24/2019
Recorded Time	09:30 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/24/2019
Recorded Time	09:15 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/24/2019	4/24/2019
Recorded Time	09:00 EDT	09:00 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	FARLEY ,MICHAEL
Procedure	Units	
Patient Location	Dayroom	-
Patient Behavior/Interventions	Calm	-
Violence -Aggressive Checklist	No aggression noted	-
Name of Collateral	-	Angie [REDACTED]
Collateral Phone Number	-	423-[REDACTED]
Information Provided by Collateral	-	See Below T45 C2

Textual Results

T45: 4/24/2019 09:00 EDT (Information Provided by Collateral)
 LCSW spoke with patient's mother who was at work and could not speak at length. She did say that she visited and did not have any safety concerns. She said patient appeared to be doing "real well."

Corrected Results

C2: Information Provided by Collateral
 Textual result corrected on 4/24/2019 09:04 EDT by FARLEY , MICHAEL
 LCSW spoke with patient's mother who was at work and could not speak at length.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Recorded Date	4/24/2019	
Recorded Time	08:45 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	08:30 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	08:15 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	08:00 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/24/2019	
Recorded Time	07:45 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T40}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T40: 4/24/2019 07:45 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

Recorded Date	4/24/2019	
Recorded Time	07:30 EDT	
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	07:15 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	07:00 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/24/2019	
Recorded Time	06:45 EDT	
Recorded By	SIMMONS ,ALEXIS	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:36 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below ^{T14}	

Textual Results

T14: 4/24/2019 06:36 EDT (Universal Progress Note)

Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Recorded Date	4/24/2019	
Recorded Time	06:30 EDT	
Recorded By	SIMMONS ,ALEXIS	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:29 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/24/2019	
Recorded Time	06:14 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:11 EDT	
Recorded By	NAYLOR ,RICHARD B RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T2}	

Textual Results

T2: 4/24/2019 06:11 EDT (Progress Note Behavioral Health)

Evening shift note: Pt appears to have slept all night. Pt was up earlier in evening and pacing. After taking his meds around 2200, pt stayed in his room reading a book for awhile, then slept the rest of the night. Pt safety maintained.

Recorded Date	4/24/2019	
Recorded Time	05:59 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	05:44 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Behavioral Health

Recorded Date	4/24/2019
Recorded Time	05:29 EDT
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure	
Patient Location	Patient room, Patient room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Units

Recorded Date	4/24/2019
Recorded Time	05:14 EDT
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure	
Patient Location	Patient room, Patient room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Units

Recorded Date	4/24/2019
Recorded Time	04:59 EDT
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure	
Patient Location	Patient room, Patient room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Units

Recorded Date	4/24/2019	4/24/2019
Recorded Time	04:30 EDT	04:15 EDT
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure		
Patient Location	Patient room	Patient room
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted	No aggression noted

Units

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	04:00 EDT	03:45 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	03:30 EDT	03:15 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	03:00 EDT	02:45 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	02:30 EDT	02:15 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	02:00 EDT	01:45 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	01:30 EDT	01:15 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	01:00 EDT	00:45 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019	
	Recorded Time	00:30 EDT	00:15 EDT	
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/24/2019
	Recorded Time	00:00 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	23:45 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	23:30 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	23:15 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	23:13 EDT	
Recorded By	NAYLOR ,RICHARD B RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T3}	

Textual Results

T3: 4/23/2019 23:13 EDT (Progress Note Behavioral Health)

Evening shift note: Pt was observed walking frequently in hall and changing direction frequently as to avoid interaction with others. Pt pleasant in conversation but does exhibit pressured speech and appears impulsive. Pt not voicing any si,hi, or psychosis, no aggression. Pt requested his meds be given later in evening since he wanted to stay up some. Pt meds rescheduled to 2200. Pt compliant with meds. Pt had his keys and four soft cover books delivered to unit this evening. Pt keys placed in his belonging bag. Pt was given one book and others placed in his belongings. Pt was told he could have one book at a time so they wouldn't get lost or be thrown around unit. Pt okay with this and presently has one book out in his possession. MD came to see pt tonight and pt converted to vol status, pt signed vol consent. Pt voiced concern that his guns wouldn't be taken away from him since he was invol earlier. Pt voiced having a headache, tylenol given for headache per pt request.

Recorded Date	4/23/2019	
Recorded Time	23:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	4/23/2019	
Recorded Time	22:45 EDT	22:30 EDT	
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure			Units
Patient Location	Patient room	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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	Recorded Date Recorded Time Recorded By	4/23/2019 22:15 EDT SIMMONS ,ALEXIS	4/23/2019 22:03 EDT NAYLOR ,RICHARD B RN	
Procedure				Units
Progress Note Behavioral Health		-	See Below ^{T4}	
Patient Location		Patient room	-	
Patient Behavior/Interventions		Breathing, eyes closed	-	
Violence -Aggressive Checklist		No aggression noted	-	

Textual Results

T4: 4/23/2019 22:03 EDT (Progress Note Behavioral Health)

Pt voicing headache 3/10, pt requested and recieved tylenol for headache.

	Recorded Date Recorded Time Recorded By	4/23/2019 22:00 EDT SIMMONS ,ALEXIS	4/23/2019 21:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Awake (in bed)	Awake (in bed)	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 21:30 EDT SIMMONS ,ALEXIS	4/23/2019 21:15 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 21:00 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	20:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	20:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	20:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	20:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	19:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	18:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	18:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	With visitors/family	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	18:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	With visitors/family	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	18:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	17:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	17:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	17:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	17:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Fluids accepted, Food accepted	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	16:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	16:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	16:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	16:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	15:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	On telephone	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	15:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	15:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	15:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	14:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	14:41 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below T15	

Textual Results

T15: 4/23/2019 14:41 EDT (Universal Progress Note)

P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Recorded Date	4/23/2019	
Recorded Time	14:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/23/2019
	Recorded Time	14:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	14:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	13:45 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	13:30 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/23/2019	
Recorded Time	13:19 EDT	
Recorded By	SHIPP ,SHAMIKKI R MSW	
Procedure		Units
Name of Collateral	Angie [REDACTED] (Mother)	
Collateral Phone Number	423-[REDACTED]	
Collateral Relationship	Mother	
Information Provided by Collateral	See Below ^{T46}	

Textual Results

T46: 4/23/2019 13:19 EDT (Information Provided by Collateral)

D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

Recorded Date	4/23/2019	
Recorded Time	13:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	On telephone	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	13:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	On telephone	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/23/2019	
Recorded Time	12:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	12:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	12:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T41}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T41: 4/23/2019 12:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

Recorded Date	4/23/2019	
Recorded Time	12:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	12:00 EDT	11:45 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Group		Discharge planning	-
Goal Areas Addressed		See Below ^{T32}	-
Group Participation Level		Active	-
Group Affect		Mood congruent, Bright	-
Behavior		Appropriate	-
Staff Intervention		See Below ^{T34}	-
Staff Intervention Education Type		D/C planning	-
Staff Intervention Education Outcome		Acknowledges understanding	-
Group Therapy Details		See Below ^{T36}	-
Patient Location		-	Hallway
Patient Behavior/Interventions		-	Calm, On telephone
Violence -Aggressive Checklist		-	No aggression noted

Textual Results

T32: 4/23/2019 12:00 EDT (Goal Areas Addressed)

Identified coping skills, Discussed discharge plans

T34: 4/23/2019 12:00 EDT (Staff Intervention)

Support, Problem Solving, Education

T36: 4/23/2019 12:00 EDT (Group Therapy Details)

Pt attended discharge and safety planning group. PT actively participated in discharge and safety planning topic.

Mood was congruent and bright. Pt was able to identify warning signs to crisis. Pt identified places of distraction and supports to contact in case of a crisis. Pt acknowledged understanding of discharge and safety planning. Pt did not have any additional questions or concerns. No safety concerns reported.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:35 EDT	11:30 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Patient Location		-	Hallway
Patient Behavior/Interventions		-	Calm
Violence -Aggressive Checklist		-	No aggression noted
Name of Collateral		Angie [REDACTED] (mother)	-

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:35 EDT	11:30 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Collateral Phone Number		423- [REDACTED]	-
Collateral Relationship		Mother	-
Information Provided by Collateral		See Below ^{T47}	-

Textual Results

T47: 4/23/2019 11:35 EDT (Information Provided by Collateral)

D/C attempted to contact mother to request an update on baseline functioning. No answer. Unable to leave message due to VM full. It has been reported that mother is coming for visitation today; mother to provide update.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:28 EDT	11:20 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SHIPP ,SHAMIKKI R MSW
Procedure			Units
Universal Progress Note		-	See Below ^{T16}
Name of Collateral		Jennifer Cox (Petitioner)	-
Collateral Phone Number		704- [REDACTED]	-
Collateral Relationship		Other: Friend / Co-worker	-
Information Provided by Collateral		See Below ^{T48}	-

Textual Results

T16: 4/23/2019 11:20 EDT (Universal Progress Note)

Pt provided verbal consent to contact mother (Angie Haun) and friend / co-worker (Jennifer Cox) to obtain information on baseline functioning. See BH-Communication.

T48: 4/23/2019 11:28 EDT (Information Provided by Collateral)

D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and erratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Recorded Date	4/23/2019	
Recorded Time	11:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	11:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	See Below T42	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T42: 4/23/2019 11:00 EDT (Patient Behavior/Interventions)
Fluids accepted, Food accepted, Pacing/Walking

Recorded Date	4/23/2019	
Recorded Time	10:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	10:16 EDT	
Recorded By	SHIPP ,SHAMIKKI R MSW	
Procedure		Units
Universal Progress Note	See Below ^{T17}	

Textual Results

T17: 4/23/2019 10:16 EDT (Universal Progress Note)

D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Recorded Date	4/23/2019	
Recorded Time	10:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:04 EDT	
Recorded By	FOSTER ,WILLIAM P RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T5}	
BH Mental Status WDL	Within defined limits	

Textual Results

T5: 4/23/2019 10:04 EDT (Progress Note Behavioral Health)

Pt was interviewed without issue, maintained eye contact, and was engaged. Pt endorses good sleep and a good appetite. Pt endorses feeling "extremely better," feels well enough to be discharged, and endorses a safe place to go home to - pt lives alone but insists he is not isolated. Pt denies SI, HI, AH, VH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**



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Recorded Date	4/23/2019
Recorded Time	10:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Pacing/Walking
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/23/2019
Recorded Time	10:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Group	Goal group
Goal Areas Addressed	Discussed discharge plans
Group Participation Level	Active
Group Affect	Anxious
Behavior	Restless
Staff Intervention	Support
Group Therapy Details	See Below ^{T37}

Textual Results

T37: 4/23/2019 10:00 EDT (Group Therapy Details)

P: Goals Group

I: Requested a goal from the day from the patient

E: Patient stated his goal for the day is to be discharged

Recorded Date	4/23/2019
Recorded Time	09:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Patient room
Patient Behavior/Interventions	Talking with staff
Violence -Aggressive Checklist	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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	Recorded Date	4/23/2019
	Recorded Time	09:30 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Talking with staff
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	09:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Talking with staff
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	09:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Pacing/Walking
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/23/2019
	Recorded Time	08:45 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Pacing/Walking
Violence -Aggressive Checklist		No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019	
Recorded Time	08:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	08:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T43}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T43: 4/23/2019 08:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

Recorded Date	4/23/2019	
Recorded Time	08:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	07:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/23/2019
Recorded Time	07:30 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Patient room
Patient Behavior/Interventions	Breathing, eyes closed, Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/23/2019	4/23/2019
Recorded Time	07:15 EDT	07:00 EDT
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure		
Patient Location	Patient room	Patient room
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted	No aggression noted

Recorded Date	4/23/2019	4/23/2019
Recorded Time	06:45 EDT	06:30 EDT
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure		
Patient Location	Patient room	Patient room
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted	No aggression noted

Recorded Date	4/23/2019	4/23/2019
Recorded Time	06:21 EDT	06:15 EDT
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure		
Universal Progress Note	See Below ^{T18}	-
Patient Location	-	Patient room
Patient Behavior/Interventions	-	Breathing, eyes closed
Violence -Aggressive Checklist	-	No aggression noted

Textual Results

T18: 4/23/2019 06:21 EDT (Universal Progress Note)

P: Substance abuse/psychosis

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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T18: 4/23/2019 06:21 EDT (Universal Progress Note)

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for snack. Slept without any interruptions.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	06:00 EDT	05:45 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	05:35 EDT	05:30 EDT
	Recorded By	GRIMES ,EMILY M RN	SIMMONS ,ALEXIS
Procedure			Units
Progress Note Behavioral Health		See Below T6	-
Patient Location		-	Patient room
Patient Behavior/Interventions		-	Breathing, eyes closed
Violence -Aggressive Checklist		-	No aggression noted

Textual Results

T6: 4/23/2019 05:35 EDT (Progress Note Behavioral Health)

Pt remains in OUH on PL3 monitoring. He remained in bed asleep since the beginning of this writer's shift at 2100. Eyes closed and regular unlabored respirations. Will continue to monitor per MD orders.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	05:15 EDT	05:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	04:45 EDT	04:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	04:15 EDT	04:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	03:45 EDT	03:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	03:15 EDT	03:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	02:45 EDT	02:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	02:15 EDT	02:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	01:45 EDT	01:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	01:15 EDT	01:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Behavioral Health

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	00:45 EDT	00:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	00:15 EDT	00:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	23:45 EDT	23:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	23:15 EDT	23:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	22:45 EDT	22:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	22:15 EDT	22:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	21:45 EDT	21:30 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	21:15 EDT	21:00 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location		Patient room	Patient room
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



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Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 20:45 EDT SIMMONS ,ALEXIS	4/22/2019 20:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 20:15 EDT SIMMONS ,ALEXIS	4/22/2019 20:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Fluids accepted, Food accepted	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 19:53 EDT SIMMONS ,ALEXIS	4/22/2019 19:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Group		Goal group	-	
Goal Areas Addressed		Discussed discharge plans	-	
Group Participation Level		Active	-	
Group Affect		Mood congruent	-	
Behavior		Appropriate	-	
Staff Intervention		Support	-	
Group Therapy Details		See Below ^{T38}	-	
Patient Location		-	Patient room	
Patient Behavior/Interventions		-	Calm	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T38: 4/22/2019 19:53 EDT (Group Therapy Details)

Patient expressed that he wanted to work on being well rested and to actually get some rest.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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	Recorded Date Recorded Time Recorded By	4/22/2019 19:35 EDT CUNNINGHAM ,NICHOLAS A RN BHC	
Procedure			Units
Progress Note Behavioral Health		See Below ^{T7}	
BH Mental Status WDL		Within defined limits	

Textual Results

T7: 4/22/2019 19:35 EDT (Progress Note Behavioral Health)

Pt came to the interview without issue, maintained good eye contact and was engaged. The Pt endorses having a good day and appetite and feels better and wants to leave and go home. The Pt denies SI, HI, AH, VH and a desire to harm self or others. The Pt remains PL3 waiting to see to the doctor.

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	19:30 EDT	19:15 EDT	
	Recorded By	SIMMONS ,ALEXIS	BROADUS ,LYNNE BH TECHNICIAN	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 19:00 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	18:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/22/2019	
Recorded Time	18:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	18:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	18:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed)	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	17:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/22/2019	
Recorded Time	17:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	17:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	17:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Fluids accepted, Food accepted	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	16:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/22/2019	
Recorded Time	16:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	16:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	16:00 EDT	15:49 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	RAMOS ,CLAUDIA	
Procedure			Units
Universal Progress Note	-	See Below T19	
Patient Location	Dayroom	-	
Patient Behavior/Interventions	Calm, Watching TV	-	
Violence -Aggressive Checklist	No aggression noted	-	

Textual Results

T19: 4/22/2019 15:49 EDT (Universal Progress Note)

Staff attempted to see patient. Patient would not speak to this staff at this time due to being on the phone.
Patient would follow up later.

Claudia A Ramos MS LCASA

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service: 4/22/2019****Visit #: 6437633200****Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#: 0000642066****DOB: 11/1/1980****Sex: Male**

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Recorded Date	4/22/2019	
Recorded Time	15:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	15:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	15:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	15:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm, Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/22/2019
Recorded Time	14:57 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Universal Progress Note	See Below ^{T20}

Textual Results

T20: 4/22/2019 14:57 EDT (Universal Progress Note)

P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient appeared restless. At times he would pace. He would be intrusive but was redirectable. He did not express any delusional thoughts or stated he was SI. It appeared he was talking to himself in his room. He attended group. He ate well at lunch and drank fluids. He rested in his room later in the shift. No other issues to report

Recorded Date	4/22/2019
Recorded Time	14:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Patient room
Patient Behavior/Interventions	Calm, Pacing/Walking
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	14:30 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Calm, Pacing/Walking
Violence -Aggressive Checklist	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/22/2019
	Recorded Time	14:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Hallway
Patient Behavior/Interventions		Calm, Pacing/Walking, Quiet
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	14:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed, Calm
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	13:45 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed, Calm
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	13:30 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed, Calm
Violence -Aggressive Checklist		No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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	Recorded Date	4/22/2019
	Recorded Time	13:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed, Calm
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	13:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Breathing, eyes closed, Calm
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	12:45 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Patient room
Patient Behavior/Interventions		Awake (in bed)
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	12:30 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Hallway
Patient Behavior/Interventions		Talking with staff
Violence -Aggressive Checklist		No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/22/2019	
Recorded Time	12:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T44}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T44: 4/22/2019 12:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

Recorded Date	4/22/2019	
Recorded Time	12:03 EDT	
Recorded By	HUEBENTHAL ,TORI A LRT	
Procedure		Units
Universal Progress Note	See Below ^{T21}	
Leisure Interests	See Below ^{T24}	
Personal Challenges	See Below ^{T25}	
Reason Unable to Participate in Rec Grp	No	
Things Done Well	See Below ^{T26}	
Change Something About Self	i would see people more	
What do you do for fun?	read, study	
Why are you in the hospital?	See Below ^{T27}	
Goals for Hospitalization	See Below ^{T28}	

Textual Results

T21: 4/22/2019 12:03 EDT (Universal Progress Note)
Recreational Therapy note- the Recreational Therapy assessment has been initiated.

T24: 4/22/2019 12:03 EDT (Leisure Interests)
Computer, Exercise, Listening to music, Reading, Shopping, Sports, Table games, Walking, Writing, Other: graphic design

T25: 4/22/2019 12:03 EDT (Personal Challenges)
Decision making, Relationships, Social interaction, Trusting others

T26: 4/22/2019 12:03 EDT (Things Done Well)
programming, math, reading, writing, learning billiards

T27: 4/22/2019 12:03 EDT (Why are you in the hospital?)

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health****Textual Results**

T27: 4/22/2019 12:03 EDT (Why are you in the hospital?)
i got very emotional and told a friend and acquaintance i was going to die

T28: 4/22/2019 12:03 EDT (Goals for Hospitalization)
get an ideal medication configuration that will avoid side effects as much as possible.

Recorded Date	4/22/2019
Recorded Time	12:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	11:45 EDT
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN
Procedure	
Patient Location	Recreational therapy
Patient Behavior/Interventions	Participating in group
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	11:30 EDT
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN
Procedure	
Patient Location	Recreational therapy
Patient Behavior/Interventions	Participating in group
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	11:18 EDT
Recorded By	FOSTER ,WILLIAM P RN
Procedure	
Progress Note Behavioral Health	See Below ^{T8}
BH Mental Status WDL	Within defined limits

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health****Textual Results**

T8: 4/22/2019 11:18 EDT (Progress Note Behavioral Health)

Pt was able to be interviewed without issue, maintained eye contact, and was engaged. Pt endorses poor sleep due to not receiving meds til 4AM last night, but says he goes without sleep fairly regularly. Pt endorses good appetite, but only ate pancakes from breakfast due to sensory issues that make it difficult to eat other breakfast foods. Pt endorses feeling better, feels good enough to leave, and endorses a safe place with mom and boyfriend. Pt denies SI, HI, VH, AH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

	Recorded Date Recorded Time Recorded By	4/22/2019 11:15 EDT TAPALES ,LEDDAH BH TECHNICIAN	
Procedure			Units
Patient Location		Recreational therapy	
Patient Behavior/Interventions		Participating in group	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 11:00 EDT HUEBENTHAL ,TORI A LRT	
Procedure			Units
Group		Discharge planning	
Goal Areas Addressed		See Below T33	
Group Participation Level		Active	
Group Affect		Mood congruent	
Behavior		Appropriate	
Staff Intervention		Support, Education	
Staff Intervention Education Type		D/C planning	
Staff Intervention Education Outcome		Acknowledges understanding	

Textual Results

T33: 4/22/2019 11:00 EDT (Goal Areas Addressed)

Identified positive plans for future, Identified interactions, Verbalized topical contributions, Discussed discharge plans, Maintained focus during group

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/22/2019
	Recorded Time	11:00 EDT
	Recorded By	TAPALES ,LEDDAH BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	10:45 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Talking with staff	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	10:30 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm, Talking to self	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	10:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	On telephone	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/22/2019
Recorded Time	10:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Calm, Talking with staff
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	09:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Other: admission to OUH
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	09:40 EDT
Recorded By	DUNCAN ,JOHNNIE BH TECHNICIAN
Procedure	
Universal Progress Note	See Below ^{T22}
Staff Members Who Received Valuables	DUNCAN , JOHNNIE BH TECHNICIAN
Patient Location	Transport

Textual Results

T22: 4/22/2019 09:40 EDT (Universal Progress Note)

Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Recorded Date	4/22/2019	4/22/2019
Recorded Time	09:30 EDT	09:15 EDT
Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK
Procedure		
Patient Location	Hallway	Hallway
Patient Behavior/Interventions	Calm, Talking with staff	Calm, Talking with staff
Violence -Aggressive Checklist	No aggression noted	No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	09:00 EDT	08:59 EDT	
	Recorded By	GLOVER ,DERRICK	WALLACE ,ANNE S RN	
Procedure				Units
Patient Location		Hallway	-	
Patient Behavior/Interventions		Calm, Talking with staff	-	
Violence -Aggressive Checklist		No aggression noted	-	
Name of Collateral		-	Jennifer Cox- petitioner	
Collateral Phone Number		-	704- [REDACTED]	
Information Provided by Collateral		-	See Below ^{T49}	

Textual Results

T49: 4/22/2019 08:59 EDT (Information Provided by Collateral)

Ms Cox returned phone call. See above for cell number. Number on petition is work number.

Petitioner reports that for the past week, pt's behavior has been more erratic. Believes that someone from Charlotte has contacted people in his home county and are spreading rumors about him. He believes it is the petitioner.

Last night he sent her a text, "I'll be dead by tomorrow, is there anything you want to tell me."

Has been yelling at her about various things and then will flip and begin to calmly talk about unrelated topics. Has screamed at her that "he is in hell."

Reports he is highly intelligent and reads psych books for fun.

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	08:45 EDT	08:30 EDT	
	Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		Calm, Quiet	Calm, Quiet	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 08:15 EDT GLOVER ,DERRICK	4/22/2019 08:00 EDT LANEY ,SAUNCEA BH TECH	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		Calm, Talking with staff	On telephone	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 07:45 EDT LANEY ,SAUNCEA BH TECH	4/22/2019 07:30 EDT LANEY ,SAUNCEA BH TECH	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		On telephone	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 06:38 EDT MORROW ,DARIN	4/22/2019 06:15 EDT MORROW ,DARIN	
Procedure				Units
Universal Progress Note		See Below ^{T23}	-	
Patient Location		-	Interview room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T23: 4/22/2019 06:38 EDT (Universal Progress Note)

P - Observation

I - Staff monitored patient throughout the shift to ensure safety and compliance while documenting every 15 minutes.

E - Patient was able to comply with search process upon arrival. Patient slept well throughout the night. No issues to report.

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	06:06 EDT	06:00 EDT	
	Recorded By	WALLACE ,ANNE S RN	MORROW ,DARIN	
Procedure				Units
Progress Note Behavioral Health		See Below ^{T9}	-	
Patient Location		-	Interview room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T9: 4/22/2019 06:06 EDT (Progress Note Behavioral Health)

Has lept very little since admission to OBH, requested and received a second zyprexa when he couldn't sleep. Reports he doesn't want to be awakened for AM meds, he doesn't want to take his Adderall this morning and reports he can take his Metformin before lunch.

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	05:45 EDT	05:30 EDT	
	Recorded By	MORROW ,DARIN	MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	05:15 EDT	05:00 EDT	
	Recorded By	MORROW ,DARIN	MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	04:45 EDT	04:30 EDT	
	Recorded By	MORROW ,DARIN	MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	04:45 EDT	04:30 EDT
	Recorded By	MORROW ,DARIN	MORROW ,DARIN
Procedure			Units
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted	No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	04:15 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Interview room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	04:00 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Interview room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019	4/22/2019
	Recorded Time	03:57 EDT	03:49 EDT
	Recorded By	GRIMES ,EMILY M RN	GRIMES ,EMILY M RN
Procedure			Units
Progress Note Behavioral Health		-	See Below ^{T10}
Breathalyzer		Not Done: Task duplication	-
Age-Fall Risk		-	N/A
Fall History		-	N/A
Elimination,Bowel,& Urine		-	N/A
Patient Care Equipment		-	N/A
Mobility Status		-	N/A
Cognitive CD		-	N/A

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/22/2019	4/22/2019	
	Recorded Time	03:57 EDT	03:49 EDT	
	Recorded By	GRIMES ,EMILY M RN	GRIMES ,EMILY M RN	
Procedure				Units
Total Fall Risk Score		-	0	

Textual Results

T10: 4/22/2019 03:49 EDT (Progress Note Behavioral Health)

Pt admitted into ED OBS. Contraband search complete. Will continue to monitor per MD orders.

	Recorded Date	4/22/2019	
	Recorded Time	03:45 EDT	
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Patient Location		Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date	4/22/2019	
	Recorded Time	03:30 EDT	
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Patient Location		Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date	4/22/2019	
	Recorded Time	03:15 EDT	
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Patient Location		Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

	Recorded Date	4/22/2019
	Recorded Time	03:00 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Interview room
Patient Behavior/Interventions		Breathing, eyes closed
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	02:45 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Dayroom
Patient Behavior/Interventions		Meds given
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	02:30 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Dayroom
Patient Behavior/Interventions		Calm
Violence -Aggressive Checklist		No aggression noted

	Recorded Date	4/22/2019
	Recorded Time	02:15 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location		Interview room
Patient Behavior/Interventions		with Physician
Violence -Aggressive Checklist		No aggression noted

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Recorded Date	4/22/2019	
Recorded Time	02:00 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Bathroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	01:45 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	01:30 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	01:15 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Behavioral Health**Behavioral Health**

Recorded Date	4/22/2019	
Recorded Time	01:13 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Name of Collateral	Jennifer Cox- friend	
Collateral Phone Number	704-943-5731	
Information Provided by Collateral	See Below ^{T50}	

Textual Results

T50: 4/22/2019 01:13 EDT (Information Provided by Collateral)

No answer, generic message left to return call

Recorded Date	4/22/2019	
Recorded Time	01:00 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	00:59 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T11}	
BH Mental Status WDL	Within defined limits	
Current and/or Hx of Withdrawal Symptoms	See Below ^{T29}	
History of Withdrawal Seizures	No	
Currently Employed	Employed	
Recent Changes to Employment	No	
Means of Financial Support	Employment	
Financial Barriers Re:Tx/Medications	No	
Current Legal Status	None	
Military Experience	No	
Psychotropic Meds Taken in Past	None	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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Fax: 704-358-2838

Behavioral Health**Behavioral Health****Textual Results**

T11: 4/22/2019 00:59 EDT (Progress Note Behavioral Health)

38 yo WM, involuntary, denies all points on PIC. Reports he has been Dx with autism and bipolar d/o. Reports he often has the feeling that he wants to die, "but no intent." When asked how long he has been having these thoughts, replied, "forever." Reports these feelings usually happen at night. "Somethings I think it would be soothing if i just fall away." Reports a previous attempt in 1998 with pills and ETOH. Denies HI/AH/VH

Reports the petitioner is a former coworker. He lives by himself. Reports his apartment isn't tidy, "but there is no disease in there, it's not that bad." Reports he last had it cleaned 3 weeks ago by a service.

Reports he was sexually abused by his maternal grandmother when he and his mother were living with her. Reports it started about age 3-5 and stopped around age 7 or 8 when Mom moved them out. Reports his grandmother would wear Halloween masks when abusing him, but he knew it was her. Mother didn't find out until pt told her when he was grown. Reports "she covered for her."

Calm, cooperative during assessment. Did become tearful when talking about abuse.

T29: 4/22/2019 00:59 EDT (Current and/or Hx of Withdrawal Symptoms)

N/A (No history of substance abuse)

Recorded Date	4/22/2019	
Recorded Time	00:45 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Fluids accepted, Food accepted	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	00:30 EDT	
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

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Behavioral Health

Behavioral Health

Recorded Date	4/22/2019	
Recorded Time	00:15 EDT	
Recorded By	MERRITT ,KENNETH BH TECHNICIAN	
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Talking with staff	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	00:00 EDT	
Recorded By	MERRITT ,KENNETH BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/21/2019	
Recorded Time	23:53 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Status Upon Admission	Involuntary	
Factors Affecting LMP	N/A	
Cultural/Spiritual Practices Impact Tx	No	
ED BH Have New Stressors	No	
ED BH Substance Abuse	No	
Assaultive Ideations	No	
Homicidal Ideations	No	
Does Patient Have a Plan	No	
Recent Attempt to Harm Others	No	
Access to Firearms/Weapons	No	
History of Danger to others	No	
Problems With Sleep	No problems	
Eating/Appetite	Other: Low glycemic diet	
ED BH Currently Takes Psych Meds	Yes	
ED BH Recent Medication Changes	No	

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male

**AH Behavioral Health Charlotte**

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Behavioral Health**Behavioral Health**

	Recorded Date Recorded Time Recorded By	4/21/2019 23:53 EDT WALLACE ,ANNE S RN	
Procedure			Units
ED BH Patient Feels Medication Working	Yes		
ED BH Prescribing Provider	Yes		
ED BH Prescribing Provider Details	K Peniston NP		

	Recorded Date Recorded Time Recorded By	4/21/2019 23:45 EDT MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Breathalyzer		Yes	
Staff Members Who Received Valuables		MERRITT , KENNETH BH TECHNICIAN	
Patient Location		Other: search room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Procedure HistoryProcedure: **Alcohol (ethanol),breath****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/21/2019 23:59 EDT

Procedure: **Drug test(s),presumptive,any number of drug classes,any number of devices or procedures;capable of being read by direct optical observation only (eg,utilizing immunoassay [eg,dipsticks,cups,cards,or cartridges]),includes sample validation when p****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/21/2019 23:59 EDT

Procedure: **Emergency department visit for the evaluation and management of a patient,which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:A comprehensive history;A comprehensi****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/21/2019 23:59 EDT

Procedure: **Hospital observation service,per hour****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/22/2019 23:59 EDT

Procedure: **Hospital observation service,per hour****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/23/2019 23:59 EDT

Procedure: **Hospital observation service,per hour****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/24/2019 23:59 EDT

Procedure: **Unclassified drugs****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/22/2019 23:59 EDT

Procedure: **Unclassified drugs****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/23/2019 23:59 EDT

Procedure: **Unclassified drugs****Last Updated**

5/1/2019 05:24 EDT

Procedure Date

4/24/2019 23:59 EDT

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name: WILLIAMS III, LEONARD CLINTON****Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Medication Administration Record**Medications**

Admin Date/Time: 4/24/2019 09:45 EDT	Charted Date/Time: 4/24/2019 12:05 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified) PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Primary Pain Location: Back; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Able to Self Report Pain: Numeric; Numeric Rating Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 12:05 EDT; VERIFY: WASSON ,SHERRI RN 4/24/2019 12:05 EDT	

Admin Date/Time: 4/24/2019 09:15 EDT	Charted Date/Time: 4/24/2019 09:15 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 09:15 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 09:15 EDT	
Reason for Medication: WASSON ,SHERRI RN 4/24/2019 09:15 EDT Pain, MILD (1-3)	

Admin Date/Time: 4/24/2019 08:42 EDT	Charted Date/Time: 4/24/2019 08:42 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 40 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 08:42 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 08:42 EDT	

Admin Date/Time: 4/24/2019 08:42 EDT	Charted Date/Time: 4/24/2019 08:42 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 08:41 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 08:41 EDT	

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990 Fax: 704-358-2838

Medication Administration Record**Medications**

Admin Date/Time: 4/23/2019 22:32 EDT	Charted Date/Time: 4/23/2019 23:23 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified) PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Able to Self Report Pain: Numeric; Numeric Rating Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 23:23 EDT; VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 23:23 EDT	

Admin Date/Time: 4/23/2019 22:02 EDT	Charted Date/Time: 4/23/2019 22:02 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT	
Reason for Medication: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT Pain, MILD (1-3)	

Admin Date/Time: 4/23/2019 21:34 EDT	Charted Date/Time: 4/23/2019 21:34 EDT
Medication Name: citalopram (CeleXA) (citalopram 20 mg Tablet)	
Ingredients: cita20tab 20 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT	

Admin Date/Time: 4/23/2019 21:34 EDT	Charted Date/Time: 4/23/2019 21:34 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 10mg tab)	
Ingredients: olan10Tabl 10 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT	

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male

**AH Behavioral Health Charlotte**

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Medication Administration Record**Medications**

Admin Date/Time: 4/23/2019 19:43 EDT	Charted Date/Time: 4/23/2019 19:43 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified) PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Numeric Rating Scale Used: Yes; Able to Self Report Pain: Numeric	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 19:42 EDT; VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 19:42 EDT	

Admin Date/Time: 4/23/2019 09:53 EDT	Charted Date/Time: 4/23/2019 09:53 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT	
Reason for Medication: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT Pain, MILD (1-3)	

Admin Date/Time: 4/23/2019 08:44 EDT	Charted Date/Time: 4/23/2019 08:44 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT	

Admin Date/Time: 4/23/2019 08:44 EDT	Charted Date/Time: 4/23/2019 08:44 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 40 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT	

Provider: MORCIGLIO ,APRIL HARRELL MD
Date of Service: 4/22/2019
Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male

**AH Behavioral Health Charlotte**

501 Billingsley Road

Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Medication Administration Record**Medications**

Admin Date/Time: 4/22/2019 20:13 EDT	Charted Date/Time: 4/22/2019 20:13 EDT
Medication Name: citalopram (CeleXA) (citalopram 20 mg Tablet)	
Ingredients: cita20tab 20 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT	

Admin Date/Time: 4/22/2019 20:13 EDT	Charted Date/Time: 4/22/2019 20:13 EDT
Medication Name: OLANzapine (ZyPREXA) (OLANzapine 10mg tab)	
Ingredients: olan10Tabl 10 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT	

Admin Date/Time: 4/22/2019 16:23 EDT	Charted Date/Time: 4/22/2019 15:57 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified)	
PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Wong-Baker FACES Pain Rating Scale: 8 = Hurts whole lot; Wong-Baker FACES Pain Rating Score: 8; Able to Self Report Pain: FACES; Wong-Baker Pain Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: FOSTER ,WILLIAM P RN 4/22/2019 15:54 EDT; VERIFY: FOSTER ,WILLIAM P RN 4/22/2019 15:54 EDT	

Admin Date/Time: 4/22/2019 15:53 EDT	Charted Date/Time: 4/22/2019 15:53 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT	
Reason for Medication: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT Pain, MILD (1-3)	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

**AH Behavioral Health Charlotte**

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Charlotte, NC 28211-

Phone: 704-358-2990

Fax: 704-358-2838

Medication Administration Record**Medications**

Admin Date/Time: 4/22/2019 08:30 EDT	Charted Date/Time: 4/22/2019 10:27 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: Order: MORCIGLIO ,APRIL HARRELL MD 4/22/2019 03:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT; VERIFY: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT	
Admin Date/Time: 4/22/2019 08:00 EDT	Charted Date/Time: 4/22/2019 10:27 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 20 mg	
Admin Details: (Auth) ORAL	
Action Details: Order: MORCIGLIO ,APRIL HARRELL MD 4/22/2019 03:41 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT; VERIFY: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT	
Admin Date/Time: 4/22/2019 05:25 EDT	Charted Date/Time: 4/22/2019 05:25 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)	
Ingredients: olan5Tabl 5 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WALLACE ,ANNE S RN 4/22/2019 05:24 EDT; Perform: WALLACE ,ANNE S RN 4/22/2019 05:24 EDT	
Admin Date/Time: 4/22/2019 04:05 EDT	Charted Date/Time: 4/22/2019 04:05 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)	
Ingredients: olan5Tabl 5 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WALLACE ,ANNE S RN 4/22/2019 04:04 EDT; Perform: WALLACE ,ANNE S RN 4/22/2019 04:04 EDT	

Provider: MORCIGLIO ,APRIL HARRELL MD**Date of Service:** 4/22/2019**Visit #:** 6437633200**Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Point of Care

Accession Number:

Orderable Name:		Collected Date/Time: 4/21/2019 23:45 EDT	Result Date/Time: 4/22/2019 00:22 EDT
Procedure	Result	Units	Reference Range
Breathalyzer	Yes		
Breathalyzer Results	0.00		
Adulterants,Urine -POC	Negative		
Marijuana (THC),Urine -POC	Negative		
Cocaine (COC),Urine -POC	Negative		
Morphine (MOP),Urine -POC	Negative		
Methamphetamine (MET), Urine -POC	Negative		
Amphetamine (AMP),Urine - POC	Positive		
Benzodiazepines (BZO),Urine -POC	Negative		
Barbiturates (BAR),Urine - POC	Negative		
Methadone (MTD),Urine - POC	Negative		
MDMA,Urine -POC	Negative		
Oxycodone (OXY),Urine - POC	Negative		
Caregivers Name -Nsg	MERRITT , KENNETH BH TECHNICIAN		
Result Read Date/Time	4/21/2019 23:45 EDT		

Orderable Name: Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))		Collected Date/Time: 4/22/2019 03:57 EDT	Result Date/Time:
Procedure	Result	Units	Reference Range
ED Urine Pregnancy Test	Not Done: Task duplication		
Breathalyzer	Not Done: Task duplication		
Breathalyzer Results	Not Done: Task duplication		
Caregivers Name -Nsg	Not Done: Task duplication		
Result Read Date/Time	Not Done: Task duplication		

Provider: MORCIGLIO ,APRIL HARRELL MD

Date of Service: 4/22/2019

Visit #: 6437633200

Pt Name: WILLIAMS III, LEONARD CLINTON

Org MRN#: 0000642066

DOB: 11/1/1980

Sex: Male



AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

DOCUMENT NAME:

ED Pat Edu



BHC CMC Randolph

501 Billingsley Road

Charlotte, NC 28211

Phone: 704-358-2990

Fax: 704-358-2838

Emergency Department Patient Discharge Instructions

Name:	MRN:	FIN:
WILLIAMS III, LEONARD CLINTON	0000642066	6437633200
DOB:	Allergies:	Chief Complaint:
11/1/1980	No known allergies	1:ADHD

Discharge Disposition: 01 - Home/Self Care

Arrival Date: 4/21/2019 23:53:43

Checkout Date/Time: 04/24/2019 12:45

Provider Exam Date/Time: 04/22/2019 02:11

Emergency Provider: KREWSON , CLINTON PA C; RIALS , LATASHA T NP

Follow-Up

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

Follow-up Instructions:

Please Follow-up at this number to schedule further treatment at **CMC-Randolph: 704-358-2810**

With:	Address:	When:
CMC Randolph OMS (med clinic) NP	501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 501 Billingsley Rd, 704-358-2990, 704-358-2832 Charlotte, NC 28211 (704) 358-2889 Business (1)	[04/25/2019 1:40 PM]

With:	Address:	When:
Follow up with primary care provider		Within A Day Call for Next Available Appt

Appointments You Already Have

You will get a text message or phone call with appointments already made for you. If you do not receive a text message or phone call, please call the doctor's office listed.

	Date	Time	Location	Provider	Phone Number
1.	04/25/19	01:40 pm	CMC R OMS Medication Clinic	Peniston NP, Kathleen Kelly	

Mental Health Crisis: The Behavioral Health Call Center is a 24-hour, toll-free service available to anyone with a mental health crisis. Call for yourself, or someone you care about. Your call is free and confidential.

Behavioral Health Call Center: 704-444-2400 or 1-800-418-2065

- Call to speak with someone who cares
- Call if you feel you might be in danger of hurting yourself or others
- Call to find referrals to mental health services in your area
- Call to speak to a crisis worker about someone you're concerned about

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical and psychiatric care. In most cases, you must let your doctor check you again. Tell your

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

doctor about any new or lasting problems. We cannot recognize or treat all injuries and illnesses (including psychiatric or behavioral health related) in one Emergency Department visit.

Medication Summary

	Continue Taking These Medicines at Home	Next Dose Due
1.	APAP/ASA/caffeine (Goodys Extra Strength) See Instructions 1 packet as needed	
2.	citalopram (citalopram 20 mg oral tablet) 1 tablet by mouth every day mood	
3.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
4.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
5.	dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release) See Instructions 2 capsules each am	
6.	metFORMIN (metFORMIN) 500 mg daily	
7.	OLANzapine (ZyPREXA 5 mg oral tablet) See Instructions 1-2 tablets at bedtime	

Medication Summary Comment:

Medicine Teaching

Patient Education



Community Resources in the Charlotte / Mecklenburg Area

<u>EMERGENCY ASSISTANCE (24 hours)</u>	<u>GENERAL ASSISTANCE</u>
Police/Fire/Medic emergency 911 Adult Protective Services (704) 336-CARE [336-2273]	United Way www.unitedway.org 211 or (704) 372-7170 Charlotte-Mecklenburg Schools *toll free (980) 343-3000 Charlotte-Mecklenburg Police Non-Emergency (704) 355-1000

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or 1-800-418-2065 Rape Crisis (704) 375-9900 The Relatives (shelter ages 7-17) (704) 377-0602 Suicide Hotline 1-800-SUICIDE [1-800-784-2433]	Crisis Assistance Ministry (704) 371-3000 Department of Social Services (Food Stamps, Medicaid, Transportation, In-Home Aide, etc) 301 Billingsley Rd (704) 336-3150 Love Inc (must be referred by an agency) (704) 536-5588 Social Security Administration www.ssa.org 1-800-772-1213
<u>COUNSELING / MENTAL HEALTH</u> CMC-Randolph Behavioral Health ER (704) 358-2800 Call Center (704) 444-2400 or (800) 418-2065 Kinder Mournie (704) 376-2580 MAP (Metrolina AIDS Project) (704) 333-1435 NAMI (National Alliance for the Mentally Ill) (704) 333-8218 Referrals: 1-800-THERAPY [1-800-843-7279] SupportWorks Support Groups (704) 331-9500 United Family Services (704) 332-9034 Victims' Assistance (704) 336-4126	<u>EMPLOYMENT</u> Charlotte Area Fund (704) 372-3010 x200 Employment Securities Commission (704) 342-6131 Employment Training Department (704) 336-3380 Energy Committed to Offenders (704) 374-0762 Goodwill (704) 372-3434 Jacob's Ladder 832 Siegle Ave. (704) 332-5822 Job Link Career Center (704) 347-7116 Unemployment Office 500 W. Trade St. (704) 342-6131 Vocational Rehabilitation (704) 568-8804
<u>DRUGS / ALCOHOL</u> Alcoholics Anonymous www.aa.org (704) 332-4387 Family Groups (704) 333-9523 Chemical Dependency Center (704) 376-7447 CMC-Randolph Behavioral Health (704) 444-2400 or (800) 418-2065 Detox 429 Billingsley Rd. (704) 336-3067 Mercy Horizons (at Mercy Hospital) (704) 379-5248 McLeod Center 145 Remount Rd. (704) 332-9002 *walk-in assessments Mon-Fri Narcotics Anonymous www.na.org (704) 379-0440	<u>DRUG / ALCOHOL HALF-WAY HOUSES</u> Dove's Nest (pregnant women) 907 W. 1st St. (704) 332-3999 Hope Haven 3815 N Tyron St. (704) 372-8809 House of Grace (HIV) (704) 375-0309 New Beginnings (704) 334-6574 Oxford Houses (several houses) (704) 569-1740 Peachford House 2500 Eastway Dr. (704) 532-0589 Rebound 901 W. 1st St. (704) 334-4244 Salvation Army 1023 Central Ave. (704) 332-1171 Second Adam 422 Heflin St. (704) 333-7159 Williams House (704) 509-5736
<u>TRANSPORTATION</u>	<u>HOUSING / HOMELESSNESS</u>

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Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
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ED Documents

City Bus www.ridetransit.org (704) 336-RIDE [336-7433] Special Transportation (elderly, disabled) (704) 336-2637 EZ Rider (704) 522-3552 DMV (704) 547-5787 Greyhound Bus 1-800-231-2222 Charlotte 601 W. Trade St. (704) 375-3332 Medicaid Transportation (704) 336-4547 Red Cross www.redcrosshelps.org (704) 376-1661 Traveler's Aide (Community Link) (704) 334-7288 US Air 1-800-428-4322 Charlotte (704) 359-3000	Affordable housing list: www.socialserve.org Charlotte Housing Authority (704) 336-5183 Community Link (704) 372-6440 CUP Ministry 1201 E. 36th St. (704) 331-4806 Family Jump Start (704) 375-5281 Homeless Support Services (704) 343-3790 Salvation Army Women's Shelter 534 Spratt St. (704) 348-2560 Uptown Men's Shelter 1210 N. Tryon St. (704) 334-3187 Urban Ministries (showers, lunch, laundry, etc) (704) 347-0278 Winter Shelter (November-March only) 4th St (704) 333-2608
<u>FINANCIAL ASSISTANCE</u> Consumer Credit Counseling (704) 332-4191 Crisis Assistance Ministry (704) 371-3000 Department of Social Services (704) 336-3150 Low Income Energy Assistance (704) 353-1336 <u>FOOD ASSISTANCE</u> Friendship Trays (sliding scale) (704) 333-9229 Loaves and Fishes (must be referred) (704) 523-4333 Meals on Wheels (DSS) (704) 336-3150	<u>LATINO / SPANISH SPEAKING</u> Centro Catolico Hispano (Catholic Social Services) (704) 391-3732 Centro de Dependencia Quimica (CDC) (704) 376-7447 Latin American Coalition (704) 531-3848 Mi Casa Su Casa (704) 536-9845 Programa Confianza (domestic violence) (704) 432-6970 Programa Eperanza (704) 370-3248 Su Familia Hispanic Health Helpline 1-866-SU FAMILIA
<u>DISABILITIES</u> Deaf and Hard of Hearing Services (704) 364-4603 Department of Social Services (704) 336-3150 Independent Living Services 1-800-755-5749 NAMI	<u>DOMESTIC VIOLENCE</u> Domestic Violence Misdemeanor Unit (704) 336-4126 DVHP (Domestic Violence HealthCare Project) (704) 446-3999 HERO program for children (704) 336-3210

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ED Documents	
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(National Alliance for the Mentally Ill)	(704)	Magistrate's Office- protection orders, etc.	
333-8218		(704) 336-4728	
Programs for Accessible Living	(704)	National Domestic Violence Hotline	(800)
537-0550		799-SAFE	
Services for the Blind	(704) 342-6185	NOVA Services for Batterers	(704)
Social Security	www.ssa.org	336-4344	
1-800-772-1213		Police Domestic Violence Unit	(704) 336-2311
5800 Executive Center Drive	(704)	Programa Confianza (Spanish speaking)	(704)
532-8583		432-6970	
Vocational Rehabilitation	(704)	Shelter for Battered Women	(704)
568-8804		332-2513	
Watkins Center (developmental disab.)		Women's Commission	
(704) 336-7100		(704) 336-3210	
<u>HEALTH CARE</u>		<u>HIV</u>	
CMC Clinics- sliding scale program for uninsured		Myers Park ID Clinic	(704) 446-4490
CMC Myers Park	(704) 446-1600	Jemsek Clinic- Huntersville	(704)
CMC BiddlePoint	(704) 446-9987	987-2111	
CMC North Park	(704)	Case Management	
446-9987		MAP (Metrolina AIDS Project) (Medicaid)	(704)
CMC Eastland Family Practice	(704)	333-1435	
446-1000		RAIN (Regional AIDS Interfaith Network)	(704)
Carolinas Diabetes Center	(704)	372-7246	
347-4033		Health Department Case Management	
Health Department - Appointment Line	(704)	(704) 336-5384	
336-6500		GORE	(704) 549-1953
249 Billingsley Rd.	(704) 336-6400	Bradley-Reid Corporation	(Medicaid) (704)
2845 Beatties Ford Rd.	(704)	763-6635	
336-4788		Total Care of the Carolinas	(Medicaid) (704)
Metrolina Comprehensive Health		529-6664	
(sliding scale program for uninsured)	(704)	Housing	
393-7720		House of Grace	(704)
Senior Health Connection	(704)	375-0309 Society for a Second Chance	(704)
543-4360		777-4132 Warren's Place 1380 Kings	
Su Familia Hispanic Health Helpline	1-866-SU	St.	(704) 605-0275
FAMILIA			
Veterans'' Administration			
1-800-827-1000			
<u>PREGNANCY / CHILD CARE</u>		<u>LEGAL SERVICES</u>	
Baby Love Medical Assistance Program	(704)	Child Support Enforcement	(704)
336-6400		342-6325	
Charlotte Pregnancy Care Center	(704)	Fathers' Rights	(704)
372-5981		358-6239	
Child Care Resources	(704) 376-6697	Housing Code Enforcement	(704)
Child Support Enforcement		336-3485	
1-800-992-9457			

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Florence Crittendon Smart Start @ Home Parent Stress Line 376-7244 WIC	(704) 372-4663 (704) 336-5074 (704) (704) 336-6500	Jail/ Sheriff's Office 336-8100 Legal Services of Southern Piedmont 376-1600 Lawyer Referral Source 375-0120 Magistrate's Office (704) 336-4728 Restraining Orders 336-5024	(704) (704) (704) (704)
<u>SERVICES FOR YOUTH</u>		<u>SERVICES FOR OLDER ADULTS</u>	
Big Brothers & Big Sisters 377-3963 Charlotte-Mecklenburg Schools *toll free 343-3000 Department of Social Services 336-2273 Police Youth Bureau Right Moves for Youth Teen Health Connection @ NorthPark 381-8336 Children's Law Center 331-9474	(704) (980) (704) (704) 336-2926 (704) 377-4425 (704) (704)	Department of Social Services 336-4812 ext. 2 Friendship Trays 333-9229 Legal Services for the Elderly 334-0400 Meals on Wheels 336-3171 Senior Center 2219 Tyvola Rd 522-6222 Senior Health Connection 543-4360	(704) (704) (704) (704) (704) (704)

Coping Techniques

Are you feeling overwhelmed?

- Irritable
- Frustrated
- Emotional
- Tearful
- Angry

Here are some things that you can do to help yourself relax:

- Set aside time each day for yourself in a quiet place
- Talk to a friend or relative
- Listen to soft music
- Read
- Take deep, slow breaths

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- Think of a relaxing place
- Meditate
- Exercise
- Try Yoga
- Walk

You may need to seek professional help. You may call the Behavioral Health Call Center for yourself or someone you care about 24hours/day at 704-444-2400 or toll free at 1-800-418-2065. You can also return to CMC-Randolph Emergency Department or your closest Emergency Department. You may also call Mobile Crisis Team at 704-566-3410.



Suggestions for Healthy Sleep

- **Avoid caffeine, especially in late afternoon and evening hours.** Caffeine is a very potent stimulant that interferes with sleep. If you drink soda beverages, check to make sure they do not contain caffeine. If you drink coffee, drink decaffeinated coffee after noon.
-
- **Rise at the same time each morning.** The body's internal clock is set by the time we get out of bed. If we sleep late in the morning, this confuses the clock and makes it harder to sleep at night.
-
- **Don't go to bed until you feel sleepy.** Engage in quiet activities (reading, watching TV) before going to bed. Avoid excessively stimulating activities, like watching horror films or boxing matches.
-
- **Don't lie awake in bed.** If you are unable to sleep, don't lie in bed. Get out of bed and engage in quiet activities until you feel sleepy.
-
- **Take a light carbohydrate snack at bedtime, with milk if you can drink milk.** Many people find they have more trouble falling asleep on an empty stomach.
-
- **Avoid sudden loud noises.** Loud noises at night, such as aircraft flyovers, dogs barking sirens, etc., interfere with restful sleep. The effect of such noises can be diminished by using a steady, masking noise in the bedroom, such as a fan or air conditioner.

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-
- **Keep the temperature comfortable.** The temperature in the bedroom should be between 40 degrees and 75 degrees.
-
- **Stay active during the day, even after a poor night's sleep.** We all feel less well after we've slept poorly, but our chances for sleeping better are improved if we remain active. After a poor night's sleep, try to keep active with large muscle activities (i.e., walking, raking the lawn) and avoid small muscle activities (like needlepoint).
-
- **Adjust naps.** Some people awaken very refreshed and rested and sleep better during the night when they take a daytime nap. Such people should take naps. Many people awaken feeling groggy and irritable after a daytime nap, or sleep less well after a daytime nap; such people should avoid daytime naps.
-
- **Get a steady amount of daily exercise.** Steady, moderate exercise is helpful to sleep; occasionally heavy workouts are not.
-
- **Avoid alcohol and tobacco at bedtime.** Alcohol relaxes tense people and can reduce the amount of time it takes to fall asleep, but results in fragmented, restless sleep. Alcohol should be avoided before bed. Nicotine also disrupts sleep; people who can't fall asleep without a cigarette at bedtime generally sleep better once their nicotine dependence is reduced. If you smoke, try to avoid smoking just before bedtime.
-
- **Avoid sleeping pills.** When taken for an extended period of time, people come to rely on sleeping pills and feel they can't sleep without them. Sleeping pills are probably damaging to sleep when taken for more than a few days in a row. If you have been taking medication for sleep, we should be talking about how to get you a good night's sleep without it.

Manage Stress with a Healthy Lifestyle

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Managing stress is easier if you take good care of yourself. Make time for rest and recreation. Eat healthier meals. Take a walk now and then. And don't forget to treat yourself. A little down time can go a long way.

Get enough rest

When you don't get enough sleep, you may be too tired to cope with stress. Also, stress can prevent you from sleeping well or may keep you awake. If this happens to you, try doing relaxing activities before bedtime. Consider meditation, deep breathing, or listening to soothing music before you go to sleep.

Make time for yourself

In today's world, there is often too much to do in too little time. It may seem hard to make time for yourself. But try to spend just a few minutes each day doing something you enjoy. This can improve the quality of your life and your mental outlook. Also, you'll be more productive when handling your day-to-day duties. And you'll be in a better frame of mind to cope with stress.

Eat right

It's easy to react to stress by reaching for a bag of chips or a cup of coffee. This may give you a quick boost but may later drain your energy. To keep your energy level steady, eat healthy meals and snacks at home and at work. Try not to skip meals. Consider a healthy diet that's low in fat and rich in whole grains and fresh fruits and vegetables.

Nourish your spirit

When life is hectic, it's easy to forget what your values and goals are. To help prevent this from happening, find out what is most important in your life. Ask yourself, "What would I miss most if I had

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to start a new life alone somewhere else? My work? My family or friends? Something I love doing?" Then focus on embracing your values and what you want to achieve in your life.

Stay on the move

Exercise helps burn off the negative energy of stress. Doing something active that you enjoy also helps you get away from stressful situations. Try to walk, jog, skate, swim, dance, take a fitness class, or play a team sport on most days. Or practice yoga or tai chi, which can help you relax.

Put some fun into your life

Some things you may enjoy doing may be listed below. If not, try some of these. Then add your own.

- Go see a movie
- Have lunch with a friend
- Learn a new sport or game
- Plan a fun trip
- Take a class on something you always wanted to learn
- Try a new hobby

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Treating ADHD: Medicine

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In many cases, medicine is part of a child's treatment plan. These medicines provide a steady supply of the chemicals needed to send and receive messages within the brain.

Sending messages

Certain stimulants cause some sites in the brain to send stronger messages. When the messages are stronger, the child has better control over attention and activity. Stimulants work quickly and last a few hours. Extended release or long-acting stimulants may also be prescribed once your child's dose has been regulated by his or her healthcare provider.

Receiving messages

Some antidepressants help the brain receive messages better. Used to treat depression and inattention, these medicines are taken daily.

Be aware

It may take a few tries to find the best medicine for your child. The amount and time of use may also need to be adjusted. In some cases, your child may need to be checked for side effects. If medicine doesn't help, think about having your child reevaluated.

Parent's role

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Recommendations of what you can do to help your child:

- Learn about the medicine your child takes, any side effects that might happen, and what results you can expect.
- Seek a second opinion if you have concerns about how your child's treatment is being managed.
- Make sure you, the school staff, and other caregivers follow all directions for giving your child medicine.
- Watch your child for positive changes both at home and in school. Keep track of any side effects. Tell your child's healthcare provider what you or others observe.
- Avoid running low on medicine. Some prescriptions are special and need extra time to fill.

Child's role

Here are suggestions for what you can do:

- How do you feel after you take your medicine? Tell your parents and healthcare provider how you feel.
- Your medicine comes in a pill. If you can't swallow the whole pill, ask your parents how to make it easier.
- Learn when to take your pill. Remind your parents or teachers when it is time.
- If someone teases you about taking medicine, talk to your parents or teacher. They can help you decide what to tell that person.

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Treating ADHD: Learning New Behaviors

A child with ADHD often acts up and tunes out. But you can show your child new ways to react to the world. This process takes time and practice. Working with a counselor may help.

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Coping skills

What things upset your child? Perhaps having to do chores or share toys sparks poor behavior. Try to work with your child each day. Assign a simple task. Or talk with your child about the tips below. Show your child how to respond to frustration and anger in useful ways. This can help him or her learn self-control.

Reinforcing success

Children with ADHD have trouble learning from past events. Positive feedback helps make lessons stick. Offer praise when a job is well done. This helps your child mark the moment in his or her mind. Place a sticker on a reward chart to celebrate each success.

Parent's role

Here are some ways you can help:

- Teach coping skills after your child has taken a dose of medicine. Learning is more likely to happen at such times.
- Praise your child's success. Offer a smile and a hug, a positive comment, or a small reward.
- Set clear rules. Explain what will be taken away if those rules are not followed. Then, follow through.
- Try to stick to a routine. Prepare your child for any change in that routine.
- Help your child stay focused. For instance, avoid crowded, noisy places if they bother your child. Also, limit choices.

Child's role

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Here are some hints for your child:

- Try out new ways of dealing with people and places that bother you. When you are upset, you might talk, draw, write, throw a ball, or spend some time alone.
- Act like a STAR: Stop, Think, Act, and then Review.

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Problems Linked to ADHD



Any child can suffer from depression, anxiety, or learning problems. These problems can exist along with ADHD or by themselves. Only through careful evaluation can the likely cause of a child's symptoms be found.

Depression

A depressed child may feel sad most of the time. He or she may have low self-esteem and show little interest in life. The child may eat or sleep more or less than in the past. He or she may withdraw from the rest of the world.

Anxiety

It is normal for children to have fears. But extreme anxiety can make a child scared and too sensitive. He or she may be obsessed with upsetting thoughts. The child may be restless, overactive, or withdrawn.

Learning problems

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A child with a learning problem may not fully process certain types of information. Some have trouble with what they see. Others have problems with what they hear. For instance, even if a teacher gives clear oral instructions, the message may not register in the child's mind. As a result, the child may struggle with one or more school subjects.

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Patient Safety Information

Medicine Information: For advice about medicine side effects, call your primary doctor. You may report side effects to the FDA at **1-800-332-1088**.

Call 911 for All Emergencies

Quit Smoking or Tobacco Use For more information, call **1-800-784-8669**

Suicide Information National Suicide Prevention 24-Hour Call Center at **1-800-273-8255**.

Poison Control Center A poison can be anything if it is used in the wrong way, amount, or by the wrong person. Poisons can include household cleaning products, plants, and medicines. Snake and spider bites are also poisons. Nurses, pharmacists, or doctors answer your questions. For help, call the poison control center at **1-800-222-1222**.

MyCarolinas Patient Online Access

Atrium Health now offers MyCarolinas. It provides easy and secure online access to your health information. With MyCarolinas, you can:

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

These are just some of the things you can do with MyCarolinas. For more information and to get started, visit <https://my.carolinashealthcare.org> Choose **Enroll Online**.

Non-Discrimination Policy Statement

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535

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ED Documents

DOCUMENT NAME:

Depart Summary

Dear Follow-Up Provider:

This is to notify you that WILLIAMS III, LEONARD CLINTON (DOB: 11/1/1980) was discharged from the following facility
04/24/2019 12:45

CHS CMC Behavioral Health
501 Billingsley Road
Charlotte, NC 28211

<hr/> <hr/> WILLIAMS III, LEONARD CLINTON received emergency treatment for Bipolar I disorder, Current or most recent episode manic, With psychotic features; Evaluation; Involuntary commitment; Involuntary commitment; and was given the diagnosis of 1:ADHD. The following is a summary of the discharge instructions the patient was given: Medication Summary New Medicines to take at Home	Prescription	Next Dose Due if Given in ED
	<input type="checkbox"/> Prescription Given <input type="checkbox"/> Prescription Not Needed	

Patient Education Materials

Community Resources (CHS) (CUSTOM); COPING SKILLS (CUSTOM); Healthy Sleep (CHS) (CUSTOM); Combat Stress with a Healthy Lifestyle; Treating ADHD: Medication; Treating ADHD: Learning New Behaviors; Problems Linked to ADHD

Follow-Up Instructions

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Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

With:**Address:****When:**

CMC Randolph OMS
(med clinic) NP

501 Billingsley Rd,
704-358-2990, 704-358-2832
Charlotte, NC 28211
501 Billingsley Rd,
704-358-2990, 704-358-2832
Charlotte, NC 28211
(704) 358-2889 Business (1)

[04/25/2019
1:40 PM]

With:**Address:****When:**

Follow up with primary
care provider

Within A Day
Call for Next
Available Appt

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

DOCUMENT NAME:

ED MD Med Review-Medical Condition Entered On: 4/24/2019 11:21 EDT
Performed On: 4/24/2019 11:21 EDT by RIALS , LATASHA T NP

ED Discharge/Transfer/Expired

Emergency Medical Condition Identified : D/C - NO EMC Identified, STABLE at time of disposition decision

D/C Information/Transfer Packet Given : Yes

ED MD/ Provider- Medications Reviewed : Yes

RIALS , LATASHA T NP - 4/24/2019 11:21 EDT

Medication List

(As Of: 4/24/2019 11:21:37 EDT)

Normal Order

glucagon recombinant 1mg Inj : glucagon recombinant 1mg Inj ; *Status:* Ordered ; *Ordered As Mnemonic:* glucagon ; *Simple Display Line:* 1 mg, IM (INTRAMUSCULAR), Once, PRN: Other (see comment) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* glucagon ; *Order Dt/Tm:* 4/22/2019 03:58:02 ; *Comment:* For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present;
Notify Provider AND recheck blood glucose in 15 minutes;
Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911)
Notify Provider each time blood glucose is below 70 mg/dL

OLANZapine 10mg tab : OLANZapine 10mg tab ; *Status:* Ordered ; *Ordered As Mnemonic:* ZyPREXA ; *Simple Display Line:* 10 mg, 1 tablet, ORAL, qHS (each night at bedtime) ; *Ordering Provider:* ELLIS , CHARLI DO; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/22/2019 11:01:38

nicotine polacrilex 2 mg Gum : nicotine polacrilex 2 mg Gum ; *Status:* Ordered ; *Ordered As Mnemonic:* nicotine 2 mg oral transmucosal gum ; *Simple Display Line:* 2 mg, 1 gum, CHEWED, q1hr, PRN: Smoking Cessation ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* nicotine ; *Order Dt/Tm:* 4/22/2019 03:58:03 ; *Comment:* While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

benztropine 1 mg/mL 2 mL Inj : benztropine 1 mg/mL 2 mL Inj ; *Status:* Ordered ; *Ordered As Mnemonic:* benztropine ; *Simple Display Line:* 2 mg, 2 mL, IM (INTRAMUSCULAR), Once, PRN: Other (see comment) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* benztropine ; *Order Dt/Tm:* 4/22/2019 03:58:04

citalopram 20 mg Tablet : citalopram 20 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* CeleXA ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, qHS (each night at bedtime) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/22/2019 03:42:00

alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD : alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD ; *Status:* Ordered ; *Ordered As Mnemonic:* aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension ; *Simple Display Line:* 30 mL, ORAL, q4h, PRN: Indigestion ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* Al hydroxide/Mg hydroxide/simethicone ; *Order Dt/Tm:* 4/22/2019 03:58:04

Adderall ER 20 mg Cap : Adderall ER 20 mg Cap ; *Status:* Ordered ; *Ordered As Mnemonic:* Adderall XR ; *Simple Display Line:* 40 mg, 2 capsule, ORAL, qAM (every morning) ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/22/2019 03:41:29

metFORMIN 500 mg Tablet : metFORMIN 500 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, 1 tablet, ORAL, Daily ; *Ordering Provider:* MORCIGLIO , APRIL HARRELL MD; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/22/2019 03:42:48

acetaminophen 325 mg Tablet : acetaminophen 325 mg Tablet ; *Status:* Ordered ; *Ordered As Mnemonic:* acetaminophen ; *Simple Display Line:* 650 mg, 2 tablet, ORAL, q4h, PRN: Pain, MILD (1-3) ; *Ordering Provider:* KARANIKAS , HRISTOS C DO; *Catalog Code:* acetaminophen ; *Order Dt/Tm:* 4/22/2019 13:28:31 ; *Comment:* When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Admit Date: 4/22/2019 03:35 EDT
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 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

ED Documents

Prescription/Discharge Order

citalopram : citalopram ; *Status:* Prescribed ; *Ordered As Mnemonic:* citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tablet, ORAL, Daily, 30 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram ; *Order Dt/Tm:* 4/2/2019 11:24:24

OLANZapine : OLANZapine ; *Status:* Prescribed ; *Ordered As Mnemonic:* ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* OLANZapine ; *Order Dt/Tm:* 4/2/2019 11:24:22

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:40

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:26:02

dextroamphetamine-amphetamine : dextroamphetamine-amphetamine ; *Status:* Prescribed ; *Ordered As Mnemonic:* Adderall XR 20 mg oral capsule, extended release ; *Simple Display Line:* See Instructions, 2 capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:* PENISTON , KATHLEEN KELLY NP; *Catalog Code:* dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019 11:24:26

Home Meds

metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:* metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ; *Catalog Code:* metFORMIN ; *Order Dt/Tm:* 4/15/2016 15:22:33

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

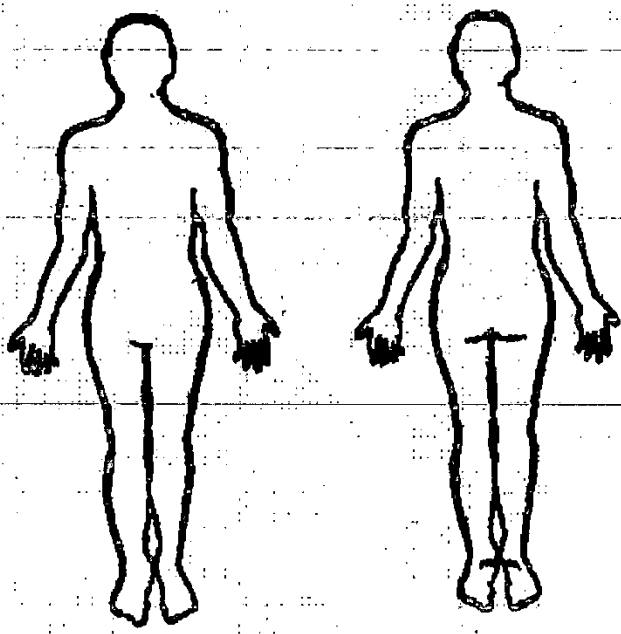
Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* a.wallace rn ; *Simple Display Line:* 0 Refill(s) ; *Catalog Code:* Med List Status - Updated ; *Order Dt/Tm:* 4/22/2019 00:52:15

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See Instructions, 1 packet as needed ; *Catalog Code:* acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011 16:02:16

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

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MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

94.8 Kg

	A	Abrasion
	AP	Amputation
	BM	Birthmark
	BA	Bruise
	BU	Burn
	D	Deformity
	DE	Decubitus
	E	Edema
	L	Laceration
	M	Mole
	R	Rash
	S	Scar
T	Tattoo	
U	Ulceration	

Contraband search:

☒ yes by:

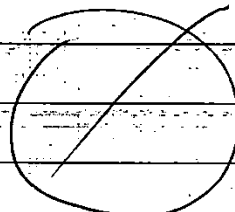
K. McLean

Personal search (triage code 1 or 2):

☐ yes - by:

K. McLean

Description:



0.00

Completed by:

Signature/Credentials:

Kent T. McLean

Date:

4-21-19

Time:

2345

Nurse Review:

Signature/Credentials:

Anne Wallace

Date:

4-20-19

Time:

0019



Carolinas HealthCare System
BH-Charlotte Emergency Department
Body Graph Flowsheet
Page 1 of 1



Rev. 10-22-14

Patient Name:

Date of Birth:

Patient Identifier:

History #:

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



ED Documents

DOCUMENT NAME:

ED Med Rec Entered On: 4/22/2019 0:52 EDT
Performed On: 4/21/2019 23:53 EDT by WALLACE , ANNE S RN

Medication List

Medication Information Obtained From : Patient/family

Medication Disposition : No meds brought to hospital

Medication Status : Medication list updated

WALLACE , ANNE S RN - 4/22/2019 0:49 EDT

Medication List

(As Of: 4/22/2019 00:52:20 EDT)

Prescription/Discharge Order

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; Status: Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:26:40

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; Status: Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:26:02

dextroamphetamine-
amphetamine : dextroamphetamine-amphetamine ; Status: Prescribed ;
Ordered As Mnemonic: Adderall XR 20 mg oral capsule,
extended release ; *Simple Display Line:* See Instructions, 2
capsules each am, 60 capsule, 0 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:*
dextroamphetamine-amphetamine ; *Order Dt/Tm:* 4/2/2019
11:24:26

citalopram : citalopram ; Status: Prescribed ; *Ordered As Mnemonic:*
citalopram 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1
tablet, ORAL, Daily, 30 tablet, 3 Refill(s) ; *Ordering Provider:*
PENISTON , KATHLEEN KELLY NP; *Catalog Code:* citalopram
; *Order Dt/Tm:* 4/2/2019 11:24:24

OLANZapine : OLANZapine ; Status: Prescribed ; *Ordered As Mnemonic:*
ZyPREXA 5 mg oral tablet ; *Simple Display Line:* See

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

Instructions, 1-2 tablets at bedtime, 60 tablet, 3 Refill(s) ;
Ordering Provider: PENISTON , KATHLEEN KELLY NP;
Catalog Code: OLANZapine ; *Order Dt/Tm:* 4/2/2019
11:24:22

Home Meds

Med List Status - Updated : Med List Status - Updated ; *Status:* Documented ; *Ordered As Mnemonic:* a.wallace rn ; *Simple Display Line:* 0 Refill(s) ;
Catalog Code: Med List Status - Updated ; *Order Dt/Tm:*
4/22/2019 00:52:15

metFORMIN : metFORMIN ; *Status:* Documented ; *Ordered As Mnemonic:*
metFORMIN ; *Simple Display Line:* 500 mg, daily, 0 Refill(s) ;
Catalog Code: metFORMIN ; *Order Dt/Tm:* 4/15/2016
15:22:33

APAP/ASA/caffeine : APAP/ASA/caffeine ; *Status:* Documented ; *Ordered As Mnemonic:* Goodys Extra Strength ; *Simple Display Line:* See
Instructions, 1 packet as needed ; *Catalog Code:*
acetaminophen/aspirin/caffeine ; *Order Dt/Tm:* 11/3/2011
16:02:16

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

DOCUMENT NAME:

**HX ED Urine Screen Results Form (BH) Entered On: 4/22/2019 0:07 EDT
Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN**

Urine Screen Results - BH

Urine Drug Screen Results - BH

Adulterants, Urine - POC : Negative
Marijuana (THC), Urine - POC : Negative
Cocaine (COC), Urine - POC : Negative
Morphine (MOP), Urine - POC : Negative
Methamphetamine (MET), Urine - POC : Negative
Amphetamines (AMP), Urine - POC : Positive
Benzodiazepines (BZO), Urine - POC : Negative
Barbiturates (BAR), Urine - POC : Negative
Methadone (MTD), Urine - POC : Negative
MDMA, Urine - POC : Negative
Oxycodone (OXY), Urine - POC : Negative

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:22 EDT

Caregivers Name - Nsg : MERRITT , KENNETH BH TECHNICIAN

Result Read Date/Time : 4/21/2019 23:45 EDT

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:22 EDT

Breathalyzer : Yes

Breathalyzer Results : 0.00

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:06 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

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MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

DOCUMENT NAME:

ED BH Triage - Adult Entered On: 4/22/2019 0:59 EDT
Performed On: 4/21/2019 23:53 EDT by WALLACE , ANNE S RN

Travel History

Pregnant : N/A

Recent Travel Outside of United States : No travel/no contact within past 14 days

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

BH Comm Share Info with others : Denies

OC Reviewed Contact List : 4/22/2019 0:52 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

General Triage Info BH - Adult

ED Falls Risk : Not a fall risk

Stated Complaint : Involuntary, denies he is suicidal

Emergency Contact Number : see registration sheet

Call Center document review : Yes

Accompanied By : Law enforcement officer

Law Enforcement : Local Police

Status Upon Admission : Involuntary

Person/Org with Legal Responsibility : Self

Factors Affecting LMP : N/A

ED BH Reason for Visit Conditional : Document reason for visit

ED BH Vitals Conditional : Document vitals

ED BH Pain History Conditional : Document pain history

ED BH Allergies Conditional : Document allergies

ED BH TB Screen Conditional : Document TB Screen

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

DCP GENERIC CODE

Tracking Acuity : 3 - Urgent

Tracking Group : ED Behavioral Health

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED BH Medication Questions

ED BH Currently Takes Psych Meds : Yes

ED BH Recent Medication Changes : No

ED BH Patient Feels Medication Working : Yes

ED BH Prescribing Provider : Yes

ED BH Prescribing Provider Details : K Peniston NP

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Daily Considerations

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

Problems With Sleep : No problems
Eating/Appetite : Other: Low glycemic diet
Cultural/Spiritual Practices Impact Tx : No
ED BH Have New Stressors : No
ED BH Substance Abuse : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

CSSRS Short Version

CSSRS Screen Able to Assess : Yes
1. Have you wished you were dead or wished you could go to sleep and not wake up? : Past month, no
2. Have you actually had any thoughts of killing yourself? : Past month, no
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? : Lifetime, yes
CSSRS Screen Suicide Behavior Details : OD on "sleeping pills"
6a. How long ago did you do any of these? : Over a year ago
CSSRS Screen Suicide Behavior Timeline Details : 1998

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Adult - Risk Assessment

Suicidal and Self-Injurious Behavior from CSSRS : Interrupted attempt lifetime
Treatment History : Previous psychiatric diagnoses and treatments
Other Risk Factors Adult : Ineffective communication skills, Traumatic history, Financial concerns
Recent Clinical Status : Mixed affective episode (Bipolar), Sexual abuse (lifetime)
CSSRS Protective Factors Recent : Engaged in work or school, Identifies reasons for living

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Suicide Attempts Grid

1. Suicide Attempt Number : 1
Suicide Attempt Age : 1,998
Suicide Method : Pills/Overdose
Suicide Attempt Outcome : Hospitalized

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Assessed Risk Level : Moderate
Describe Any Suicidal, Self-Injurious, or Aggressive Behavior - Include Dates : 4/21/19- denies SI currently, reports 1 suicide attempt in 1998

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Risk For Harm to Others

Assaultive Ideations : No
Homicidal Ideations : No
Does Patient Have a Plan : No
Recent Attempt to Harm Others : No
Access to Firearms/Weapons : No
History of Danger to others : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

PMH (Triage) II

DNR : Full Code Blue
Renal Transplant : No
Does Pt have Diabetes? : Yes
(Comment: Type II- does not do fingersticks, low glycemic diet [WALLACE , ANNE S RN - 4/22/2019 0:52 EDT])

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Standing Order Criteria

UDS Protocol : Yes
UDS Protocol Reason : Placed in secure lobby and is 12 years old or older

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

BAL Protocol : Yes
BAL Protocol Reason : Placed in secure lobby and is 18 years old or older
FSBG Protocol : No
UPT Protocol : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Reason For Visit

(As Of: 4/22/2019 00:59:05 EDT)

Diagnoses(Active)

Evaluation

Date: 4/22/2019 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Evaluation ;
Classification: Medical ; Clinical Service: Emergency
medicine ; Code: SNOMED CT ; Probability: 0 ; Diagnosis
Code: 1495640015

ED Vitals

ED Clinical Weight Documented in (UOM) : kg

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Pain History

Pain Present : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

ED Allergies

(As Of: 4/22/2019 00:59:05 EDT)

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; Created By: FERRARO,
NICHOLAS P RN; Reaction Status: Active ; Category: Drug ;
Substance: No known allergies ; Type: Allergy ; Updated By:
FERRARO, NICHOLAS P RN; Reviewed Date: 4/22/2019
0:54 EDT

Denies Latex Signs Symptoms : Yes

Latex Allergy : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

TB Screen ED BH

TB Screen Grid

Night Sweats > 7 days : No

Cough > 2 Weeks : No

Unexplained Weight Loss of > 10 lbs : No

Hx of TB, recent TB exposure, or + PPD : No

Hemoptysis : No

WALLACE , ANNE S RN - 4/22/2019 0:52 EDT

Admit Date: 4/22/2019 03:35 EDT
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Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

DOCUMENT NAME:

ED BH Assessment - Adult Entered On: 4/22/2019 1:13 EDT
Performed On: 4/22/2019 0:59 EDT by WALLACE , ANNE S RN

Providers/Agencies

CD - Current Treatment Provider Grid

1. *Current Treatment Providers/Agencies* : Primary Care Physician

Provider/Agency Name : Dr Bradner

Appointment Date : PRN

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

2. *Current Treatment Providers/Agencies* : Psychiatrist

Provider/Agency Name : Kathy Peniston

Appointment Date : 11/3/15

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Psychotropic Medications

Psychotropic Meds Taken in Past : None

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Past Psych/Substance Treatment ED BH

Past Psych/Substance Tx

1. *Facility/Outpatient Therapist* : Broughton 1999

Psychiatric Visit Type : Inpatient

Dates of Treatment : 1999 for 72 days

Problem/Reason for Treatment : diagnosed as Schizophrenic, schizoaffective, depression with psychotic features, bipolar Type I

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

2. *Facility/Outpatient Therapist* : Woodridge Hospital in Tennessee

Psychiatric Visit Type : Inpatient

Dates of Treatment : 4 days

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Social History ED BH

Social History

(As Of: 4/22/2019 01:13:16 EDT)

Tobacco:

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day. (Last Updated: 4/2/2019 10:42:18 EDT by LACY , SARAH LPN)

Alcohol:

Denies (Last Updated: 4/2/2019 10:42:21 EDT by LACY , SARAH LPN)

Drug Abuse:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

ED Documents

Denies (Last Updated: 4/2/2019 10:42:23 EDT by LACY , SARAH LPN)

Home/Environment:

Marital Status: Single. lives in an apartment by himself (Last Updated: 4/22/2019 01:00:41 EDT by WALLACE , ANNE S RN)

Nutrition/Health:

Home Diet: Diabetic. (Last Updated: 4/22/2019 01:00:53 EDT by WALLACE , ANNE S RN)

Abuse/Neglect:

History of Abuse: Past. Abuse Type: Mental, Sexual.
Comments: Sexual abuse by MGM, emotional abuse by step-father. (Last Updated: 4/22/2019 01:01:30 EDT by WALLACE , ANNE S RN)

Employment/School:

Frelance graffic art (Last Updated: 4/22/2019 01:02:13 EDT by WALLACE , ANNE S RN) Highest Education: College graduate. (Last Updated: 4/22/2019 01:02:24 EDT by WALLACE , ANNE S RN)

Do You Want to Stop Using Tobacco? : N/A

Social History Categories Addressed : Tobacco, Alcohol, Drug abuse, Home/Environment, Nutrition/Health, Abuse/Neglect, Employment/School

Current and/or Hx of Withdrawal Symptoms : N/A (No history of substance abuse)

History of Withdrawal Seizures : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Intimate Partner Violence (IPV)/Domestic Violence (DV) Screen

DV-Is Patient Alone/Able to Answer? : Yes

DV-Feel Unsafe in Current Relationship? : N/A

DV-Feel Controlled by Current Partner? : N/A

DV-Partner Phys Hurt or Threatened You? : N/A

DV-Prev Partner Makes You Feel Unsafe? : N/A

DV-Afraid for Children at Home? : N/A

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Family and Relationships

Family History

(As Of: 4/22/2019 01:13:16 EDT)

Mother:

Relation: Mother ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Admit Date: 4/22/2019 03:35 EDT
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ED Documents

Nomenclature: Diabetes mellitus ; *Value:* Negative

Father:

Relation: Father ; *Gender:* Male ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Grandparent:

Relation: Grandparent ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

GM, Maternal:

Relation: GM, Maternal ;

Nomenclature: HYPERTENSION ; *Value:* Positive

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GM, Paternal:

Relation: GM, Paternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

GF, Maternal:

Relation: GF, Maternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

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Location: OUH
Print ID: 367579444

ED Documents

GF, Paternal:

Relation: GF, Paternal ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Nomenclature: Cancer ; *Value:* Positive

Brother:

Relation: Brother ; *Gender:* Male ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Sister:

Relation: Sister ; *Gender:* Female ;

Nomenclature: Coronary artery disease (CAD) ; *Value:* Negative

Nomenclature: Diabetes mellitus ; *Value:* Negative

Employment ED BH

Employment Status : Employed

Recent Changes to Employment : No

Means of Financial Support : Employment

Financial Barriers Re: Tx/Medications : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Legal History

Current Legal Status : None

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Military Experience

Military Experience : No

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : 38 yo WM, involuntary, denies all points on PIC. Reports he has been Dx with autism and bipolar d/o. Reports he often has the feeling that he wants to die, "but no intent." When asked how long he has been having these thoughts, replied, "forever." Reports these feelings usually happen at night. "Somethings I think it would be soothing if i just fall away." Reports a previous attempt in 1998 with pills and ETOH. Denies HI/AH/VH

Reports the petitioner is a former coworker. He lives by himself. Reports his apartment isn't tidy, "but there is no disease in there, it's not that bad." Reports he last had it cleaned 3 weeks ago by a service.

Reports he was sexually abused by his maternal grandmother when he and his mother were living with her. Reports it started about age 3-5 and stopped around age 7 or 8 when Mom moved them out. Reports his grandmother would wear

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ED Documents

Halloween masks when abusing him, but he knew it was her. Mother didn't find out until pt told her when he was grown. Reports "she covered for her."

Calm, cooperative during assessment. Did become tearful when talking about abuse.

WALLACE , ANNE S RN - 4/22/2019 0:59 EDT

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Behavioral Health Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 4/24/2019 12:37 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: RIALS ,LATASHA T NP (4/24/2019 12:38 EDT)
SIGN INFORMATION: LIVINGSTON ,RYAN EDWARD MD (4/24/2019 15:27 EDT);
RIALS ,LATASHA T NP (4/24/2019 12:38 EDT)

WILLIAMS III, LEONARD CLINTON

DOB: 11/01/1980

MRN: 0000642066

Location: CHS CMC
Behavioral Health

Sex: Male **FIN:** 6437633200

Admitted on: 04/22/2019

Reason for Admission

Per initial Assessment/Plan on admission to ED:

Pt is 38-year-old white male, previous diagnosis of bipolar 1 disorder (vs. schizoaffective d/o) and ADHD (? ASD), who presents to the emergency department in the early morning hours of 4/22 on a petition by his friend/former coworker for reports of delusional/paranoid and suicidal ideations. Upon initial evaluation, pt was noted to be hypervocal with pressured, tangential speech, and did sound a bit paranoid when talking about how several of his coworkers turned against him. Given friend/coworker petition citing paranoia and recent text messages concerning for SI, pt was admitted to ED for observation until further collateral could be obtained. Initial review of EMR indicated pt stopped his Depakote, and initial examiner recommended pt either restart Depakote or increase nightly Zyprexa to 10 mg, but pt initially refused.

Therefore, pt continued Zyprexa 5 mg p.o. nightly; though he later requested increase to 10 mg, which was approved by ED physician in interim, prior to re-eval. Current meds: Adderall XR 40 mg and Celexa 20 mg p.o. nightly also continued. IVC/ERIC #1 completed on 4/22.

Per Clinton Krewson, PA on 4/23---Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and that he is chronically hypervocal but not delusional. We discussed current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider tomorrow, as needed.

Current Assessment

Observation day #2: Chart reviewed; BHC staff consulted; patient seen. No acute overnight events or behavior concerns. MAR reflects medication compliance and that the only prn med necessitated was acetaminophen. On assessment today, he is slightly anxious, talkative, but pleasant, polite, cooperative. He says that he is feeling good and is somewhat looking forward to discharge as he wants to maintain his outpatient appointment with NP Peniston on tomorrow. He goes on to

Relevant Clinical Documentation (last 24 hours)

Universal Progress Note

04/24/19 06:36:00

Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Signed By: ROBINSON , JOSEPH H BH TECHNICIAN

Universal Progress Note

04/23/19 14:41:00

P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Signed By: MURPHY , MARJORIE M BH TECHNICIAN

Universal Progress Note

04/23/19 11:20:00

Pt provided verbal consent to contact mother (Angie Haun) and friend / co-worker (Jennifer Cox) to obtain information

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Location: OUH
Print ID: 367579444

Behavioral Health Assessments

explain how he and his Psych NP have been working well to establish a therapeutic rapport, and how his provider listens to his concerns--he is more than satisfied. He denies SI/HI/AI. He denies AVH, IOR, paranoia. No evidence of mania or delusional thought content. He is well composed and insightful. He did not appear distressed. Appropriate for discharge to outpatient--reportedly will f/u with OMS on 4/25 as scheduled.

Review of Systems

A 10 - point review of systems has been performed and found negative except for what was already stated in the HPI/ Current Assessment.

Exam

Vitals & Measurements

T: 97.4 °F (Oral) **HR:** 90 (Peripheral) **RR:** 18 **BP:** 138/89 **SpO2:** 98%

Mental Status Exam

General appearance: Appropriate grooming/hygiene. Fair eye contact. No major psychomotor abnormalities observed. No acute distress.

Behavior: Polite, cooperative.

Gait & station: Normal.

Strength & tone: Normal.

Level of consciousness: Alert.

Orientation: Oriented X 4.

Attention & concentration: Normal.

Language: Normal.

Fund of knowledge: Intelligent.

Recent & remote memory: No apparent deficits.

Speech: hyperverbal, over-productive, circumstantial.

Thought processes: Logical, Goal directed, Future oriented.

Associations: Intact.

Mood: "feeling good, just ready to go"

Affect: Restricted/blunted. Mildly anxious.

Thought content: Denies suicidal thoughts; denies homicidal thoughts; denies violent thoughts.

Perceptions: Denies auditory/visual hallucinations. No overt s/s psychosis.

Insight: Present.

Judgment: Intact.

Risk Assessment

Suicide Risk Formulation

Enduring Risk Factors :

Strengths and protective factors : Engaged in work or school, Identifies reasons for living

Long-term risk factors : Previous psychiatric diagnoses and treatments

Ineffective communication skills, Traumatic history, Financial concerns

Past Suicidal behaviors : Interrupted attempt lifetime

Dynamic Risk Factors :

Recent suicidal thoughts and behaviors :

on baseline functioning. See BH-Communication.

Signed By: SHIPP , SHAMIKKI R MSW

Universal Progress Note

04/23/19 10:16:00

D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Signed By: SHIPP , SHAMIKKI R MSW

Universal Progress Note

04/23/19 06:21:00

P: Substance abuse/psychosis

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for snack. Slept without any interruptions.

Signed By: SIMMONS , ALEXIS

Universal Progress Note

Program : BHC Adult Observation Unit
FARLEY , MICHAEL - 4/24/2019 11:39 EDT

Universal Progress Note : LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.

FARLEY , MICHAEL - 4/24/2019 11:47 EDT [1]

Clinical Risk Assessment Data

Assaultive Ideations: No

History of Danger to others: No

Homicidal Ideations: No

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DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health Assessments

Stressors :

Symptom and Recent Changes : Mixed affective episode (Bipolar), Sexual abuse (lifetime)

Columbia SSRS: Reviewed / consistent with provider assessment

Engagement: good

Risk Status (Specify low, Moderate or High based on normal population for care site): Low

Risk State (Relative to baseline for patient): Low

Protective factors: Past positive response to treatment Motivated for treatment/ sobriety Supportive friend or family

Resources: Outpatient provider Stable home _

Foreseeable Changes: worsening mood _ _

Contingency Plans: safety plan, crisis numbers meds established close follow up

Assessment and Plan/Disposition

1. ADHD

Ordered:

OBS, Discharge Day Management

Discharge from BH ED or BH ED OBS to the community/ CSU:

Assessment: On assessment today, he is slightly anxious, talkative, but pleasant, polite, cooperative. He says that he is feeling good and is somewhat looking forward to discharge as he wants to maintain his outpatient appointment with NP Peniston on tomorrow. He goes on to explain how he and his OP MH team have been working well to establish a therapeutic rapport, and how his provider listens to his concerns--he is more than satisfied. He denies SI/HI/AI. He denies AVH, IOR, paranoia. No evidence of mania, acute psychosis, or delusional thought content. He is well composed and insightful. No overnight events. He did not appear distressed. At this time, he is appropriate for discharge to outpatient services--reportedly will f/u with OMS on 4/25 as scheduled. Says that he does not need Rx for the olanzapine "already have it". Further psychotropic management and diagnostic clarifications deferred to OP provider, however, pt is strongly encouraged to return to the ED in the event that he experiences any acute distress (medical or psychiatric), acute safety concerns, or worsening of symptoms.

Discharge from: BH ED

Discharge to: Home

Discharge with: Self _

Patient Education

Community Resources (CHS) (CUSTOM)

COPING SKILLS (CUSTOM)

Healthy Sleep (CHS) (CUSTOM)

Combat Stress with a Healthy Lifestyle

Treating ADHD: Medication

Treating ADHD: Learning New Behaviors

Does Patient Have a Plan: No

Access to Firearms/Weapons: No

Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)

CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicidal Thoughts: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

-CSSRS Reassessment-

CSSRS Reassess Able to Assess: Yes (04/24/19 09:00:00)

CSSRS Reassess Able to Assess: Yes (04/23/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/24/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/24/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/24/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/23/19 09:00:00)

Medical History

Medications

Inpatient

acetaminophen, 650 mg, 2 tablet, ORAL, q4h, PRN

Adderall XR, 40 mg, 2 capsule, ORAL, qAM (every morning)

aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension, 30 mL, ORAL, q4h, PRN

benztropine, 2 mg, 2 mL, IM (INTRAMUSCULAR), Once, PRN

CeleXA, 20 mg, 1 tablet, ORAL, qHS (each night at bedtime)

glucagon, 1 mg, IM (INTRAMUSCULAR), Once, PRN

metFORMIN, 500 mg, 1 tablet, ORAL, Daily

nicotine 2 mg oral transmucosal gum, 2 mg, 1 gum, CHEWED, q1hr, PRN

ZyPREXA, 10 mg, 1 tablet, ORAL, qHS (each night at bedtime)

Home

a.wallace rn

Adderall XR 20 mg oral capsule, extended release, See Instructions

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Print ID: 367579444

Behavioral Health Assessments

Problems Linked to ADHD

Follow Up

Discharge Follow Up Appointments

CMC Randolph OMS (med clinic) NP
501 Billingsley Rd
704-358-2990
704-358-2832
Charlotte NC 28211 (704)358-2889
Follow Up On: 04/25/2019 13:40

Follow up with primary care provider
Follow up within: A Day Call for Next Available Appt

Attestation

Attestation-Brief

I participated in the following activities of this patient's care: medical decision making.
I personally performed: supervision of the patient's care, the physical exam, the medical decision making.
Personally reviewed: reason for visit, triage, current visit intake assessment, patient information sheet, family/collateral information sheet, patient's medical record as applicable.
Reviewed documentation: congruent with exam: description provided in History, Impression, and Rationale.
New/Changed medications: risks/benefits discussed with patient and/or legally responsible person.
The case was discussed with: patient, BHC staff; Dr. Ryan Livingston, MD.
Results interpretation: I agree with the study interpretation in this patient's care.
CSSR reviewed.

Adderall XR 20 mg oral capsule, extended release, See Instructions
Adderall XR 20 mg oral capsule, extended release, See Instructions
citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL,
Daily, 3 refills, **Still taking, not as prescribed:**
Takes at HS
Goody's Extra Strength, See Instructions
metFORMIN, 500 mg
ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Allergies

No known allergies

Lab Results

	<u>LAST</u>	<u>PRIOR</u>	<u>RANG</u>	<u>UNITS</u>
<u>Toxicology/The</u>	<u>RESULT</u>	<u>RESULT</u>	<u>E</u>	
<u>rapeutic Drug</u>				
<u>Monitoring</u>				
Adulterants,	04/21/19			
Urine - POC	Negative			
	04/21/19			
Benzodiazepin	Negative			
es (BZO), Ur				
Cocaine	04/21/19			
(COC), Urine -	Negative			
PO				
Marijuana	04/21/19			
(THC), Urine -	Negative			
	04/21/19			
Methamphetam	Negative			
ine (MET), Ur				
Morphine	04/21/19			
(MOP), Urine -	Negative			
P				
	04/21/19			
Amphetamine	Positive			
(AMP), Urine				
Barbiturates	04/21/19			
(BAR), Urine	Negative			
Oxycodone	04/21/19			
(OXY), Urine -	Negative			
Methadone	04/21/19			
(MTD), Urine -	Negative			
MDMA, Urine	04/21/19			
- POC	Negative			

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Behavioral Health Assessments

[1] BH Universal Progress Note; FARLEY , MICHAEL 04/24/2019 11:39 EDT

Electronically Signed By: RIALS, LATASHA T NP
04/24/2019 12:38 PM

Electronically Signed By: LIVINGSTON, RYAN EDWARD MD
04/24/19 03:27 PM

Admit Date: 4/22/2019 03:35 EDT
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Behavioral Health Assessments

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Behavioral Health Assessment
4/23/2019 13:27 EDT
Auth (Verified)
KREWSON ,CLINTON PA C (4/23/2019 13:27 EDT)
HARTZELL ,MATTHEW L MD (4/23/2019 19:39 EDT);
KREWSON ,CLINTON PA C (4/23/2019 13:35 EDT)

**WILLIAMS III, LEONARD
CLINTON**

Location: CHS CMC
Behavioral Health

Admitted on: 04/22/2019

Reason for Admission

Per initial Assessment/Plan on admission to ED:

Pt is 38-year-old white male, previous diagnosis of bipolar 1 disorder (vs. schizoaffective d/o) and ADHD (? ASD), who presents to the emergency department in the early morning hours of 4/22 on a petition by his friend/former coworker for reports of delusional/paranoid and suicidal ideations. Upon initial evaluation, pt was noted to be hypervocal with pressured, tangential speech, and did sound a bit paranoid when talking about how several of his coworkers turned against him. Given friend/coworker petition citing paranoia and recent text messages concerning for SI, pt was admitted to ED for observation until further collateral could be obtained. Initial review of EMR indicated pt stopped his Depakote, and initial examiner recommended pt either restart Depakote or increase nightly Zyprexa to 10 mg, but pt initially refused.

Therefore, pt continued Zyprexa 5 mg p.o. nightly; though he later requested increase to 10 mg, which was approved by ED physician in interim, prior to re-eval. Current meds: Adderall XR 40 mg and Celexa 20 mg p.o. nightly also continued. IVC/ERIC #1 completed on 4/22.

Current Assessment

OBS#1

Chart reviewed, patient seen and assessed, case discussed with treatment team. No acute events yesterday or overnight. No PRN/stat psych medications or restrictive interventions required since admission. No acute aggression, agitation, or self-harm. CSSRS consistently negative for SI. Pt denies present or historical HI/bx. Denies current AVH. Pt remains compliant w/ current medications and denies adverse s/e. Pt accepting food/fluids normally. Slept overnight, per staff reports.

Upon reevaluation today, patient was found in the dayroom and agreeable to meeting with writer for assessment. He presented as polite and was fully cooperative with questioning. Patient reviewed his psychiatric history at length w/ writer, including recent sx/s/events precipitating his IVC to ED. Pt acknowledges a history of experiencing mania w/ psychotic fts (primarily paranoia/delusions) and admits that recent social, occupational, and financial stressors have led to psychiatric

Relevant Clinical Documentation (last 24 hours)

Collateral Information

Name of Collateral : Angie Haun (Mother)

Collateral Phone Number : 423-██████████

Collateral Relationship : Mother

Information Provided by Collateral : D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

[1]

Collateral Information

Name of Collateral : Jennifer Cox (Petitioner)

Collateral Phone Number : 704-██████████

Collateral Relationship : Other: Friend / Co-worker

Information Provided by Collateral : D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and eratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

[2]

Clinical Risk Assessment Data

Assaultive Ideations: No

History of Danger to others: No

Homicidal Ideations: No

Does Patient Have a Plan: No

Access to Firearms/Weapons: No

Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)

CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)

CSSRS Screen Suicidal Thoughts: Past month, no

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health Assessments

decompensation over the past 1-2 weeks. Pt is able to recount and describe his symptoms, acknowledging recent increase in paranoia/suspicion resulting in increased levels of distress and worsening manic sx's (racing thoughts, decreased sleep, increased energy, impulsivity) that he became evident of since his admission to ED. He fully admits to making impulsive and concerning statements via text message to his friend during this recent period of distress/mania, including suicidal statements; though he denies ever having any actual plan or intention to harm himself during that time. He also denies any present or historical HI/bxs, violence, or access to firearms.

Since admission to ED, pt has voluntarily requested/accepted increased dose of Zyprexa. He admits to sleeping poorly his first night due to his sx's as well as late admission/med administration time, but he reports sleeping well/normally last night. He also reports improved mood, describing currently feeling "content, even-keeled" and denies feeling depressed, irritable, or elevated. His affect is somewhat blunted/restricted. He denies any ongoing paranoia/suspicion and is able to discuss these thoughts with improved insight and clarity today. He further denies any ongoing acute sx's of mania or psychosis. His speech remains fast, overproductive, and circumstantial, which he reports is his baseline; his thoughts appear linear, goal-directed, and future-oriented. Thought content is logical and non-bizarre. No overt delusions, hallucinations, paranoia/suspicion, grandiosity, flight of ideas, or disorganization. No major psychomotor abnormalities.

Since his admission, pt reports talking w/ his friend/coworker/petitioner multiple times via phone, and he reports his mother intends to visit him in the ED later today. Pt is agreeable to signing ROI for EDSW to communicate w/ both these persons for collateral to better assess his current presentation/baseline. Writer recommended pt remain in ED/Obs today to ensure continued safety/stability and allow time for additional collateral to be obtained and possible discharge planning to occur. Pt was agreeable w/ this plan but expressed desire to be discharged soon due to upcoming job interview and other work obligations. He reported having his next f/u appt with OP psychiatrist, Kathleen Peniston, scheduled for this Thursday, which he plans to attend. And he also reports plan to stay with his mother for the following week while he completes some freelance work in that area.

Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and affirmed that he is chronically hyperverbal but not delusional. We discussed current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider tomorrow, as needed.

Review of Systems

A 10 point review of systems has been performed and found negative except for what was already stated in the HPI/current assessment.

(04/21/19 23:53:00)

CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)

CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

-CSSRS Reassessment-

CSSRS Reassess Able to Assess: Yes (04/23/19 09:00:00)

CSSRS Reassess Able to Assess: Yes (04/22/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Wish to be Dead ReAsses: Since last visit, no (04/22/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicidal Thoughts ReAsses: Since last visit, no (04/22/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/23/19 09:00:00)

CSSRS Screen Suicide Behavior ReAsses: Since last visit, no (04/22/19 09:00:00)

Medical History

Medications

Inpatient

acetaminophen, 650 mg, 2 tablet, ORAL, q4h, PRN
Adderall XR, 40 mg, 2 capsule, ORAL, qAM (every morning)

aluminum hydroxide/magnesium hydroxide/simethicone
200 mg-200 mg-20 mg/5 mL oral suspension, 30 mL, ORAL, q4h, PRN

benztropine, 2 mg, 2 mL, IM (INTRAMUSCULAR), Once, PRN

CeleXA, 20 mg, 1 tablet, ORAL, qHS (each night at bedtime)

glucagon, 1 mg, IM (INTRAMUSCULAR), Once, PRN

metFORMIN, 500 mg, 1 tablet, ORAL, Daily

nicotine 2 mg oral transmucosal gum, 2 mg, 1 gum, CHEWED, q1hr, PRN

ZyPREXA, 10 mg, 1 tablet, ORAL, qHS (each night at bedtime)

Home

a.wallace rn

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL, Daily, 3 refills, **Still taking, not as prescribed:**

Takes at HS

Goody's Extra Strength, See Instructions

metFORMIN, 500 mg

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MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health Assessments

Exam

Vitals & Measurements

T: 97.3 °F (Oral) HR: 80 (Peripheral) RR: 18 BP: 126/79 SpO2: 96%

Mental Status Exam

General appearance: Appropriate grooming/hygiene. Fair eye contact.

No major psychomotor abnormalities observed. No acute distress.

Behavior: Polite, cooperative.

Gait & station: Normal.

Strength & tone: Normal.

Level of consciousness: Alert.

Orientation: Oriented X 4.

Attention & concentration: Normal.

Language: Normal.

Fund of knowledge: Intelligent.

Recent & remote memory: No apparent deficits.

Speech: Rapid, hyperverbal, over-productive, circumstantial.

Thought processes: Logical, Goal directed, Future oriented.

Associations: Intact.

Mood: "Content, even-keeled"

Affect: Restricted/blunted. Mildly anxious.

Thought content: Denies suicidal thoughts; denies homicidal thoughts.

Perceptions: Denies auditory/visual hallucinations. No overt s/s psychosis.

Insight: Present.

Judgment: Intact.

Risk Assessment

CSSRS reviewed.

Assessment and Plan/Disposition

ASSESSMENT

Pt is able to recount and describe recent symptoms, acknowledging recent increase in manic sx's including paranoia/suspicion resulting in distress, impulsive suicidal statements, and admission to ED. He denies ever having any plan or intention to harm/kill himself during that time. He acknowledges hx of passive SI during periods of distress but denies any suicidal behavior for past 20 yrs (Hx OD at age 18). Denies history of homicidality. Denies access to firearms.

Since admission to ED, pt has voluntarily requested/accepted increased dose of Zyprexa. He admits to sleeping poorly his first night due to his sx's as well as late admission/med administration time, but he reports sleeping well/normally last night. He also reports improved mood and denies feeling depressed, irritable, or elevated; affect is somewhat blunted/restricted. Denies ongoing paranoia/suspicion and is able to discuss these thoughts with improved insight and clarity. Denies any ongoing acute sx's of mania or psychosis. Speech remains fast, overproductive, and circumstantial, which appears to be his baseline (per collateral reports); thoughts appear linear, goal-directed, and future-oriented; thought content is logical and non-bizarre. No overt delusions, hallucinations, paranoia, grandiosity, flight of ideas, or disorganization.

ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Allergies

No known allergies

Lab Results

	LAST	PRIOR	RANG	UNITS
<u>Toxicology/The</u>	<u>RESULT</u>	<u>RESULT</u>	<u>E</u>	
<u>rapeutic Drug</u>				
<u>Monitoring</u>				
Adulterants,	04/21/19			
Urine - POC	Negative			
	04/21/19			
Benzodiazepin	Negative			
es (BZO), Ur				
Cocaine	04/21/19			
(COC), Urine -	Negative			
PO				
Marijuana	04/21/19			
(THC), Urine -	Negative			
	04/21/19			
Methamphetam	Negative			
ine (MET), Ur				
Morphine	04/21/19			
(MOP), Urine -	Negative			
P				
	04/21/19			
Amphetamine	Positive			
(AMP), Urine				
Barbiturates	04/21/19			
(BAR), Urine	Negative			
Oxycodone	04/21/19			
(OXY), Urine -	Negative			
Methadone	04/21/19			
(MTD), Urine -	Negative			
MDMA, Urine	04/21/19			
- POC	Negative			

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Behavioral Health Assessments

Since his admission, pt reports talking w/ his friend/coworker/petitioner multiple times via phone, and he reports his mother intends to visit him in the ED later today. Pt is agreeable to signing ROI for EDSW to communicate w/ both these persons for collateral to better assess his current presentation/baseline. Writer recommended pt remain in ED/Obs today to ensure continued safety/stability and allow time for additional collateral to be obtained and dispo planning. Pt was agreeable w/ this plan. Reports next f/u appt with BHC OMS psychiatrist, Kathleen Peniston, scheduled for 4/25.

Writer spoke w/ pt's OP psychiatrist via phone, who confirmed pt's history and that he is chronically hypervertal but not delusional. We discussed current tx, meds, and plan for continued observation, additional collateral, and reevaluation w/ possible d/c tomorrow if pt maintains safety/stability and no immediate safety concerns are expressed by collateral. She was in agreement w/ this disposition and welcomed further questions/concerns from provider tomorrow, as needed.

PLAN

1. Disposition:

- Remain in ED/Obs, pending reevaluation.
- Possible d/c tomorrow.
- Next OMS appt 4/25.

2. Medications:

- Continue current medication as prescribed.
- No med changes made today.

3. Precautions:

- Continue routine (PL3) monitoring.

4. Collateral:

- EDSW to contact petitioner/friend.
- Mother to visit, provide feedback.

Attestation

I personally performed: the medical history, the exam, the medical decision making.

Personally reviewed: reason for visit, triage, current visit intake assessment, call center documentation, patient's medical record as applicable.

Reviewed documentation: congruent with exam.

New/Changed medications: risks/benefits discussed with patient and/or legally responsible person.

The case was discussed with: patient, nursing, social work, OP psychiatrist

[1] Collateral Information; SHIPP, SHAMIKKI R MSW 04/23/2019 13:19 EDT

[2] Collateral Information; SHIPP, SHAMIKKI R MSW 04/23/2019 11:28 EDT

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Print ID: 367579444

Behavioral Health Assessments

Electronically Signed By: KREWSON, CLINTON PA C
04/23/2019 01:35 PM

Electronically Signed By: HARTZELL, MATTHEW L MD
04/23/19 07:39 PM

Admit Date: 4/22/2019 03:35 EDT
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Location: OUH
Print ID: 367579444

Behavioral Health Assessments

DOCUMENT NAME: Behavioral Health Assessment
SERVICE DATE/TIME: 4/22/2019 02:56 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: MORCIGLIO ,APRIL HARRELL MD (4/22/2019 03:15 EDT)
SIGN INFORMATION: MORCIGLIO ,APRIL HARRELL MD (4/22/2019 03:34 EDT)

**WILLIAMS III, LEONARD
CLINTON**

DOB: 11/01/1980
Sex: Male

MRN: 0000642066
FIN: 6437633200

Location: CHS CMC
Behavioral Health

Clinical Risk Assessment Data

Assaultive Ideations: No
History of Danger to others: No
Homicidal Ideations: No
Does Patient Have a Plan: No
Access to Firearms/Weapons: No
Recent Attempt to Harm Others: No

-CSSRS Screen-

CSSRS Screen Able to Assess: Yes (04/21/19 23:53:00)
CSSRS Screen Wish to be Dead: Past month, no (04/21/19 23:53:00)
CSSRS Screen Suicidal Thoughts: Past month, no (04/21/19 23:53:00)
CSSRS Screen Suicide Behavior: Lifetime, yes (04/21/19 23:53:00)
CSSRS Screen Suicide Behavior Timeline: Over a year ago (04/21/19 23:53:00)

History of Present Illness

38-year-old white male, previous diagnosis of bipolar 1 disorder, ADHD, presents to the emergency department on a petition by his friend/former coworker.

The petition reads as follows: Respondent has recently exhibited delusional behaviors and suicidal ideations. He believes that coworkers are "out to get" him and that he is in immediate danger from them. His speech is pressured and incoherent and his apartment is unkempt and neglected. He sent petitioner (friend/coworker) numerous texts outlining his intention to self-harm. Respondent has previous diagnosis of schizoaffective disorder. Unknown meds. Petitioner fears for his ultimate safety.

Nursing attempted to reach petitioner for collateral information but was unable to reach her.

Medical History

Problem List/Past Medical History

Ongoing

None

Historical

Obesity

Patient has been followed for several years at the OMS clinic and has most recently been followed by NP Peniston. He has been seen at OMS since 2011. His most recent OMS visit was 2 weeks ago when he saw NP Peniston on April 2. Review of that clinic note shows that patient was currently on Zyprexa, Celexa and Adderall. He had previously been on Depakote but he stopped that on his own. He had also previously been prescribed Saphris but he never filled it secondary to cost. At the end of that visit patient was to continue taking Zyprexa 5 mg 2 tablets at night, Celexa 20 mg daily and Adderall XR 20 mg twice daily. Review of his first clinic visit in November 2011 shows that patient was diagnosed with bipolar disorder at age 18 when he was hospitalized at Broughton State Hospital for 72 days. Dr. Gleditsch also documented in his clinic note from that visit that patient had a brief hospitalization at Woodridge in TN for 4 days. Tonight patient told nursing that he has a diagnosis of autism spectrum disorder. However, review of clinic notes over the past 8 years showed no evidence of an autism diagnosis.

Psychiatric History/Family History

Cancer: Father, GF, Paternal, GM, Maternal and GM, Paternal.

Coronary artery disease (CAD): Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

Diabetes mellitus: Negative: Mother, Father, Sister, Brother, GF, Maternal, GF, Paternal, GM, Maternal, GM, Paternal and Grandparent.

HYPERTENSION: GM, Maternal.

Psych Hx--bipolar disorder, ADHD

Social History/Substance Use History

Abuse/Neglect

History of Abuse: Past. Abuse Type: Mental, Sexual.

Comments: Sexual abuse by MGM, emotional abuse by step-father.

Alcohol

Denies

Drug Abuse

Denies

Employment/School

On interview patient is hypervocal with pressured, tangential speech. He denied information on the petition and stated that his friend, who is also a former coworker, did this out of spite because they have been arguing lately. He says that she just did this because they've been in a power struggle. Patient also explained that he currently has no coworkers. He works as a freelance web designer. When I asked more questions, he did admit that he previously worked in Wells Fargo for 4 years up until June 2018. When talking about working at Wells Fargo he

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Behavioral Health Assessments

did sound a bit paranoid when talking about how several of his coworkers turned against him. He does not know exactly why, but he believes it was because of something related to Facebook. Discussed with patient that the fact that his friend and coworker petition him for paranoia and sending text messages outlining how he is going to harm himself, is very worrisome. Explained to him that from reviewing his clinic notes it appears that he stopped his Depakote on his own and I recommended that we either restart Depakote or increase Zyprexa to 10 mg at night. Patient adamantly refused. I then recommended a overnight observation stay for further monitoring of symptoms and to also get additional information from the petitioner. Explained to him that nursing called her, I called her and no one has been able to reach her as of yet. Given the allegations on the petition I would like to speak with her and also see the text messages she is referring to before we consider discharge.

Plan to admit to observation for safety and further evaluation; continue Zyprexa 5 mg p.o. nightly, Adderall XR 20mg BID and Celexa 20 mg p.o. nightly; continue to try to reach the petitioner for collateral information and to also see if she can bring the text messages to the hospital. Reevaluate on April 23 and at that time we will be able to make a better informed decision about inpatient treatment versus discharge after we get additional information from the petitioner.

Review of Systems

A 10 - point review of systems has been performed and found negative except for what was already stated in the HPI/ Current Assessment.

Exam

Vitals & Measurements

T: 98.5 °F (Oral) HR: 105 (Peripheral) RR: 18 BP: 131/97
SpO2: 97%

Mental Status Exam

General appearance: Appropriately dressed and groomed Normal eye contact Cooperative Not internally preoccupied or responding to internal stimuli No psychomotor retardation or agitation Normal body habitus for age

Gait & Station: Normal

Strength & tone: Normal

Attention & concentration: Normal

Orientation: Oriented x4

Language: Normal

Fund of knowledge: Average

Recent and remote memory: No impairment in recent or remote

Speech: Pressured

Thought process: Tangential

Associations: Tangential

Mood: Anxious

Affect: Appropriate to stated mood/ thought content

Thought content related to harm to self or others: Denies suicidal thoughts Denies suicidal intent Denies having a plan for suicide Denies homicidal ideation

Thought content (not related to dangerousness): No disturbance in

Highest Education: College graduate.

Frelance graffic art

Home/Environment

Marital Status: Single. lives in an apartment by himself

Nutrition/Health

Home Diet: Diabetic.

Tobacco

Never smoker, 0 Yrs Smoker. 0 Avg # Packs Per Day.

Medications

Inpatient

No active inpatient medications

Home

a.wallace rn

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

Adderall XR 20 mg oral capsule, extended release, See Instructions

citalopram 20 mg oral tablet, 20 mg, 1 tablet, ORAL, Daily, 3 refills, **Still taking, not as prescribed:** Takes at HS

Goody's Extra Strength, See Instructions

metFORMIN, 500 mg

ZyPREXA 5 mg oral tablet, See Instructions, 3 refills

Allergies

No known allergies

Lab Results

	<u>LAST</u>	<u>PRIOR</u>	<u>RANGE</u>	<u>UNITS</u>
<u>Toxicology/The</u>	<u>RESULT</u>	<u>RESULT</u>		
<u>rapeutic Drug</u>				
<u>Monitoring</u>				
Adulterants,	04/21/19			
Urine - POC	Negative			
	04/21/19			
Benzodiazepin	Negative			
es (BZO), Ur				
Cocaine	04/21/19			
(COC), Urine -	Negative			
PO				
Marijuana	04/21/19			
(THC), Urine -	Negative			
	04/21/19			
Methamphetamine	Negative			
ine (MET), Ur				
Morphine	04/21/19			
(MOP), Urine -	Negative			
P				
Amphetamine	04/21/19			
(AMP), Urine	Positive			
Barbiturates	04/21/19			
(BAR), Urine	Negative			

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Behavioral Health Assessments

thought content _ _

Perceptions: No perceptual disturbances No auditory hallucinations Paranoid thoughts (see HPI) No visual hallucinations

Insight: Limited

Judgment: Limited

Oxycodone 04/21/19
(OXY), Urine - Negative
Methadone 04/21/19
(MTD), Urine - Negative
MDMA, Urine 04/21/19
- POC Negative

Risk Assessment

Suicide Risk Formulation

Enduring Risk Factors :

Strengths and protective factors : Engaged in work or school, Identifies reasons for living

Long-term risk factors : Previous psychiatric diagnoses and treatments

Ineffective communication skills, Traumatic history, Financial concerns

Past Suicidal behaviors : Interrupted attempt lifetime

Dynamic Risk Factors :

Recent suicidal thoughts and behaviors :

Stressors :

Symptom and Recent Changes : Mixed affective episode (Bipolar), Sexual abuse (lifetime)

Columbia SSRS: Reviewed / consistent with provider assessment

Engagement:

Risk Status (Specify low, Moderate or High based on normal population for care site): Medium

Risk State (Relative to baseline for patient): Medium

Protective factors: Past positive response to treatment _ _

Resources: Outpatient provider _ _

Foreseeable Changes: worsening mood _ _

Contingency Plans: Admit to OBS _ _

Assessment and Plan/Disposition

1. Bipolar 1 disorder

2. ADHD

Admission to ED Observation/Inpt Tx IS NOT RECOMMENDED at this time:

Assessment:

38-year-old white male, previous diagnosis of bipolar 1 disorder, ADHD, presents to the emergency department on a petition by his friend/former coworker.

The petition reads as follows: Respondent has recently exhibited delusional behaviors and suicidal ideations. He believes that coworkers are "out to get" him and that he is in immediate danger from them. His speech is pressured and incoherent and his apartment is unkempt and neglected. He sent petitioner (friend/coworker) numerous texts outlining his intention to self-harm. Respondent has previous diagnosis of schizoaffective disorder. Unknown meds. Petitioner fears for his ultimate safety.

Nursing attempted to reach petitioner for collateral information but was

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Acct#: 6437633200

DOB: 11/1/1980

Age: 38 years

Sex: Male

Location: OUH

Print ID: 367579444

Behavioral Health Assessments

unable to reach her.

Patient was hypervocal with pressured, tangential speech. He denied information on the petition and stated that his friend, who is also a former coworker, did this out of spite because they have been arguing lately. He says that she just did this because they've been in a power struggle. Patient also explained that he currently has no coworkers. He works as a freelance web designer. When I asked more questions, he did admit that he previously worked in Wells Fargo for 4 years up until June 2018. When talking about working at Wells Fargo he did sound a bit paranoid when talking about how several of his coworkers turned against him. He does not know exactly why, but he believes it was because of something related to Facebook.

Discussed with patient that the fact that his friend and coworker petition him for paranoia and sending text messages outlining how he is going to harm himself, is very worrisome.

Explained to him that from reviewing his clinic notes it appears that he stopped his Depakote on his own and I recommended that we either restart Depakote or increase Zyprexa to 10 mg at night. Patient adamantly refused.

I then recommended a overnight observation stay for further monitoring of symptoms and to also get additional information from the petitioner. Explained to him that nursing called her, I called her and no one has been able to reach her as of yet. Given the allegations on the petition I would like to speak with her and also see the text messages she is referring to before we consider discharge.

Plan to admit to observation for safety and further evaluation; continue Zyprexa 5 mg p.o. nightly, Adderall XR 20mg BID and Celexa 20 mg p.o. nightly; continue to try to reach the petitioner for collateral information and to also see if she can bring the text messages to the hospital. Reevaluate on April 23 and at that time we will be able to make a better informed decision about inpatient treatment versus discharge after we get additional information from the petitioner.

Reason for Admission: Suicidal ideation/ attempt **Disposition**

Plan: Admission to OBS is current recommendation, but if rapid improvement is not seen in the next 24-48hrs, the plan will be to proceed to inpt level of care.

Legal Status: Involuntary; PIC/ ERIC #1 completed **Collateral information:** _ _

Monitoring Status: PL-3 **Specific Monitoring Needs:** None

Suicide Risk Monitoring: Daily **Specific Order Set(s) for Care**

Management: None _

Medication: see above

Follow Up

No Follow Up Appointments documented.

Attestation

Personally reviewed: Current visit triage/intake/medical record as applicable _ _ _

Reviewed Documentation: Congruent with exam

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Behavioral Health Assessments

New/Changed medications: Not applicable to this assessment

This assessment/plan of care was discussed with: patient _ _ _

Electronically Signed By: MORCIGLIO, APRIL HARRELL MD
04/22/2019 03:34 AM

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health Assessments

DOCUMENT NAME: Psychiatric Assessment
SERVICE DATE/TIME: 4/22/2019 11:04 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: ELLIS ,CHARLI DO (4/22/2019 11:06 EDT)
SIGN INFORMATION: ELLIS ,CHARLI DO (4/22/2019 11:06 EDT)

WILLIAMS III, LEONARD CLINTON

DOB: 11/01/1980
Sex: Male

MRN: 0000642066
FIN: 6437633200

Pt's an after midnight case and therefore will not be assigned to any dayshift docs. The pt has been asking the RN if his Zyprexa can be for 10 mg qhs; his previous dose. I read his eval from Dr. Morciglio and her plan was to start him on 5 mg qhs of Zyprexa. Since he's been here he received a scheduled Zyprexa 5 mg and a 1x dose so he received 10 mg and has tolerated this. Will change Zyprexa to 10 mg qhs.

Electronically Signed By: ELLIS, CHARLI DO
04/22/2019 11:06 AM

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Medication Compliance Status

Admission Medication Reconciliation

Med Name

acetaminophen/aspirin/caffeine (Goodys Extra Strength)

Display Line See Instructions, 1 packet as needed, 0, 11/03/11 16:02:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

OLANzapine (ZyPREXA 5 mg oral tablet)

Display Line See Instructions, 1-2 tablets at bedtime, 60 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

citalopram (citalopram 20 mg oral tablet)

Display Line 20 mg per 1 tablet, ORAL, Daily, 30 tablet, 2, 2, 02/04/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/31/20 14:53:00 EDT

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 03/03/20 14:53:00 EST

Compliance Status: **Compliance Comments:**

dextroamphetamine-amphetamine (Adderall XR 20 mg oral capsule, extended release)

Display Line See Instructions, 2 capsules each am, 60 capsule, 0, 0, 02/04/20 14:57:00 EST

Compliance Status: **Compliance Comments:**

metFORMIN (metFORMIN)

Display Line 500 mg per, daily, 0, 04/15/16 15:22:00 EDT

Compliance Status: **Compliance Comments:**

Still taking, as prescribed

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Consents

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Legal

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

PETITIONER'S WAIVER OF NOTICE OF HEARING


I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.

Signature Of Witness

Date

Signature Of Petitioner

NOTE: "Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of [Chapter 122C] may be expunged from the files of the court." G.S. 122C-54(e).

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*


Correspondence Other

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

11/1/1980

* Release Authorization - Auth (Verified) *

Hi, my name is Leonard Clinton Williams III. My birthday is 11/01/1980. I was told by your medical records dept that I am allowed accommodations in requesting my medical records, due to inability to fill out paperwork that results from my now disabling post-traumatic stress disorder.

I am requesting all of the involuntary commitment paperwork filed in relation to my stay at your location on 501 Billingsly road. The paperwork was filed between the late evening hours of 4/21/2019 and the early morning hours of 4/22/2019.

I am requesting the magistrate's findings to be included. I am requesting unaltered copies of the original paperwork. I would ask that this request be expedited and delivered to me via myatriumhealth. I am using this to document criminal behavior and need it urgently so that I may address my concerns with the Chief of Police at Charlotte Mecklenburg Police Dept and prevent any future criminal behavior from being directed at me.

This document will be digitally signed below.

Leonard Clinton Williams III

Digitally signed
by Leonard Clinton Williams III
Date:
2020.01.22
15:39:23 -05'00'

10 pages involuntary commitment legal documents sent via MyAH 1/22/2020.
[SHOUSE13-1/22/2020 6:04:03 PM]

Chemistry

Accession Number:

Orderable Name:	Collected Date/Time: 4/21/2019 23:45 EDT	Result Date/Time: 4/22/2019 00:22 EDT
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Procedure	Result	Units	Reference Range
Breathalyzer Results	0.00		
Adulterants, Urine -POC	Negative		
Benzodiazepines (BZO), Urine -POC	Negative		
Cocaine (COC), Urine -POC	Negative		
Marijuana (THC), Urine -POC	Negative		
Methamphetamine (MET), Urine -POC	Negative		
Morphine (MOP), Urine -POC	Negative		
Amphetamine (AMP), Urine -POC	Positive		
Barbiturates (BAR), Urine -POC	Negative		
Oxycodone (OXY), Urine -POC	Negative		
Methadone (MTD), Urine -POC	Negative		
MDMA, Urine -POC	Negative		

Orderable Name: Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))	Collected Date/Time: 4/22/2019 03:57 EDT	Result Date/Time:
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Procedure	Result	Units	Reference Range
Breathalyzer Results	Not Done: Task duplication		
ED Urine Pregnancy Test	Not Done: Task duplication		

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

PowerPlans

Medical

Plan: ADULT BHC Admission

Status: Discontinued

History: Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: PHARM Nicotine Replacement Therapy; **Status:** Discontinued

History: Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: CODE BLUE Status; **Status:** Discontinued

History: Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Sub-phase: PHARM Hypoglycemia Orders; **Status:** Discontinued

History: Planned at 4/22/2019 03:43 EDT electronically signed by MORCIGLIO ,APRIL HARRELL MD

Initiated at 4/22/2019 03:58 EDT electronically signed by GRIMES ,EMILY M RN

Discontinued at 4/24/2019 14:05 EDT electronically signed by SYSTEM

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

The current National Provider Identifier value is displayed with the ordering physician

Order: **ED Notification -Involuntary**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 12:59:07 AM EDT Routine Stop: 4/24/19 3:10:01 PM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 00:59 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 04/22/19 0:59:07 EDT Routine Stop: 04/22/19 0:59:07 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM Supervising Provider:

Order Details: 04/22/19 0:59:07 EDT Routine Stop: 04/22/19 0:59:07 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **Bed Request**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 4/22/19 3:35:00 AM EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD
Regular Bed - No Telemetry Specialty Care: None Modifier: None

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:39 EDT Entered By: MORCIGLIO ,APRIL HARRELL MD

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:35:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: None Modifier: None

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:35:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular
Bed - No Telemetry Specialty Care: None Modifier: None

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 4/22/19 8:00:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:43 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 04/22/19 8:00:00 EDT, 14 day(s), Stop date 05/06/19 7:59:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 40 mg per 2 capsule Extended Release Capsule ORAL qAM (every morning), 04/22/19 8:00:00 EDT, 14 day(s), Stop date 05/06/19 7:59:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **citalopram (CeleXA) (citalopram 20 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 4/22/19 8:30:00 PM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:43 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 20 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **metFORMIN (metFORMIN 500 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 4/22/19 8:30:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:03 PM EDT, 1 tab PO Q11am

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:43 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT, 1 tab PO Q11am

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:03 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 500 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT, 1 tab PO Q11am

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **Enhanced Admission Med Rec Rx Review**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 4/22/19 6:03:26 AM EDT

Order Comment: MORCIGLIO , APRIL HARRELL MD requested

Action Type: Order	Action Date/Time: 4/22/2019 03:45 EDT	Entered By: SYSTEM
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Ordering Provider: SYSTEM	Supervising Provider:
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Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 05/06/19 3:45:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:46 EDT

Pharmacist Verify: Not Reviewed

Doctor Cosign: Not Required

Order Comment: MORCIGLIO , APRIL HARRELL MD requested

Action Type: Delete	Action Date/Time: 4/22/2019 06:03 EDT	Entered By: MEDINA ,IVAN RPH
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Ordering Provider: SYSTEM	Supervising Provider:
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Order Details: HEMG, MISCELLANEOUS, On Call, Routine, 14 day(s), Stop date 05/06/19 3:45:00 EDT

Review Information:

Nurse Review: Electronically Signed, WALLACE ,ANNE S RN on 4/22/2019 06:06 EDT

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:03 EDT

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **Initiate Powerplan**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Stop: 4/22/19 4:26:00 AM EDT, On arrival to the unit

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Stop: 04/22/19 4:26:00 EDT, On arrival to the unit

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Order: **Admit/Change Patient Status (Admit)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD

Regular Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Observation-Expect LOS is 1 midnight MORCIGLIO , APRIL HARRELL MD Regular Bed - No Telemetry Specialty Care: Psychiatric Modifier: None Reason for Hosp: Suicidal ideation/attempt

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **Obtain Lab If**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:58 EDT	Entered By: GRIMES ,EMILY M RN
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 04/22/19 3:57:00 EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
--	-----------------------

Order Details: 04/22/19 3:57:00 EDT, Obtain: POC Glucose, If signs and symptoms of hypoglycemia (sweaty, shaky, blurry vision, feeling weak, etc.) AND after hypoglycemic event. Repeat as indicated in the treatment instructions, PRN

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Nursing Task

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Order Comment: If blood glucose remains less than 70 mg/dL without decreased level of consciousness THEN repeat 15 grams of carbohydrates AND retest blood glucose in 15 minutes; REPEAT process every 15 minutes until blood glucose is 70 or greater OR provider gives new order ; Provide 15 gm protein/carbohydrate snack (peanut butter and crackers, cheese and crackers, or milk) OR meal within 2 hours of hypoglycemia episode *NOTE: Foods that provide 15 grams of carbohydrates: 1/2 cup apple juice 1/2 cup orange juice 240 mL skim or 2% milk 6 soda crackers 3 graham cracker squares 1/2 cup unsweetened applesauce (DO NOT ADD SUGAR)

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment: If blood glucose remains less than 70 mg/dL without decreased level of consciousness THEN repeat 15 grams of carbohydrates AND retest blood glucose in 15 minutes; REPEAT process every 15 minutes until blood glucose is 70 or greater OR provider gives new order ; Provide 15 gm protein/carbohydrate snack (peanut butter and crackers, cheese and crackers, or milk) OR meal within 2 hours of hypoglycemia episode *NOTE: Foods that provide 15 grams of carbohydrates: 1/2 cup apple juice 1/2 cup orange juice 240 mL skim or 2% milk 6 soda crackers 3 graham cracker squares 1/2 cup unsweetened applesauce (DO NOT ADD SUGAR)

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine PRN (As needed) PRN For patient experiencing hypoglycemia AND is responsive and able to swallow administer 15 grams* of oral carbohydrates AND recheck blood glucose in 15 minutes;
See Order Comments:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **Nursing Task**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once PRN Provide 15 gm protein/carbohydrate snack OR meal within 2 hours of hypoglycemic event

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **Notify Provider**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Stat Of hypoglycemic event, 4/22/19 4:06:20 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Stat Of hypoglycemic event, 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/22/2019 04:06 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Stat Of hypoglycemic event, 04/22/19 3:57:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **Initiate Powerplan**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Stop: 4/22/19 4:26:00 AM EDT, On arrival to the unit

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Stop: 04/22/19 4:26:00 EDT, On arrival to the unit

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Order: **glucagon (glucagon recombinant 1mg Inj)**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Hypoglycemia Orders

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 4/22/19 3:57:00 AM EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Order Comment: For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present; Notify Provider AND recheck blood glucose in 15 minutes; Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911) Notify Provider each time blood glucose is below 70 mg/dL

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment: For blood glucose less than 70 mg/dL AND patient NPO, unresponsive, or unable to swallow AND NO IV access is present; Notify Provider AND recheck blood glucose in 15 minutes; Attempt to establish IV access (Exception: Behavioral Health facilities; CALL 911) Notify Provider each time blood glucose is below 70 mg/dL

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 1 mg Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, Administer for patient experiencing hypoglycemia AND is unresponsive, unable to swallow or NPO AND NO IV access is present. Recheck blood glucose in 15 minutes

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **ERIC to be Completed By**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/22/19 4:06:19 AM EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Order Comment: Place ERIC with demographic information on chart; Notify physician that ERIC 2 must be completed within 24 hours

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment: Place ERIC with demographic information on chart; Notify physician that ERIC 2 must be completed within 24 hours

Action Type: Complete Action Date/Time: 4/22/2019 04:06 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT ERIC 1 Completed and ERIC 2 To be completed by next MD;

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **Code Status FULL CODE BLUE**

Plan Name: ADULT BHC Admission, ADULT BHC Admission, CODE BLUE Status

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: FULL CODE BLUE 4/22/19 3:57:00 AM EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: FULL CODE BLUE 04/22/19 3:57:00 EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: FULL CODE BLUE 04/22/19 3:57:00 EDT Routine, INTUBATION, MECHANICAL VENTILATION, CHEST COMPRESSION, DEFIBRILLATION, ACLS Meds

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: Weight (BH)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine qWeek (every week)

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine qWeek (every week)

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine qWeek (every week)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Weight (BH)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/24/19 3:10:01 PM EDT Obtain patient's weight upon discharge

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT Obtain patient's weight upon discharge

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT Obtain patient's weight upon discharge

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: Suicide Risk Assessment (BH)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Daily (DEF)

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Daily (DEF)

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Daily (DEF)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Routine Monitoring (BH)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Suicide every 15 minute visual checks

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Suicide every 15 minute visual checks

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Suicide every 15 minute visual checks

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **Regular Diet.**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **OLANzapine (ZyPREXA) (OLANzapine 5 mg Tablet)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 4/22/19 3:57:00 AM EDT, Stop date 4/22/19 4:05:36 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 3:57:00 EDT, Stop date 04/22/19 3:57:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/22/2019 04:05 EDT Entered By: WALLACE ,ANNE S RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 3:57:00 EDT, Stop date 04/22/19 3:57:00 EDT

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Nursing Misc Communication (Nurse Communication)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine, Breathalyzer, IF not done in ED

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine, Breathalyzer, IF not done in ED

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine, Breathalyzer, IF not done in ED

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Nursing Misc Communication (Nurse Communication)

Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Nicotine Replacement Therapy

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Remove all nicotine products in patient's room and send home with family prior to beginning nicotine replacement therapy

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Nursing Misc Communication

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Please continue to try to reach petitioner to get collateral information and to see if she can bring copies of the text messages

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: nicotine (nicotine 2 mg oral transmucosal gum) (nicotine polacrilex 2 mg Gum)		
Plan Name: ADULT BHC Admission, ADULT BHC Admission, PHARM Nicotine Replacement Therapy		
Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)		
Electronically Signed By: GRIMES ,EMILY M RN		
Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 4/22/19 3:57:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:02 PM EDT, Light Tobacco Use.		
Order Comment: While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.		
Action Type: Order	Action Date/Time: 4/22/2019 03:58 EDT	Entered By: GRIMES ,EMILY M RN
Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:	
Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT, Light Tobacco Use.		
Review Information:		
Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT		
Pharmacist Verify: Not Reviewed		
Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT		
Doctor Cosign: Not Required		
Order Comment: While Awake; Do not exceed 5 pieces (10 mg) in a 6 hour period. Instruct patient to bite down on gum to release nicotine (patient will feel a tingling sensation). Instruct patient to set or "park" gum between jaw and cheek until the tingling stops, and then repeat process. Patient is to remove gum when biting no longer creates the tingling sensation. One piece is used for 30 minutes on average. Patient should not eat or drink for 15 minutes before using gum or while chewing a piece.		
Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:	
Order Details: 2 mg per 1 gum Gum CHEWED q1hr PRN Smoking Cessation, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT, Light Tobacco Use.		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **BH Commitment Status**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Commitment Status: Involuntary

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Commitment Status: Involuntary

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Commitment Status: Involuntary

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT Routine Once Stop: 4/22/19 4:06:29 AM EDT If not done in ED.

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT If not done in ED.

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete Action Date/Time: 4/22/2019 04:06 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT Routine Once Stop: 04/22/19 3:57:00 EDT If not done in ED.

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **OLANzapine (ZyPREXA) (OLANzapine 5 mg Tablet)**

Plan Name: ADULT BHC Admission

Ordering Physician: ELLIS ,CHARLI DO (National Provider Identifier: 1114239316)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 4/22/19 8:30:00 PM EDT, 14 day(s), Stop date 4/22/19 11:01:20 AM EDT

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel Action Date/Time: 4/22/2019 11:01 EDT Entered By: ELLIS ,CHARLI DO

Ordering Provider: ELLIS ,CHARLI DO Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:10 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 11:14 EDT

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Obtain Lab If

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 4/22/19 3:57:00 AM EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Order Comment:

Action Type: Order Action Date/Time: 4/22/2019 03:58 EDT Entered By: GRIMES ,EMILY M RN

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 4/24/2019 15:10 EDT Entered By: SYSTEM

Ordering Provider: MORCIGLIO ,APRIL HARRELL MD Supervising Provider:

Order Details: 04/22/19 3:57:00 EDT, Obtain: Drugs of Abuse Screen, FOR Patient at CHS STANLY ONLY. If not done in ED, Once

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **benztropine (benztropine 1 mg/mL 2 mL Inj)**

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 4/22/19 3:57:00 AM EDT, For Acute Dystonia and Notify Physician

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:58 EDT	Entered By: GRIMES ,EMILY M RN
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, For Acute Dystonia and Notify Physician

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 2 mg per 2 mL Injection IM (INTRAMUSCULAR) Once PRN Other (see comment), 04/22/19 3:57:00 EDT, For Acute Dystonia and Notify Physician

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Al hydroxide/Mg hydroxide/simethicone (aluminum hydroxide/magnesium hydroxide/simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) (alumOH/MgOH/simeth 200-200-20mg/5mL 30mL Susp UD)

Plan Name: ADULT BHC Admission

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: GRIMES ,EMILY M RN

Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 4/22/19 3:57:00 AM EDT, 14 day(s), Stop date 4/24/19 3:10:01 PM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 03:58 EDT	Entered By: GRIMES ,EMILY M RN
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 03:58 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 30 mL, Suspension, ORAL, q4h, PRN, Indigestion, 04/22/19 3:57:00 EDT, 14 day(s), Stop date 05/06/19 3:56:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **POC Glucose (Blood) (POC Glucose (Blood))**

Ordering Physician: KARANIKAS ,HRISTOS C DO (National Provider Identifier: 1033539499)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: Blood, 4/22/19 4:06:00 AM EDT, Timed collect, ACHS (before meals and at bedtime)

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 04:06 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: Blood, 04/22/19 4:06:00 EDT, Timed collect, ACHS (before meals and at bedtime)

Review Information:

Nurse Review: Electronically Signed, WALLACE ,ANNE S RN on 4/22/2019 04:07 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue	Action Date/Time: 4/22/2019 11:34 EDT	Entered By: KARANIKAS ,HRISTOS C DO
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Ordering Provider: KARANIKAS ,HRISTOS C DO	Supervising Provider:
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Order Details: Blood, 04/22/19 4:06:00 EDT, Timed collect, ACHS (before meals and at bedtime)

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:56 EDT

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **OLANzapine (ZyPREXA) (OLANzapine 5 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 4/22/19 8:30:00 AM EDT, 14 day(s), Stop date 4/22/19 5:20:07 AM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 05:19 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Cancel	Action Date/Time: 4/22/2019 05:20 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD	Supervising Provider:
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Order Details: 5 mg per 1 tablet Tablet ORAL Daily, 04/22/19 8:30:00 EDT, 14 day(s), Stop date 05/06/19 8:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **OLANzapine (ZyPREXA) (OLANzapine 5 mg Tablet)**

Ordering Physician: MORCIGLIO ,APRIL HARRELL MD (National Provider Identifier: 1306977160)

Electronically Signed By: MORCIGLIO ,APRIL HARRELL MD

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 4/22/19 5:20:00 AM EDT, Stop date 4/22/19 5:25:13 AM EDT

Order Comment:

Action Type: Order	Action Date/Time: 4/22/2019 05:20 EDT	Entered By: MORCIGLIO ,APRIL HARRELL MD
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 5:20:00 EDT, Stop date 04/22/19 5:20:00 EDT

Review Information:

Nurse Review: Electronically Signed, GRIMES ,EMILY M RN on 4/22/2019 05:20 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Reviewed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete	Action Date/Time: 4/22/2019 05:25 EDT	Entered By: WALLACE ,ANNE S RN
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Ordering Provider: MORCIGLIO ,APRIL HARRELL MD

Supervising Provider:

Order Details: 5 mg per 1 tablet Tablet ORAL Once, STAT, 04/22/19 5:20:00 EDT, Stop date 04/22/19 5:20:00 EDT

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, MEDINA ,IVAN RPH on 4/22/2019 06:02 EDT

Doctor Cosign: Not Required

Order Comment:

Order: **Weekly Integumentary Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT Routine qWeek Sun (every Sunday)

Order Comment: Order placed by rule on admission: CHSADT_ADM_BH

Action Type: Order	Action Date/Time: 4/22/2019 05:59 EDT	Entered By: SYSTEM
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Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT Routine qWeek Sun (every Sunday)

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule on admission: CHSADT_ADM_BH

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT Routine qWeek Sun (every Sunday)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Tobacco Treatment Quality Measures

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Tobacco Treatment Quality Measures

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: Substance Quality Measure

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Substance Quality Measure

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **Notifications/Events -CNA**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **HBIPS Quality Measures**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: HBIPS Quality Measures

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by rule CHSADT_HBIPS_QM

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Events/Procedures/Notifications

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **Education Teaching Record**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 5:59:22 AM EDT

Order Comment: Order placed automatically by rule CHSADT_IPOC_ETR

Action Type: Order | Action Date/Time: 4/22/2019 05:59 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed automatically by rule CHSADT_IPOC_ETR

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/22/19 5:59:22 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **OLANzapine (ZyPREXA) (OLANzapine 10mg tab)**

Ordering Physician: ELLIS ,CHARLI DO (National Provider Identifier: 1114239316)

Electronically Signed By: ELLIS ,CHARLI DO

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 4/22/19 8:30:00 PM EDT, 14 day(s), Stop date 4/24/19 3:10:02 PM EDT

Order Comment:

Action Type: Order | Action Date/Time: 4/22/2019 11:01 EDT | Entered By: ELLIS ,CHARLI DO

Ordering Provider: ELLIS ,CHARLI DO

Supervising Provider:

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Nurse Review: Electronically Signed, CUNNINGHAM ,NICHOLAS A RN BHC on 4/22/2019 11:10 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 11:14 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue | Action Date/Time: 4/24/2019 15:10 EDT | Entered By: SYSTEM

Ordering Provider: ELLIS ,CHARLI DO

Supervising Provider:

Order Details: 10 mg per 1 tablet Tablet ORAL qHS (each night at bedtime), Routine, 04/22/19 20:30:00 EDT, 14 day(s), Stop date 05/06/19 20:29:00 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: **acetaminophen (acetaminophen 325 mg Tablet)**

Ordering Physician: KARANIKAS ,HRISTOS C DO (National Provider Identifier: 1033539499)

Electronically Signed By: KARANIKAS ,HRISTOS C DO

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 4/22/19 1:28:00 PM EDT, 14 day(s), Stop date 4/24/19 3:10:02 PM EDT, See Order Comments

Order Comment: When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Action Type: Order	Action Date/Time: 4/22/2019 13:28 EDT	Entered By: KARANIKAS ,HRISTOS C DO
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Ordering Provider: KARANIKAS ,HRISTOS C DO

Supervising Provider:

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 04/22/19 13:28:00 EDT, 14 day(s), Stop date 05/06/19 13:27:00 EDT, See Order Comments

Review Information:

Nurse Review: Electronically Signed, FOSTER ,WILLIAM P RN on 4/22/2019 15:19 EDT

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, VELAYUTHAN ,ANUSHYA RPH on 4/22/2019 13:34 EDT

Doctor Cosign: Not Required

Order Comment: When ordered with ibuprofen for MILD pain or Headache, provide as FIRST option. Acetaminophen may be given in addition to ibuprofen. May provide for pain score GREATER THAN 3 IF requested by patient in place of a moderate or severe pain indication. Document request as a MAR comment. DO NOT combine with other acetaminophen containing products.

Action Type: Discontinue	Action Date/Time: 4/24/2019 15:10 EDT	Entered By: SYSTEM
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Ordering Provider: KARANIKAS ,HRISTOS C DO

Supervising Provider:

Order Details: 650 mg per 2 tablet Tablet ORAL q4h PRN Pain, MILD (1-3), Routine, 04/22/19 13:28:00 EDT, 14 day(s), Stop date 05/06/19 13:27:00 EDT, See Order Comments

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Electronic Orders

Order: Chart Pain Assessment

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/22/19 3:53:21 PM EDT Routine Stop: 4/22/19 7:35:46 PM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order | Action Date/Time: 4/22/2019 15:53 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 15:53:21 EDT Routine Stop: 04/22/19 15:53:21 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete | Action Date/Time: 4/22/2019 19:35 EDT | Entered By: CUNNINGHAM ,
NICHOLAS A RN BHC

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/22/19 15:53:21 EDT Routine Stop: 04/22/19 15:53:21 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Chart Pain Assessment

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/23/19 9:53:50 AM EDT Routine Stop: 4/23/19 10:07:46 AM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order | Action Date/Time: 4/23/2019 09:53 EDT | Entered By: SYSTEM

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/23/19 9:53:50 EDT Routine Stop: 04/23/19 9:53:50 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete | Action Date/Time: 4/23/2019 10:07 EDT | Entered By: FOSTER ,WILLIAM P RN

Ordering Provider: SYSTEM | Supervising Provider:

Order Details: 04/23/19 9:53:50 EDT Routine Stop: 04/23/19 9:53:50 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Electronic Orders

Order: **Chart Pain Assessment**

Ordering Physician: SYSTEM

Electronically Signed By: SYSTEM

Order Details: 4/24/19 9:15:41 AM EDT Routine Stop: 4/24/19 12:05:17 PM EDT

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Order Action Date/Time: 4/24/2019 09:15 EDT Entered By: SYSTEM

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/24/19 9:15:41 EDT Routine Stop: 04/24/19 9:15:41 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed by System because PRN acetaminophen was documented and no Pain Assessment was found.

Action Type: Complete Action Date/Time: 4/24/2019 12:05 EDT Entered By: WASSON ,SHERRI RN

Ordering Provider: SYSTEM

Supervising Provider:

Order Details: 04/24/19 9:15:41 EDT Routine Stop: 04/24/19 9:15:41 EDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

DOCUMENT NAME: PRN Medication Response Form-Text
ELECTRONICALLY SIGNED BY: WASSON ,SHERRI RN (4/24/2019 12:05 EDT)

PRN Medication Response Entered On: 4/24/2019 12:05 EDT
Performed On: 4/24/2019 9:45 EDT by WASSON , SHERRI RN

Intervention Information:

acetaminophen
Performed by WASSON , SHERRI RN on 4/24/2019 09:15:38 EDT

acetaminophen,650mg
ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult
Adult Pain Med Response : Yes

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric
Numerical Rating Scale Used : Yes

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

NRS Pain Scale

Pain Location : Back
Numeric Rating Pain Scale : 0 = No pain
Numeric Rating Pain Score : 0

WASSON , SHERRI RN - 4/24/2019 12:05 EDT

DOCUMENT NAME: PRN Medication Response Form-Text
ELECTRONICALLY SIGNED BY: NAYLOR ,RICHARD B RN (4/23/2019 23:23 EDT)

PRN Medication Response Entered On: 4/23/2019 23:23 EDT
Performed On: 4/23/2019 22:32 EDT by NAYLOR , RICHARD B RN

Intervention Information:

acetaminophen
Performed by NAYLOR , RICHARD B RN on 4/23/2019 22:02:25 EDT

acetaminophen,650mg
ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult
Adult Pain Med Response : Yes

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

Numerical Rating Scale Used : Yes

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

NRS Pain Scale

Numeric Rating Pain Scale : 0 = No pain

Numeric Rating Pain Score : 0

NAYLOR , RICHARD B RN - 4/23/2019 23:23 EDT

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

NAYLOR , RICHARD B RN (4/23/2019 19:42 EDT)

PRN Medication Response Entered On: 4/23/2019 19:43 EDT
Performed On: 4/23/2019 19:43 EDT by NAYLOR , RICHARD B RN

Intervention Information:

acetaminophen

Performed by CUNNINGHAM , NICHOLAS A RN on 4/23/2019 09:53:48 EDT

acetaminophen,650mg

ORAL,Pain, MILD (1-3)

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

NRS Pain Scale

Numeric Rating Pain Scale : 0 = No pain

Numeric Rating Pain Score : 0

NAYLOR , RICHARD B RN - 4/23/2019 19:42 EDT

DOCUMENT NAME:

PRN Medication Response Form-Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 15:54 EDT)

PRN Medication Response Entered On: 4/22/2019 15:57 EDT
Performed On: 4/22/2019 16:23 EDT by FOSTER , WILLIAM P RN

Intervention Information:

acetaminophen

Performed by CUNNINGHAM , NICHOLAS A RN on 4/22/2019 15:53:19 EDT

acetaminophen,650mg

ORAL,Pain, MILD (1-3)

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

PRN Medication Response

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : FACES

Wong-Baker Pain Scale Used : Yes

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

Wong Baker Pain Scale

Wong-Baker FACES Pain Rating Scale : 8 = Hurts whole lot

Wong-Baker FACES Pain Rating Score : 8

FOSTER , WILLIAM P RN - 4/22/2019 15:54 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 12:04 EDT)

Pain Assessment Entered On: 4/24/2019 12:05 EDT

Performed On: 4/24/2019 9:15 EDT by WASSON , SHERRI RN

Pain Assessment

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

NRS Pain Scale

Pain Location : Head

Numeric Rating Pain Scale : 3

Numeric Rating Pain Score : 3

Primary Pain Quality : Aching

WASSON , SHERRI RN - 4/24/2019 12:04 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER ,WILLIAM P RN (4/23/2019 10:05 EDT)

Pain Assessment Entered On: 4/23/2019 10:07 EDT

Performed On: 4/23/2019 9:53 EDT by FOSTER , WILLIAM P RN

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

Pain Assessment

PRN Med Pain Assessment : Adult

Adult Pain Med Response : Yes

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : Numeric

Numerical Rating Scale Used : Yes

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

NRS Pain Scale

Pain Location : Head

Primary Pain Laterality : Bilateral

Numeric Rating Pain Scale : 5 = Moderate pain

Numeric Rating Pain Score : 5

Primary Pain Quality : Aching

FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

DOCUMENT NAME:

Pain Assessment II Form - Text

ELECTRONICALLY SIGNED BY:

CUNNINGHAM ,NICHOLAS A RN BHC (4/22/2019 19:35 EDT)

Pain Assessment Entered On: 4/22/2019 19:35 EDT

Performed On: 4/22/2019 15:53 EDT by CUNNINGHAM , NICHOLAS A RN BHC

Pain Assessment

PRN Med Pain Assessment : Adult

PRN Med Vital Sign Assessment : Yes

Adult Pain Med Response : Yes

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Pain Assessment Tools Adult

Able to Self Report Pain : FACES

Wong-Baker Pain Scale Used : Yes

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Wong Baker Pain Scale

Wong-Baker FACES Pain Rating Scale : 0 = No hurt

Wong-Baker FACES Pain Rating Score : 0

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

FARLEY ,MICHAEL (4/24/2019 09:04 EDT); FARLEY ,
MICHAEL (4/24/2019 09:00 EDT)

Collateral Information Entered On: 4/24/2019 9:03 EDT

Performed On: 4/24/2019 9:00 EDT by FARLEY , MICHAEL

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

Collateral Information

Name of Collateral : Angie Haun

Collateral Phone Number : 423-██████████

FARLEY , MICHAEL - 4/24/2019 9:00 EDT

Information Provided by Collateral : LCSW spoke with patient's mother who was at work and could not speak at length. She did say that she visited and did not have any safety concerns. She said patient appeared to be doing "real well."

FARLEY , MICHAEL - 4/24/2019 9:04 EDT

~~{ LCSW spoke with patient's mother who was at work and could not speak at length.
} -- previously charted by FARLEY , MICHAEL at 4/24/2019 9:00 EDT;~~

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP , SHAMIKKI R MSW (4/23/2019 13:19 EDT)

Collateral Information Entered On: 4/23/2019 13:23 EDT

Performed On: 4/23/2019 13:19 EDT by SHIPP , SHAMIKKI R MSW

Collateral Information

Name of Collateral : Angie Haun (Mother)

Collateral Phone Number : 423-██████████

Collateral Relationship : Mother

Information Provided by Collateral : D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

SHIPP , SHAMIKKI R MSW - 4/23/2019 13:19 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP , SHAMIKKI R MSW (4/23/2019 11:35 EDT)

Collateral Information Entered On: 4/23/2019 11:37 EDT

Performed On: 4/23/2019 11:35 EDT by SHIPP , SHAMIKKI R MSW

Collateral Information

Name of Collateral : Angie Haun (mother)

Collateral Phone Number : 423-██████████

Collateral Relationship : Mother

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

Information Provided by Collateral : D/C attempted to contact mother to request an update on baseline functioning. No answer. Unable to leave message due to VM full. It has been reported that mother is coming for visitation today; mother to provide update.

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:35 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

SHIPP ,SHAMIKKI R MSW (4/23/2019 11:28 EDT)

Collateral Information Entered On: 4/23/2019 11:34 EDT
Performed On: 4/23/2019 11:28 EDT by SHIPP , SHAMIKKI R MSW

Collateral Information

Name of Collateral : Jennifer Cox (Petitioner)

Collateral Phone Number : 704- [REDACTED]

Collateral Relationship : Other: Friend / Co-worker

Information Provided by Collateral : D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and erratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:28 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

WALLACE ,ANNE S RN (4/22/2019 08:59 EDT)

Collateral Information Entered On: 4/22/2019 9:06 EDT
Performed On: 4/22/2019 8:59 EDT by WALLACE , ANNE S RN

Collateral Information

Name of Collateral : Jennifer Cox- petitioner

Collateral Phone Number : 704- [REDACTED]

Information Provided by Collateral : Ms Cox returned phone call. See above for cell number. Number on petition is work number.

Petitioner reports that for the past week, pt's behavior has been more erratic. Believes that someone from Charlotte has contacted people in his home county and are spreading rumors about him. He believes it is the petitioner.

Last night he sent her a text, "I'll be dead by tomorrow, is there anything you want to tell me."

Has been yelling at her about various things and then will flip and begin to calmly talk about unrelated topics. Has

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

screamed at her that "he is in hell."

Reports he is highly intellient and reads psych books for fun.

WALLACE , ANNE S RN - 4/22/2019 8:59 EDT

DOCUMENT NAME:

Collateral Information Form-Text

ELECTRONICALLY SIGNED BY:

WALLACE ,ANNE S RN (4/22/2019 01:13 EDT)

Collateral Information Entered On: 4/22/2019 1:15 EDT
Performed On: 4/22/2019 1:13 EDT by WALLACE , ANNE S RN

Collateral Information

Name of Collateral : Jennifer Cox- friend

Collateral Phone Number : 704-943-5731

Information Provided by Collateral : No answer, generic message left to return call

WALLACE , ANNE S RN - 4/22/2019 1:13 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WASSON ,SHERRI RN (4/24/2019 12:56 EDT)

Education Teaching Record Entered On: 4/24/2019 12:57 EDT
Performed On: 4/24/2019 12:56 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions, Written instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 12:56 EDT

ETR Discharge Planning

Discharge Planning Education : Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider

Learner Response - Discharge Planning : Demonstrates acceptable knowledge of topic/instructions

WASSON , SHERRI RN - 4/24/2019 12:56 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

DOCUMENT NAME: Education Teaching Record Form - Text
ELECTRONICALLY SIGNED BY: WASSON ,SHERRI RN (4/24/2019 12:24 EDT)

Education Teaching Record Entered On: 4/24/2019 12:24 EDT
Performed On: 4/24/2019 12:24 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs
Patient Identified Learning Needs : med teaching completed on meds given.
Learner : Patient
Ability/Readiness to Learn : Receptive
Method of Teaching : Verbal instructions, Written instructions
Preferred Learning Methods : Discussion
Barriers to Learning : None evident
Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 12:24 EDT

ETR Discharge Planning

Discharge Planning Education : Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider
Learner Response - Discharge Planning : Demonstrates acceptable knowledge of topic/instructions

WASSON , SHERRI RN - 4/24/2019 12:24 EDT

DOCUMENT NAME: Education Teaching Record Form - Text
ELECTRONICALLY SIGNED BY: WASSON ,SHERRI RN (4/24/2019 09:06 EDT)

Education Teaching Record Entered On: 4/24/2019 9:07 EDT
Performed On: 4/24/2019 9:06 EDT by WASSON , SHERRI RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs
Patient Identified Learning Needs : med teaching completed on meds given.
Learner : Patient
Ability/Readiness to Learn : Receptive
Method of Teaching : Verbal instructions
Preferred Learning Methods : Discussion
Barriers to Learning : None evident
Action Plan to Barriers : None required

WASSON , SHERRI RN - 4/24/2019 9:06 EDT

ETR Medications

Medication : Adderall, metformin
Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications
Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

WASSON , SHERRI RN - 4/24/2019 9:06 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

NAYLOR , RICHARD B RN (4/23/2019 22:03 EDT)

Education Teaching Record Entered On: 4/23/2019 22:03 EDT
Performed On: 4/23/2019 22:03 EDT by NAYLOR , RICHARD B RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Audio/Visual

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

ETR Medications

Medication : tylenol

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

NAYLOR , RICHARD B RN (4/23/2019 21:40 EDT)

Education Teaching Record Entered On: 4/23/2019 21:41 EDT
Performed On: 4/23/2019 21:40 EDT by NAYLOR , RICHARD B RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : med teaching completed on meds given.

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Audio/Visual

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

NAYLOR , RICHARD B RN - 4/23/2019 21:40 EDT

ETR Medications

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO , APRIL HARRELL MD
Attending: MORCIGLIO , APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

Medication : olanzapine, citalopram

Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

NAYLOR , RICHARD B RN - 4/23/2019 21:40 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/23/2019 10:04 EDT)

Education Teaching Record Entered On: 4/23/2019 10:05 EDT
Performed On: 4/23/2019 10:04 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 16:00 EDT)

Education Teaching Record Entered On: 4/22/2019 16:00 EDT
Performed On: 4/22/2019 16:00 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : Patient identified learning needs

Patient Identified Learning Needs : Pt provided med ed

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/22/2019 16:00 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

FOSTER , WILLIAM P RN (4/22/2019 11:25 EDT)

Admit Date: 4/22/2019

03:35 EDT

Disch Date: 4/24/2019

12:30 EDT

Admitting: MORCIGLIO ,APRIL HARRELL MD

Attending: MORCIGLIO ,APRIL HARRELL MD

Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON

MRN: 0000642066

Acct#: 6437633200

DOB: 11/1/1980

Age: 38 years

Sex: Male

Location: OUH

Print ID: 367579444

Clinical Documentation

Education Teaching Record Entered On: 4/22/2019 11:25 EDT
Performed On: 4/22/2019 11:25 EDT by FOSTER , WILLIAM P RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs
Learner : Patient
Ability/Readiness to Learn : Receptive
Method of Teaching : Verbal instructions
Preferred Learning Methods : Discussion
Barriers to Learning : None evident
Action Plan to Barriers : None required

FOSTER , WILLIAM P RN - 4/22/2019 11:25 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

WALLACE , ANNE S RN (4/22/2019 04:09 EDT)

Education Teaching Record Entered On: 4/22/2019 4:09 EDT
Performed On: 4/22/2019 4:09 EDT by WALLACE , ANNE S RN

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs
Learner : Patient
Ability/Readiness to Learn : Receptive
Method of Teaching : Verbal instructions
Preferred Learning Methods : Discussion
Barriers to Learning : None evident
Action Plan to Barriers : None required

WALLACE , ANNE S RN - 4/22/2019 4:09 EDT

ETR Medications

Medication : Zyprexa
Education : Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications, Self monitoring techniques
Learner Response - Medications : Demonstrates acceptable knowledge of topic/instructions

WALLACE , ANNE S RN - 4/22/2019 4:09 EDT

DOCUMENT NAME:

Education Teaching Record Form - Text

ELECTRONICALLY SIGNED BY:

GRIMES , EMILY M RN (4/22/2019 03:49 EDT)

Education Teaching Record Entered On: 4/22/2019 3:49 EDT
Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Clinical Documentation

ETR Learning Assessment

Education Plan of Care : No patient identified learning needs

Learner : Patient

Ability/Readiness to Learn : Receptive

Method of Teaching : Teach back, Verbal instructions

Preferred Learning Methods : Discussion

Barriers to Learning : None evident

Action Plan to Barriers : None required

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

ETR Admission/Orientation

Admission Requirements : Yes

Admission Requirements Education : Code care, Fall reduction strategies/programs, HIPAA information, How to report concerns r/t care, tx, services, safety, Infection control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain

BH Admission Requirements Education : Court process

Orientation to Room, Unit, Dept : Ask Me 3, Contraband process, Coping skills, Interdisciplinary roles, Mealtimes, Orientation to facility/dept, Patient care nurse, Patient identifiers, Questions about my care, Quiet time, Restrictive interventions/alternatives, Room/phone number, visiting hours, thermostat, room lighting, Safe sleep, Safety - Personal (Security/Police Officers), Securing of belongings and valuables, Speak Up To Prevent Errors in Your Care Brochure, Tobacco free policy, Visitor restrictions

Learner Response - Admission/Orientation : Demonstrates acceptable knowledge of topic/instructions

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Discharge Information - Patient Education

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis is developing:	
1.	Thoughts thoughts, or negative behaviors / feelings
2.	nothing noticed
3.	
Step 2: Internal coping strategies (things I can do to take my mind off my problems without contacting another person – relaxation techniques, physical activity):	
1.	Reading
2.	Playing pool
3.	
Step 3: Social settings/places that provide distractions:	
1.	Bar / restaurants
2.	pool hall
3.	
Step 4: Supports (people whom I can ask for help):	
<u>NAME:</u>	<u>PHONE NUMBER:</u>
1. mom	927-213-3176
2. friend	704-509-3909
3.	
Step 5: Making the environment safe.	
1.	keep cell phone away when heated emotionally
2.	never allow anyone I don't know on my apartment

(continued on reverse side)



Carolinas HealthCare System
BH-Charlotte
Patient Safety Plan
Page 1 of 2



Rev. 5/6/15

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



Step 6: The one thing that is important to me and worth living for is:

paying my mom back for all her
sacrifices

Crisis phone numbers in the event of an emergency:

1. Cardinal Innovations: 1-800-939-5911
2. Suicide Prevention Lifeline Phone: 1-800-273-8255
3. Behavioral Health Call Center: 704-444-2400
4. Mobile Crisis: Mecklenburg County: 704-566-3410; Gaston County: 704-842-6354; Cabarrus and Union counties: 800-939-5911.
5. Emergency: 911
6. Clinician name: _____ Phone: _____

Patient's signature: _____

Date: _____

Time: _____

Staff's signature: _____

Date: _____

Time: _____



Carolinus HealthCare System
BH-Charlotte
Patient Safety Plan
Page 2 of 2 Rev. 5/6/15

WILLIAMS, LEONARD CLINT*
CSN: 6437633200 FAC: H
MRN: 0000642066 Adm Date: 4/21/2019
DOB: 11/01/1980 (38 yrs) Male
Att Phy: 99047 BHR EMERGENCY MEDIC*



BH Clinical Documentation

DOCUMENT NAME:

Fall Risk Assessment - BH Entered On: 4/22/2019 3:49 EDT
Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN

Fall Risk Assessment

Age-Fall Risk : N/A

Fall History : N/A

Elimination, Bowel, & Urine : N/A

Medication(s) : N/A

Cognitive CD : N/A

Mobility Status : N/A

Patient Care Equipment : N/A

Total Fall Risk Score : 0

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/24/2019 12:27 EDT
Performed On: 4/24/2019 12:26 EDT by TAYLOR , JEANETTE BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : TAYLOR , JEANETTE BH TECHNICIAN

Valuables/Belongings Update : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Valuables Returned : Yes

Valuables/Clothing Returned To : Patient

Valuables/Clothing Returned to Patient : 4/24/2019 12:27 EDT

TAYLOR , JEANETTE BH TECHNICIAN - 4/24/2019 12:26 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/22/2019 9:54 EDT
Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:54 EDT

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.

NAYLOR , RICHARD B RN - 4/23/2019 21:07 EDT

{ [Cell phone, Clothing, Money, Wallet] -- previously charted by DUNCAN , JOHNNIE BH TECHNICIAN at 4/22/2019 9:54 EDT};

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : DUNCAN , JOHNNIE BH TECHNICIAN

Valuables/Belongings Update : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:54 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Valuables/Belongings BH Entered On: 4/22/2019 0:05 EDT
Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN

Valuables/Belongings

Valuable Policy Explained : Yes

Valuable/Belongings with Patient : None

Valuable/Belongings with Family : None

Valuables/Belongings in Secure Area : Cell phone, Clothing, Money, Wallet

Valuables/Belongings Secure Area Details : blk shoes & socks

jeans & belt / brwn shirt

keys / boost drink

\$ 3.00

Valuables/Belongings w/ Safe : None

Staff Members Who Received Valuables : MERRITT , KENNETH BH TECHNICIAN

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:02 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/24/2019 12:09 EDT
Performed On: 4/24/2019 12:06 EDT by WASSON , SHERRI RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt. has been appropriate in mood and behaviors. Pleasant and cooperative. Compliant with medications. Social with staff and peers. Jovial at times. Denies thoughts to harm himself or others, hallucinations, paranoia, or delusional thinking. Sleep and appetite are wnl. Maintained on PL3 for suicide without incident. Discharge instructions given with good understanding. Copy to pt. Belongings given to pt. Discharged, ambulatory per hospital transportation.

WASSON , SHERRI RN - 4/24/2019 12:06 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/24/2019 6:14 EDT
Performed On: 4/24/2019 6:11 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Evening shift note: Pt appears to have slept all night. Pt was up earlier in evening and pacing. After taking his meds around 2200, pt stayed in his room reading a book for awhile, then slept the rest of the night. Pt safety maintained.

NAYLOR , RICHARD B RN - 4/24/2019 6:11 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 23:22 EDT
Performed On: 4/23/2019 23:13 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Evening shift note: Pt was observed walking frequently in hall and changing direction frequently as to avoid interaction with others. Pt pleasant in conversation but does exhibit pressured speech and appears impulsive. Pt not voicing any si,hi, or psychosis, no aggression. Pt requested his meds be given later in evening since he wanted to stay up some. Pt meds rescheduled to 2200. Pt compliant with meds. Pt had his keys and four soft cover books delivered to unit this evening. Pt keys placed in his belonging bag. Pt was given one book and others placed in his belongings. Pt was told he could have one book at a time so they wouldn't get lost or be thrown around unit. Pt okay with this and presently has one book out in his possession. MD came to see pt tonight and pt converted to vol status, pt signed vol consent. Pt voiced concern that his guns wouldn't be taken away from him since he was invol earlier. Pt voiced having a headache, tylenol given for headache per pt request.

NAYLOR , RICHARD B RN - 4/23/2019 23:13 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 22:04 EDT
Performed On: 4/23/2019 22:03 EDT by NAYLOR , RICHARD B RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt voicing headache 3/10, pt requested and recieved tylenol for headache.

NAYLOR , RICHARD B RN - 4/23/2019 22:03 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 10:04 EDT
Performed On: 4/23/2019 10:04 EDT by FOSTER , WILLIAM P RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt was interviewed without issue, maintained eye contact, and was engaged. Pt endorses good sleep and a good appetite. Pt endorses feeling "extremely better," feels well enough to be discharged, and endorses a safe place to go home to - pt lives alone but insists he is not isolated. Pt denies SI, HI, AH, VH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

FOSTER , WILLIAM P RN - 4/23/2019 10:04 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/23/2019 5:36 EDT
Performed On: 4/23/2019 5:35 EDT by GRIMES , EMILY M RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt remains in OUH on PL3 monitoring. He remained in bed asleep since the beginning of this writer's shift at 2100. Eyes closed and regular unlabored respirations. Will continue to monitor per MD orders.

GRIMES , EMILY M RN - 4/23/2019 5:35 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 19:37 EDT
Performed On: 4/22/2019 19:35 EDT by CUNNINGHAM , NICHOLAS A RN BHC

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt came to the interview without issue, maintained good eye contact and was engaged. The Pt endorses having a good day and appetite and feels better and wants to leave and go home. The Pt denies SI, HI, AH, VH and a desire to harm self or others. The Pt remains PL3 waiting to see to the doctor.

CUNNINGHAM , NICHOLAS A RN BHC - 4/22/2019 19:35 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 11:24 EDT
Performed On: 4/22/2019 11:18 EDT by FOSTER , WILLIAM P RN

Nursing Flowsheet

Safety/Alert Armbands In Place : ID

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Mental Status Assessment

BH Mental Status WDL : Within defined limits

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt was able to be interviewed without issue, maintained eye contact, and was engaged. Pt endorses poor sleep due to not receiving meds til 4AM last night, but says he goes without sleep fairly regularly. Pt endorses good appetite, but only ate pancakes from breakfast due to sensory issues that make it difficult to eat other breakfast foods. Pt endorses feeling better, feels good enough to leave, and endorses a safe place with mom and boyfriend. Pt denies SI, HI, VH, AH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

FOSTER , WILLIAM P RN - 4/22/2019 11:18 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 6:08 EDT
Performed On: 4/22/2019 6:06 EDT by WALLACE , ANNE S RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Has lept very little since admission to OBH, requested and received a second zyprexa when he couldn't sleep. Reports he doesn't want to be awakened for AM meds, he doesn't want to take his Adderall this morning and reports he can take his Metformin before lunch.

WALLACE , ANNE S RN - 4/22/2019 6:06 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Nursing Flowsheet Entered On: 4/22/2019 3:50 EDT
Performed On: 4/22/2019 3:49 EDT by GRIMES , EMILY M RN

Progress Note Behavioral Health

Progress Note Behavioral Health : Pt admitted into ED OBS. Contraband search complete. Will continue to monitor per MD orders.

GRIMES , EMILY M RN - 4/22/2019 3:49 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/24/2019 12:05 EDT
Performed On: 4/24/2019 9:00 EDT by WASSON , SHERRI RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
WASSON , SHERRI RN - 4/24/2019 12:05 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/23/2019 10:05 EDT
Performed On: 4/23/2019 9:00 EDT by FOSTER , WILLIAM P RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
FOSTER , WILLIAM P RN - 4/23/2019 10:05 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

CSSRS Short Version - Reassessment Entered On: 4/22/2019 11:25 EDT
Performed On: 4/22/2019 9:00 EDT by FOSTER , WILLIAM P RN

CSSRS Short Version - Reassessment

CSSRS Reassess Able to Assess : Yes

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Since last visit, no

2. Have you actually had any thoughts of killing yourself? (ref) : Since last visit, no

6. Have you done anything, started to do anything, or prepared to do anything to end your life? (ref) : Since last visit, no
FOSTER , WILLIAM P RN - 4/22/2019 11:25 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Communications - BH Entered On: 4/23/2019 11:20 EDT
Performed On: 4/23/2019 11:19 EDT by SHIPP , SHAMIKKI R MSW

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

BH Comm Share Info with others : Yes

OC Reviewed Contact List : 4/23/2019 11:19 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

BH Communication Grid

1. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Angie Haun

Contact Number : 423- [REDACTED]

Relationship : Mother

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

2. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Jennifer Cox

Contact Number : 704- [REDACTED]

Relationship : Co-worker / Friend

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:19 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Communications - BH Entered On: 4/23/2019 11:19 EDT
Performed On: 4/23/2019 11:13 EDT by SHIPP , SHAMIKKI R MSW

Communications - BH

Patient Agreement Comm BH : The patient gives oral or written consent for CHS to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

OC Reviewed Contact List : 4/23/2019 11:13 EDT

Consent Valid BH : This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

BH Communication Grid

1. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Angie Haun

Contact Number : 423- [REDACTED]

Relationship : Mother

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

(Comment: Shamikki Shipp, MSW [SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT])

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

2. *BH Consent Date Obtained* : 4/23/2019 EDT

BH Consent End Date - 1 year from date obtained : 4/22/2020 EDT

Contact Name : Jennifer Cox

Contact Number : 704- [REDACTED]

Relationship : Co-worker / Friend

BH Witnessed By Name : N/A - Patient signed paper consent (see scanned documents)

BH Witnessed By Relationship : AH Staff Member

BH Comments : Pt provided verbal consent

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:13 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 10:31 EDT
Performed On: 4/22/2019 9:45 EDT by MURPHY , MARJORIE M BH TECHNICIAN

HX Safety Rounds

Patient Location : Other: admission to OUH

Patient Behavior/Interventions : Calm

Violence - Aggressive Checklist : No aggression noted

MURPHY , MARJORIE M BH TECHNICIAN - 4/22/2019 10:31 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 9:54 EDT
Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

HX Safety Rounds

Patient Location : Transport

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 9:53 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

HX BH Technician Flowsheet Entered On: 4/22/2019 0:02 EDT
Performed On: 4/21/2019 23:45 EDT by MERRITT , KENNETH BH TECHNICIAN

HX Safety Rounds

Patient Location : Other: search room

Patient Behavior/Interventions : Calm

Violence - Aggressive Checklist : No aggression noted

MERRITT , KENNETH BH TECHNICIAN - 4/22/2019 0:01 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Recreation Therapy Initial Assessment Form Entered On: 4/22/2019 12:09 EDT
Performed On: 4/22/2019 12:03 EDT by HUEBENTHAL , TORI A LRT

Recreation Therapy Initial Assessment

Leisure Interests : Computer, Exercise, Listening to music, Reading, Shopping, Sports, Table games, Walking, Writing,
Other: graphic design

Personal Challenges : Decision making, Relationships, Social interaction, Trusting others

Reason Unable to Participate in Rec Grp : No

Things Done Well : programming, math, reading, writing, learning billiards

Change Something About Self : i would see people more

What do you do for fun? : read, study

Why are you in the hospital? : i got very emotional and told a friend and acquaintance i was going to die

Goals for Hospitalization : get an ideal medication configuration that will avoid side effects as much as possible.

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/24/2019 12:27 EDT
Performed On: 4/24/2019 12:26 EDT by TAYLOR , JEANETTE BH TECHNICIAN

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Patient is discharged to home with returned belongings. Patient is calm upon leaving the unit.

Medicaid Coverage : No

TAYLOR , JEANETTE BH TECHNICIAN - 4/24/2019 12:26 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/24/2019 11:46 EDT
Performed On: 4/24/2019 11:39 EDT by FARLEY , MICHAEL

Universal Progress Note

Program : BHC Adult Observation Unit

FARLEY , MICHAEL - 4/24/2019 11:39 EDT

Universal Progress Note : LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.

FARLEY , MICHAEL - 4/24/2019 11:47 EDT

{ [~~LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan.~~
~~] -- previously charted by FARLEY , MICHAEL at 4/24/2019 11:39 EDT~~};

Medicaid Coverage : No

FARLEY , MICHAEL - 4/24/2019 11:39 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/24/2019 6:36 EDT
Performed On: 4/24/2019 6:36 EDT by ROBINSON , JOSEPH H BH TECHNICIAN

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Medicaid Coverage : No

ROBINSON , JOSEPH H BH TECHNICIAN - 4/24/2019 6:36 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 14:43 EDT
Performed On: 4/23/2019 14:41 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 14:41 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 11:22 EDT
Performed On: 4/23/2019 11:20 EDT by SHIPP , SHAMIKKI R MSW

Universal Progress Note

Program : BHC Emergency Department

Universal Progress Note : Pt provided verbal consent to contact mother (Angie Haun) and friend / co-worker (Jennifer Cox) to obtain information on baseline functioning. See BH-Communication.

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 11:20 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 10:16 EDT
Performed On: 4/23/2019 10:16 EDT by SHIPP , SHAMIKKI R MSW

Universal Progress Note

Program : BHC Emergency Department

Universal Progress Note : D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 10:16 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/23/2019 6:23 EDT
Performed On: 4/23/2019 6:21 EDT by SIMMONS , ALEXIS

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: Substance abuse/psychosis

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for snack. Slept without any interruptions.

Medicaid Coverage : No

SIMMONS , ALEXIS - 4/23/2019 6:21 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 15:50 EDT
Performed On: 4/22/2019 15:49 EDT by RAMOS , CLAUDIA

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Staff attempted to see patient. Patient would not speak to this staff at this time due to being on the phone. Patient would follow up later.

Claudia A Ramos MS LCASA

Medicaid Coverage : No

RAMOS , CLAUDIA - 4/22/2019 15:49 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 14:58 EDT
Performed On: 4/22/2019 14:57 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids.

Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient appeared restless. At times he would pace. He would be intrusive but was redirectable. He did not express any delusional thoughts or stated he was SI. It appeared he was talking to himself in his room. He attended group. He ate well at lunch and drank fluids. He rested in his room later in the shift. No other issues to report

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/22/2019 14:57 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 12:09 EDT
Performed On: 4/22/2019 12:03 EDT by HUEBENTHAL , TORI A LRT

Universal Progress Note

Program : BHC Adult Observation Unit

Universal Progress Note : Recreational Therapy note- the Recreational Therapy assessment has been initiated.

Medicaid Coverage : No

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 10:01 EDT
Performed On: 4/22/2019 9:40 EDT by DUNCAN , JOHNNIE BH TECHNICIAN

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Medicaid Coverage : No

DUNCAN , JOHNNIE BH TECHNICIAN - 4/22/2019 10:01 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

BH Universal Progress Note Entered On: 4/22/2019 6:40 EDT
Performed On: 4/22/2019 6:38 EDT by MORROW , DARIN

Universal Progress Note

Program : BHC ED Observation

Universal Progress Note : P - Observation

I - Staff monitored patient throughout the shift to ensure safety and compliance while documenting every 15 minutes.
E - Patient was able to comply with search process upon arrival. Patient slept well throughout the night. No issues to report.

Medicaid Coverage : No

MORROW , DARIN - 4/22/2019 6:38 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/24/2019 11:49 EDT
Performed On: 4/24/2019 11:00 EDT by SLAYTON , CAMERON G LRT

Medicaid Number

Medicaid Coverage : No

SLAYTON , CAMERON G LRT - 4/24/2019 11:49 EDT

Group Note BH

Group : Values clarification, Process group

Goal Areas Addressed : Identified coping skills, Identified positive plans for future, Identified interactions, Verbalized topical contributions, Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate, Restless

Staff Intervention : Support

SLAYTON , CAMERON G LRT - 4/24/2019 11:49 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/24/2019 10:51 EDT
Performed On: 4/24/2019 10:00 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Medicaid Number

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/24/2019 10:50 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support

Group Therapy Details : P: Goals Group

I: Requested a goal from the patient for the day

E: The patient's goal for the day is to be discharged

MURPHY , MARJORIE M BH TECHNICIAN - 4/24/2019 10:50 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/23/2019 12:41 EDT
Performed On: 4/23/2019 12:00 EDT by SHIPP , SHAMIKKI R MSW

Medicaid Number

Medicaid Coverage : No

SHIPP , SHAMIKKI R MSW - 4/23/2019 12:38 EDT

Group Note BH

Group : Discharge planning

Goal Areas Addressed : Identified coping skills, Discussed discharge plans

Group Participation Level : Active

Group Affect : Mood congruent, Bright

Behavior : Appropriate

Staff Intervention : Support, Problem Solving, Education

Staff Intervention Education Type : D/C planning

Staff Intervention Education Outcome : Acknowledges understanding

Group Therapy Details : Pt attended discharge and safety planning group. PT actively participated in discharge and safety planning topic. Mood was congruent and bright. Pt was able to identify warning signs to crisis. Pt identified places of distraction and supports to contact in case of a crisis. Pt acknowledged understanding of discharge and safety planning. Pt did not have any additional questions or concerns. No safety concerns reported.

SHIPP , SHAMIKKI R MSW - 4/23/2019 12:38 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/23/2019 11:08 EDT
Performed On: 4/23/2019 10:00 EDT by MURPHY , MARJORIE M BH TECHNICIAN

Medicaid Number

Medicaid Coverage : No

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 11:06 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Discussed discharge plans

Group Participation Level : Active

Group Affect : Anxious

Behavior : Restless

Staff Intervention : Support

Group Therapy Details :

P: Goals Group

I: Requested a goal from the day from the patient

E: Patient stated his goal for the day is to be discharged

MURPHY , MARJORIE M BH TECHNICIAN - 4/23/2019 11:06 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/22/2019 19:54 EDT
Performed On: 4/22/2019 19:53 EDT by SIMMONS , ALEXIS

Medicaid Number

Medicaid Coverage : No

SIMMONS , ALEXIS - 4/22/2019 19:53 EDT

Group Note BH

Group : Goal group

Goal Areas Addressed : Discussed discharge plans

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support

Group Therapy Details : Patient expressed that he wanted to work on being well rested and to actually get some rest.

SIMMONS , ALEXIS - 4/22/2019 19:53 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

BH Clinical Documentation

DOCUMENT NAME:

Group Note BH Entered On: 4/22/2019 12:03 EDT
Performed On: 4/22/2019 11:00 EDT by HUEBENTHAL , TORI A LRT

Medicaid Number

Medicaid Coverage : No

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Group Note BH

Group : Discharge planning

Goal Areas Addressed : Identified positive plans for future, Identified interactions, Verbalized topical contributions,
Discussed discharge plans, Maintained focus during group

Group Participation Level : Active

Group Affect : Mood congruent

Behavior : Appropriate

Staff Intervention : Support, Education

Staff Intervention Education Type : D/C planning

Staff Intervention Education Outcome : Acknowledges understanding

HUEBENTHAL , TORI A LRT - 4/22/2019 12:03 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Vitals View

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	09:45 EDT	09:15 EDT
	Recorded By	WASSON ,SHERRI RN	WASSON ,SHERRI RN
Procedure			Units
Numeric Rating Scale Used	Yes	Yes	
Primary Pain Location	Back	Head	
Primary Pain Quality	-	Aching	
Able to Self Report Pain	Numeric	Numeric	
Numeric Rating Pain Scale	0 = No pain	3	
Numeric Rating Pain Score	0	3	
PRN Med Pain Assessment	Adult	Adult	

	Recorded Date	4/24/2019
	Recorded Time	07:57 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Temperature Oral (F)	97.4	DegF
Peripheral Pulse Rate	90	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	138 ^H	mmHg
Diastolic Blood Pressure	89	mmHg
Mean Arterial Pressure	99	mmHg
SpO2	98	%

	Recorded Date	4/23/2019
	Recorded Time	22:32 EDT
	Recorded By	NAYLOR ,RICHARD B RN
Procedure		Units
Numeric Rating Scale Used	Yes	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	0 = No pain	
Numeric Rating Pain Score	0	
PRN Med Pain Assessment	Adult	

	Recorded Date	4/23/2019
	Recorded Time	22:00 EDT
	Recorded By	NAYLOR ,RICHARD B RN
Procedure		Units
Pain Present	Yes	
Primary Pain Location	Head	
Primary Pain Laterality	Midline	
Primary Pain Quality	Aching	
Able to Self Report Pain	Numeric	
Numeric Rating Pain Scale	3	
Numeric Rating Pain Score	3	
NUMERIC Acceptable Level of Pain Scale	0 = No pain	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Vitals View

Recorded Date	4/23/2019
Recorded Time	22:00 EDT
Recorded By	NAYLOR ,RICHARD B RN
Procedure	Units
NUMERIC Acceptable Level of Pain Score	0
Pain Negatively Impacts	Sleep
Pharmacological Therapy	Yes

Recorded Date	4/23/2019	4/23/2019
Recorded Time	19:43 EDT	09:53 EDT
Recorded By	NAYLOR ,RICHARD B RN	FOSTER ,WILLIAM P RN
Procedure		Units
Numeric Rating Scale Used	Yes	Yes
Primary Pain Location	-	Head
Primary Pain Laterality	-	Bilateral
Primary Pain Quality	-	Aching
Able to Self Report Pain	Numeric	Numeric
Numeric Rating Pain Scale	0 = No pain	5 = Moderate pain
Numeric Rating Pain Score	0	5
PRN Med Pain Assessment	Adult	Adult

Recorded Date	4/23/2019	
Recorded Time	08:03 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Temperature Oral (F)	97.3	DegF
Peripheral Pulse Rate	80	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	126	mmHg
Diastolic Blood Pressure	79	mmHg
Mean Arterial Pressure	88	mmHg
SpO2	96	%

Recorded Date	4/22/2019
Recorded Time	16:23 EDT
Recorded By	FOSTER ,WILLIAM P RN
Procedure	Units
Wong-Baker Pain Scale Used	Yes
Able to Self Report Pain	FACES
Wong-Baker FACES Pain Rating Scale	8 = Hurts whole lot
Wong-Baker FACES Pain Rating Score	8
PRN Med Pain Assessment	Adult

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Vitals View

Recorded Date	4/22/2019	
Recorded Time	15:53 EDT	
Recorded By	CUNNINGHAM ,NICHOLAS A RN BHC	
Procedure		Units
Wong-Baker Pain Scale Used	Yes	
Able to Self Report Pain	FACES	
Wong-Baker FACES Pain Rating Scale	0 = No hurt	
Wong-Baker FACES Pain Rating Score	0	
PRN Med Pain Assessment	Adult	
PRN Med Vital Sign Assessment	Yes	

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	07:39 EDT	07:38 EDT	
Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK	
Procedure			Units
Temperature Oral (F)	98.1	98.1	DegF
Peripheral Pulse Rate	101 ^H	97	BPM
Systolic Blood Pressure	136 ^H	137 ^H	mmHg
Diastolic Blood Pressure	84	80	mmHg
Mean Arterial Pressure	93	92	mmHg
SpO2	95	94	%

Recorded Date	4/21/2019	
Recorded Time	23:59 EDT	
Recorded By	MERRITT ,KENNETH M BH TECHNICIAN	
Procedure		Units
Temperature Oral (F)	98.5	DegF
Peripheral Pulse Rate	105 ^H	BPM
Respiratory Rate	18	breaths/minute
Systolic Blood Pressure	131	mmHg
Diastolic Blood Pressure	97 ^H	mmHg
Mean Arterial Pressure	102	mmHg
SpO2	97	%

Recorded Date	4/21/2019	
Recorded Time	23:53 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Pain Present	No	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

HandOFF Communication - Transport

HandOFF Communication - Transport

	Recorded Date Recorded Time Recorded By	4/24/2019 07:15 EDT WASSON ,SHERRI RN	4/23/2019 19:30 EDT NAYLOR ,RICHARD B RN
Procedure	Units		
Report given to		Wasson, S.	Richard Naylor RN
Patient Transfer of Care		Shift change	-
Report Received From		Naylor, R.	Nicholas Cunningham RN
Report Type		Verbal, Written	-

	Recorded Date Recorded Time Recorded By	4/23/2019 07:23 EDT FOSTER ,WILLIAM P RN
Procedure	Units	
Report given to		WF, RN
Patient Transfer of Care		Transfer
Report Received From		EG, RN
Transfer of Care Verifications		See Below ^{T1}
Report Type		Verbal

Textual Results

T1: 4/23/2019 07:23 EDT (Transfer of Care Verifications)
Appropriate isolations in place, Continuous medications rate and dose, Medication tasks, Patient care tasks

	Recorded Date Recorded Time Recorded By	4/23/2019 07:15 EDT MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units	
Tech/NA Transfer of Care Report From		SIMMONS , ALEXIS
Tech/NA Transfer of Care Report Given To		See Below ^{T3}

Textual Results

T3: 4/23/2019 07:15 EDT (Tech/NA Transfer of Care Report Given To)
MURPHY , MARJORIE M BH TECHNICIAN

	Recorded Date Recorded Time Recorded By	4/22/2019 21:15 EDT GRIMES ,EMILY M RN
Procedure	Units	
Report given to		Emily Grimes, RN
Patient Transfer of Care		Shift change
Report Received From		Nicholas Cunningham, RN

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

HandOFF Communication - Transport

HandOFF Communication - Transport

	Recorded Date Recorded Time Recorded By	4/22/2019 07:50 EDT FOSTER ,WILLIAM P RN	4/22/2019 04:08 EDT WALLACE ,ANNE S RN
Procedure	Units		
Report given to		WF, RN	A Wallace RN
Patient Transfer of Care		Transfer	Other: Transfer to OBH
Report Received From		AW, RN	E Grimes RN
Transfer of Care Verifications		See Below ^{T2}	-
Report Type		Verbal	-

Textual Results

T2: 4/22/2019 07:50 EDT (Transfer of Care Verifications)

Appropriate isolations in place, Continuous medications rate and dose, Medication tasks, Patient care tasks

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Patient Assessment

Patient Assessment

Recorded Date	4/22/2019
Recorded Time	00:59 EDT
Recorded By	WALLACE ,ANNE S RN
Procedure	
Social History Categories Addressed	See Below ^{T1}

Textual Results

T1: 4/22/2019 00:59 EDT (Social History Categories Addressed)
Tobacco, Alcohol, Drug abuse, Home/Environment, Nutrition/Health, Abuse/Neglect, Employment/School

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
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Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

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MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Psychosocial

Psychosocial

	Recorded Date Recorded Time Recorded By	4/24/2019 09:00 EDT WASSON ,SHERRI RN	4/23/2019 09:00 EDT FOSTER ,WILLIAM P RN
Procedure	Units		
CSSRS Reassess Able to Assess		Yes	Yes
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no	Since last visit, no
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no	Since last visit, no
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no	Since last visit, no

	Recorded Date Recorded Time Recorded By	4/22/2019 09:00 EDT FOSTER ,WILLIAM P RN	4/21/2019 23:53 EDT WALLACE ,ANNE S RN
Procedure	Units		
CSSRS Screen Able to Assess		-	Yes
CSSRS Screen Wish to be Dead		-	Past month, no
CSSRS Screen Suicidal Thoughts		-	Past month, no
CSSRS Screen Suicide Behavior		-	Lifetime, yes
CSSRS Screen Suicide Behavior Timeline		-	Over a year ago
CSSRS Reassess Able to Assess		Yes	-
CSSRS Screen Wish to be Dead ReAsses		Since last visit, no	-
CSSRS Screen Suicidal Thoughts ReAsses		Since last visit, no	-
CSSRS Screen Suicide Behavior ReAsses		Since last visit, no	-

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Integumentary

Integumentary

Recorded Date	4/23/2019	4/22/2019	
Recorded Time	23:29 EDT	11:26 EDT	
Recorded By	NAYLOR ,RICHARD B RN	FOSTER ,WILLIAM P RN	
Procedure			Units
Integumentary Within Defined Limits	Within defined limits	Within defined limits ^{R1}	
Integumentary Symptoms	-	None reported	

Result Comments

R1: Integumentary Within Defined Limits
Pt refused skin assessment and denies any new skin concerns.

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Activities of Daily Living

Activities of Daily Living

Recorded Date	4/24/2019	4/23/2019	
Recorded Time	12:06 EDT	10:04 EDT	
Recorded By	WASSON ,SHERRI RN	FOSTER ,WILLIAM P RN	
Procedure			Units
Safety/Alert Armbands In Place	ID	ID	

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	19:35 EDT	11:18 EDT	
Recorded By	CUNNINGHAM ,NICHOLAS A RN BHC	FOSTER ,WILLIAM P RN	
Procedure			Units
Safety/Alert Armbands In Place	ID	ID	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Discharge.

Discharge.

Recorded Date	4/24/2019	
Recorded Time	11:21 EDT	
Recorded By	RIALS ,LATASHA T NP	
Procedure		Units
Emergency Medical Condition Identified	See Below ^{T1}	

Textual Results

T1: 4/24/2019 11:21 EDT (Emergency Medical Condition Identified)
D/C - NO EMC Identified, STABLE at time of disposition decis

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Visit Information

Visit Information

Recorded Date	4/21/2019	
Recorded Time	23:53 EDT	
Recorded By	WALLACE ,ANNE S RN	
Procedure		Units
Stated Complaint	See Below ^{T1}	
ED Falls Risk	Not a fall risk	
Law Enforcement	Local Police	
Accompanied By	Law enforcement officer	
Emergency Contact Number	see registration sheet	
Person/Org with Legal Responsibility	Self	
Medication Information Obtained From	Patient/family	
Medication Disposition	No meds brought to hospital	
Medication Status	Medication list updated	

Textual Results

T1: 4/21/2019 23:53 EDT (Stated Complaint)
Involuntary, denies he is suicidal

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Resuscitation Status

Resuscitation Status

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
DNR	Full Code Blue

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

General Admission History

General Admission History

	Recorded Date Recorded Time	4/24/2019 12:26 EDT	4/22/2019 09:40 EDT	4/21/2019 23:53 EDT	4/21/2019 23:45 EDT
Procedure					
Recent Travel Outside United States MERS		-	-	See Below ^{T1}	-
Pregnant		-	-	N/A	-
Valuable Policy Explained		Yes	Yes	-	Yes
Valuable/Belongings with Patient		None	None	-	None
Valuable/Belongings with Family		None	None	-	None
Valuables/Belongings in Secure Area		See Below ^{T2}	See Below ^{T3 C1}	-	See Below ^{T4}
Valuables/Belongings Secure Area Details		See Below ^{T5}	See Below ^{T6}	-	See Below ^{T7}
Valuables/Belongings w/Safe		None	None	-	None
Valuables/Belongings Update		See Below ^{T8}	See Below ^{T9}	-	-
Valuables/Clothing Returned To		Patient	-	-	-

Textual Results

- T1: 4/21/2019 23:53 EDT (Recent Travel Outside United States MERS)
No travel/no contact within past 14 days
- T2: 4/24/2019 12:26 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.
- T3: 4/22/2019 09:40 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet, Other: car keys, four soft cover books. Pt allowed one book at a time. Rest of books in secured area/belongings.
- T4: 4/21/2019 23:45 EDT (Valuables/Belongings in Secure Area)
Cell phone, Clothing, Money, Wallet
- T5: 4/24/2019 12:26 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks
jeans & belt / brwn shirt
keys / boost drink
\$ 3.00
- T6: 4/22/2019 09:40 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks
jeans & belt / brwn shirt
keys / boost drink
\$ 3.00
- T7: 4/21/2019 23:45 EDT (Valuables/Belongings Secure Area Details)
blk shoes & socks
jeans & belt / brwn shirt
keys / boost drink
\$ 3.00
- T8: 4/24/2019 12:26 EDT (Valuables/Belongings Update)
Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.
- T9: 4/22/2019 09:40 EDT (Valuables/Belongings Update)
Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

General Admission History

General Admission History

Corrected Results

C1: Valuables/Belongings in Secure Area

Corrected from Cell phone, Clothing, Money, Wallet on 4/23/2019 21:07 EDT by NAYLOR , RICHARD B RN

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Health History

Health History

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
Renal Transplant	No

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Social Habits

Social Habits

Recorded Date	4/22/2019
Recorded Time	00:59 EDT
Procedure	
Do You Want to Stop Using Tobacco?	N/A

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

TB Screen - Latex Sensitive - Skin Testing

TB Screen/Latex Sensitivity/Skin Testing

Recorded Date	4/21/2019
Recorded Time	23:53 EDT
Procedure	
Night Sweats > 7 days	No
Cough > 2 Weeks	No
Unexplained Weight Loss of > 10 lbs	No
Hx of TB, recent TB exposure, or + PPD	No
Hemoptysis	No
Latex Allergy	No
Denies Latex Signs Symptoms	Yes

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

	Recorded Date Recorded Time Recorded By	4/24/2019 12:56 EDT WASSON ,SHERRI RN	4/24/2019 12:24 EDT WASSON ,SHERRI RN
Procedure			
Education Plan of Care	See Below ^{T1}	See Below ^{T2}	
Patient Identified Learning Needs	See Below ^{T11}	See Below ^{T12}	
Learner	Patient	Patient	
Ability/Readiness to Learn	Receptive	Receptive	
Method of Teaching	See Below ^{T16}	See Below ^{T17}	
Preferred Learning Methods	Discussion	Discussion	
Barriers to Learning	None evident	None evident	
Action Plan to Barriers	None required	None required	
Discharge Planning Education	See Below ^{T29}	See Below ^{T30}	
Learner Response -Discharge Planning	See Below ^{T31}	See Below ^{T32}	

Textual Results

- T1: 4/24/2019 12:56 EDT (Education Plan of Care)
Patient identified learning needs
- T2: 4/24/2019 12:24 EDT (Education Plan of Care)
Patient identified learning needs
- T11: 4/24/2019 12:56 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T12: 4/24/2019 12:24 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.
- T16: 4/24/2019 12:56 EDT (Method of Teaching)
Verbal instructions, Written instructions
- T17: 4/24/2019 12:24 EDT (Method of Teaching)
Verbal instructions, Written instructions
- T29: 4/24/2019 12:56 EDT (Discharge Planning Education)
Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider
- T30: 4/24/2019 12:24 EDT (Discharge Planning Education)
Community resources, Follow-Up appointment, Medications, Self care, When to call health care provider
- T31: 4/24/2019 12:56 EDT (Learner Response - Discharge Planning)
Demonstrates acceptable knowledge of topic/instructions
- T32: 4/24/2019 12:24 EDT (Learner Response - Discharge Planning)
Demonstrates acceptable knowledge of topic/instructions

	Recorded Date Recorded Time Recorded By	4/24/2019 09:06 EDT WASSON ,SHERRI RN	4/23/2019 22:03 EDT NAYLOR ,RICHARD B RN
Procedure			
Education Plan of Care		See Below ^{T3}	See Below ^{T4}
Patient Identified Learning Needs		See Below ^{T13}	See Below ^{T14}
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Verbal instructions	Audio/Visual

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

	Recorded Date Recorded Time Recorded By	4/24/2019 09:06 EDT WASSON ,SHERRI RN	4/23/2019 22:03 EDT NAYLOR ,RICHARD B RN
Procedure			
Preferred Learning Methods	Discussion	Discussion	
Barriers to Learning	None evident	None evident	
Action Plan to Barriers	None required	None required	
Medication -ETR	Adderall, metformin	tylenol	
Medication Education	See Below ^{T21}	See Below ^{T22}	
Learner Response -Medications	See Below ^{T25}	See Below ^{T26}	

Textual Results

T3: 4/24/2019 09:06 EDT (Education Plan of Care)
Patient identified learning needs

T4: 4/23/2019 22:03 EDT (Education Plan of Care)
Patient identified learning needs

T13: 4/24/2019 09:06 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.

T14: 4/23/2019 22:03 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.

T21: 4/24/2019 09:06 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

T22: 4/23/2019 22:03 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

T25: 4/24/2019 09:06 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

T26: 4/23/2019 22:03 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

	Recorded Date Recorded Time Recorded By	4/23/2019 21:40 EDT NAYLOR ,RICHARD B RN	4/23/2019 10:04 EDT FOSTER ,WILLIAM P RN
Procedure			
Education Plan of Care	See Below ^{T5}	See Below ^{T6}	
Patient Identified Learning Needs	See Below ^{T15}	-	
Learner	Patient	Patient	
Ability/Readiness to Learn	Receptive	Receptive	
Method of Teaching	Audio/Visual	Verbal instructions	
Preferred Learning Methods	Discussion	Discussion	
Barriers to Learning	None evident	None evident	
Action Plan to Barriers	None required	None required	
Medication -ETR	olanzapine, citalopram	-	
Medication Education	See Below ^{T23}	-	
Learner Response -Medications	See Below ^{T27}	-	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

Textual Results

T5: 4/23/2019 21:40 EDT (Education Plan of Care)
Patient identified learning needs

T6: 4/23/2019 10:04 EDT (Education Plan of Care)
No patient identified learning needs

T15: 4/23/2019 21:40 EDT (Patient Identified Learning Needs)
med teaching completed on meds given.

T23: 4/23/2019 21:40 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications

T27: 4/23/2019 21:40 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

	Recorded Date Recorded Time Recorded By	4/22/2019 16:00 EDT FOSTER ,WILLIAM P RN	4/22/2019 11:25 EDT FOSTER ,WILLIAM P RN
Procedure			
Education Plan of Care		See Below ^{T7}	See Below ^{T8}
Patient Identified Learning Needs		Pt provided med ed	-
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Verbal instructions	Verbal instructions
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required

Textual Results

T7: 4/22/2019 16:00 EDT (Education Plan of Care)
Patient identified learning needs

T8: 4/22/2019 11:25 EDT (Education Plan of Care)
No patient identified learning needs

	Recorded Date Recorded Time Recorded By	4/22/2019 04:09 EDT WALLACE ,ANNE S RN	4/22/2019 03:49 EDT GRIMES ,EMILY M RN
Procedure			
Education Plan of Care		See Below ^{T9}	See Below ^{T10}
Learner		Patient	Patient
Ability/Readiness to Learn		Receptive	Receptive
Method of Teaching		Verbal instructions	Teach back, Verbal instructions
Preferred Learning Methods		Discussion	Discussion
Barriers to Learning		None evident	None evident
Action Plan to Barriers		None required	None required
Admission Requirements		-	Yes
Admission Requirements Education		-	See Below ^{T18}
BH Admission Requirements Education		-	Court process
Orientation to Room,Unit,Dept		-	See Below ^{T19}

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Interdisciplinary and Patient Education

Interdisciplinary and Patient Education

	Recorded Date Recorded Time Recorded By	4/22/2019 04:09 EDT WALLACE ,ANNE S RN	4/22/2019 03:49 EDT GRIMES ,EMILY M RN
Procedure			
Learner Response -Admission/Orientation		-	See Below ^{T20}
Medication -ETR		Zyprexa	-
Medication Education		See Below ^{T24}	-
Learner Response -Medications		See Below ^{T28}	-

Textual Results

- T9: 4/22/2019 04:09 EDT (Education Plan of Care)
No patient identified learning needs
- T10: 4/22/2019 03:49 EDT (Education Plan of Care)
No patient identified learning needs
- T18: 4/22/2019 03:49 EDT (Admission Requirements Education)
Code care, Fall reduction strategies/programs, HIPAA information, How to report concerns r/t care, tx, services, safety, Infection control (hand hygiene, handwashing), Name of physician, Patient Rights and Responsibilities/Patient Handbook, Understanding what pain is/risk for pain
- T19: 4/22/2019 03:49 EDT (Orientation to Room, Unit, Dept)
Ask Me 3, Contraband process, Coping skills, Interdisciplinary roles, Mealtimes, Orientation to facility/dept, Patient care nurse, Patient identifiers, Questions about my care, Quiet time, Restrictive interventions/alternatives, Room/phone number, visiting hours, thermostat, room lighting, Safe sleep, Safety - Personal (Security/Police Officers), Securing of belongings and valuables, Speak Up To Prevent Errors in Your Care Brochure, Tobacco free policy, Visitor restrictions
- T20: 4/22/2019 03:49 EDT (Learner Response - Admission/Orientation)
Demonstrates acceptable knowledge of topic/instructions
- T24: 4/22/2019 04:09 EDT (Medication Education)
Dose/Frequency/Strength/Route, Purpose/Side effects/contraindications, Self monitoring techniques
- T28: 4/22/2019 04:09 EDT (Learner Response - Medications)
Demonstrates acceptable knowledge of topic/instructions

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Perioperative

Perioperative

Recorded Date	4/24/2019
Recorded Time	12:26 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	
Valuables/Clothing Returned to Patient	4/24/2019 12:27 EDT

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/24/2019
Recorded Time	12:30 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	
Patient Location	Discharge
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/24/2019
Recorded Time	12:26 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	
Universal Progress Note	See Below ^{T12}
Staff Members Who Received Valuables	TAYLOR , JEANETTE BH TECHNICIAN

Textual Results

T12: 4/24/2019 12:26 EDT (Universal Progress Note)
 Patient is discharged to home with returned belongings. Patient is calm upon leaving the unit.

Recorded Date	4/24/2019
Recorded Time	12:15 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	See Below ^{T39}
Violence -Aggressive Checklist	No aggression noted

Textual Results

T39: 4/24/2019 12:15 EDT (Patient Behavior/Interventions)
 Calm, Fluids accepted, Food accepted

Recorded Date	4/24/2019
Recorded Time	12:06 EDT
Recorded By	WASSON ,SHERRI RN
Procedure	
Progress Note Behavioral Health	See Below ^{T1}
BH Mental Status WDL	Within defined limits

Textual Results

T1: 4/24/2019 12:06 EDT (Progress Note Behavioral Health)
 Pt. has been appropriate in mood and behaviors. Pleasant and cooperative. Compliant with medications. Social with staff and peers. Jovial at times. Denies thoughts to harm himself or others, hallucinations, paranoia, or delusional thinking. Sleep and appetite are wnl. Maintained on PL3 for suicide without incident. Discharge instructions given with good understanding. Copy to pt. Belongings given to pt. Discharged, ambulatory per hospital transportation.

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/24/2019
	Recorded Time	12:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	11:45 EDT	11:39 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	FARLEY ,MICHAEL
Procedure			Units
Universal Progress Note	-	See Below ^{T13 C1}	
Patient Location	Dayroom	-	
Patient Behavior/Interventions	Calm	-	
Violence -Aggressive Checklist	No aggression noted	-	

Textual Results

T13: 4/24/2019 11:39 EDT (Universal Progress Note)

LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan. LCSW called transportation and arranged for yellow cab to pick up patient at 12:30.

Corrected Results

C1: Universal Progress Note

Textual result corrected on 4/24/2019 11:47 EDT by FARLEY , MICHAEL

LCSW met with patient and supported him in completion of safety plan. Patient did not have any questions or concerns about discharge plan.

	Recorded Date	4/24/2019
	Recorded Time	11:30 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	11:15 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/24/2019
	Recorded Time	11:00 EDT
	Recorded By	SLAYTON ,CAMERON G LRT
Procedure		Units
Group	See Below ^{T30}	
Goal Areas Addressed	See Below ^{T31}	
Group Participation Level	Active	
Group Affect	Mood congruent	
Behavior	Appropriate, Restless	
Staff Intervention	Support	

Textual Results

T30: 4/24/2019 11:00 EDT (Group)

Values clarification, Process group

T31: 4/24/2019 11:00 EDT (Goal Areas Addressed)

Identified coping skills, Identified positive plans for future, Identified interactions, Verbalized topical contributions, Maintained focus during group

	Recorded Date	4/24/2019
	Recorded Time	11:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:45 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:30 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/24/2019
	Recorded Time	10:15 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	10:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Group	Goal group	
Goal Areas Addressed	Maintained focus during group	
Group Participation Level	Active	
Group Affect	Mood congruent	
Behavior	Appropriate	
Staff Intervention	Support	
Group Therapy Details	See Below T35	

Textual Results

T35: 4/24/2019 10:00 EDT (Group Therapy Details)

P: Goals Group

I: Requested a goal from the patient for the day

E: The patient's goal for the day is to be discharged

	Recorded Date	4/24/2019
	Recorded Time	10:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Bathroom	
Patient Behavior/Interventions	Other: shower	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	09:45 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/24/2019
Recorded Time	09:30 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/24/2019
Recorded Time	09:15 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/24/2019	4/24/2019
Recorded Time	09:00 EDT	09:00 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN	FARLEY ,MICHAEL
Procedure	Units	
Patient Location	Dayroom	-
Patient Behavior/Interventions	Calm	-
Violence -Aggressive Checklist	No aggression noted	-
Name of Collateral	-	Angie Haun
Collateral Phone Number	-	423- [REDACTED]
Information Provided by Collateral	-	See Below ^{T45 C2}

Textual Results

T45: 4/24/2019 09:00 EDT (Information Provided by Collateral)
 LCSW spoke with patient's mother who was at work and could not speak at length. She did say that she visited and did not have any safety concerns. She said patient appeared to be doing "real well."

Corrected Results

C2: Information Provided by Collateral
 Textual result corrected on 4/24/2019 09:04 EDT by FARLEY , MICHAEL
 LCSW spoke with patient's mother who was at work and could not speak at length.

Recorded Date	4/24/2019
Recorded Time	08:45 EDT
Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure	Units
Patient Location	Patient room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/24/2019
	Recorded Time	08:30 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	08:15 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	08:00 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	07:45 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	See Below ^{T40}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T40: 4/24/2019 07:45 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

	Recorded Date	4/24/2019
	Recorded Time	07:30 EDT
	Recorded By	TAYLOR ,JEANETTE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed), Calm	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/24/2019	
Recorded Time	07:15 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	07:00 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:45 EDT	
Recorded By	SIMMONS ,ALEXIS	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:36 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below ^{T14}	

Textual Results

T14: 4/24/2019 06:36 EDT (Universal Progress Note)

Night shift note 2300 - 0730: Patient rested quietly on bed with eyes closed, respirations slow and even. Q 15 minute checks maintained patient's safety. No acute distress noted. Will continue to monitor for safety and document behavior.

Recorded Date	4/24/2019	
Recorded Time	06:30 EDT	
Recorded By	SIMMONS ,ALEXIS	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/24/2019	
Recorded Time	06:29 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:14 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	06:11 EDT	
Recorded By	NAYLOR ,RICHARD B RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T2}	

Textual Results

T2: 4/24/2019 06:11 EDT (Progress Note Behavioral Health)

Evening shift note: Pt appears to have slept all night. Pt was up earlier in evening and pacing. After taking his meds around 2200, pt stayed in his room reading a book for awhile, then slept the rest of the night. Pt safety maintained.

Recorded Date	4/24/2019	
Recorded Time	05:59 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	05:44 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/24/2019
	Recorded Time	05:29 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	05:14 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019
	Recorded Time	04:59 EDT
	Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN
Procedure		Units
Patient Location	Patient room, Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	04:30 EDT	04:15 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location	Patient room	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	04:00 EDT	03:45 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location	Patient room	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

	Recorded Date	4/24/2019	4/24/2019
	Recorded Time	03:30 EDT	03:15 EDT
	Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS
Procedure			Units
Patient Location	Patient room	Patient room	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/24/2019 03:30 EDT SIMMONS ,ALEXIS	4/24/2019 03:15 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/24/2019 03:00 EDT SIMMONS ,ALEXIS	4/24/2019 02:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/24/2019 02:30 EDT SIMMONS ,ALEXIS	4/24/2019 02:15 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/24/2019 02:00 EDT SIMMONS ,ALEXIS	4/24/2019 01:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/24/2019 01:30 EDT SIMMONS ,ALEXIS	4/24/2019 01:15 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/24/2019 01:00 EDT SIMMONS ,ALEXIS	4/24/2019 00:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/24/2019	4/24/2019	
Recorded Time	01:00 EDT	00:45 EDT	
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure			Units
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

Recorded Date	4/24/2019	4/24/2019	
Recorded Time	00:30 EDT	00:15 EDT	
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure			Units
Patient Location	Patient room	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

Recorded Date	4/24/2019	
Recorded Time	00:00 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	23:45 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	23:30 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	23:15 EDT	
Recorded By	ROBINSON ,JOSEPH H BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	23:13 EDT	
Recorded By	NAYLOR ,RICHARD B RN	
Procedure		Units
Progress Note Behavioral Health	See Below T3	

Textual Results

T3: 4/23/2019 23:13 EDT (Progress Note Behavioral Health)

Evening shift note: Pt was observed walking frequently in hall and changing direction frequently as to avoid interaction with others. Pt pleasant in conversation but does exhibit pressured speech and appears impulsive. Pt not voicing any si,hi, or psychosis, no aggression. Pt requested his meds be given later in evening since he wanted to stay up some. Pt meds rescheduled to 2200. Pt compliant with meds. Pt had his keys and four soft cover books delivered to unit this evening. Pt keys placed in his belonging bag. Pt was given one book and others placed in his belongings. Pt was told he could have one book at a time so they wouldn't get lost or be thrown around unit. Pt okay with this and presently has one book out in his possession. MD came to see pt tonight and pt converted to vol status, pt signed vol consent. Pt voiced concern that his guns wouldn't be taken away from him since he was invol earlier. Pt voiced having a headache, tylenol given for headache per pt request.

	Recorded Date Recorded Time Recorded By	4/23/2019 23:00 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/23/2019	4/23/2019	
Recorded Time	22:45 EDT	22:30 EDT	
Recorded By	SIMMONS ,ALEXIS	SIMMONS ,ALEXIS	
Procedure			Units
Patient Location	Patient room	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

Recorded Date	4/23/2019	4/23/2019	
Recorded Time	22:15 EDT	22:03 EDT	
Recorded By	SIMMONS ,ALEXIS	NAYLOR ,RICHARD B RN	
Procedure			Units
Progress Note Behavioral Health	-	See Below ^{T4}	
Patient Location	Patient room	-	
Patient Behavior/Interventions	Breathing, eyes closed	-	
Violence -Aggressive Checklist	No aggression noted	-	

Textual Results

T4: 4/23/2019 22:03 EDT (Progress Note Behavioral Health)

Pt voicing headache 3/10, pt requested and recieved tylenol for headache.

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 22:00 EDT SIMMONS ,ALEXIS	4/23/2019 21:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Awake (in bed)	Awake (in bed)	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 21:30 EDT SIMMONS ,ALEXIS	4/23/2019 21:15 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 21:00 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 20:45 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 20:30 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 20:15 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	20:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	20:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:45 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:30 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:15 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	19:00 EDT	
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019
Recorded Time	19:00 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Violence -Aggressive Checklist	No aggression noted
Units	

Recorded Date	4/23/2019
Recorded Time	18:45 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Pacing/Walking
Violence -Aggressive Checklist	No aggression noted
Units	

Recorded Date	4/23/2019
Recorded Time	18:30 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	With visitors/family
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted
Units	

Recorded Date	4/23/2019
Recorded Time	18:15 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	With visitors/family
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted
Units	

Recorded Date	4/23/2019
Recorded Time	18:00 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted
Units	

Recorded Date	4/23/2019
Recorded Time	17:45 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted
Units	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/23/2019
	Recorded Time	17:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	17:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	17:00 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Fluids accepted, Food accepted	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	16:45 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	16:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	16:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/23/2019
	Recorded Time	16:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	16:00 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	15:45 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	On telephone	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	15:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	15:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019
	Recorded Time	15:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019
Recorded Time	15:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/23/2019
Recorded Time	14:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Socializing with peers
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/23/2019
Recorded Time	14:41 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Universal Progress Note	See Below ^{T15}

Textual Results

T15: 4/23/2019 14:41 EDT (Universal Progress Note)
P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient spent a great amount of the day pacing in the halls. When talking with staff, his speech was rapid and pressured. His thoughts were tangential. He understood that he has paranoid thoughts, but said they were based in reality. He said people alienate him because of his mental illness and he does not know who tells people that he has been institutionalized. He said he is bipolar and knows how to regulate his own medication. He did not seem to find this dangerous. Patient appears manic. He did go to group. He ate well at meals and drank fluids. He also attended group. No other issues to report.

Recorded Date	4/23/2019
Recorded Time	14:30 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	Socializing with peers
Violence -Aggressive Checklist	No aggression noted

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	14:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	14:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Socializing with peers	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	13:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	13:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	13:19 EDT	
Recorded By	SHIPP ,SHAMIKKI R MSW	
Procedure		Units
Name of Collateral	Angie Haun (Mother)	
Collateral Phone Number	423 [REDACTED]	
Collateral Relationship	Mother	
Information Provided by Collateral	See Below ^{T46}	

Textual Results

T46: 4/23/2019 13:19 EDT (Information Provided by Collateral)
D/C spoke with mother to obtain collateral and discuss discharge planning. Mother indicated that pt is doing better and that she did not have any concerns. Mother reported that she will come for visitation today and provide

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
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Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T46: 4/23/2019 13:19 EDT (Information Provided by Collateral)
 feedback regarding baseline functioning. Mother is aware of anticipating discharge for 4/24/19. Mother did not report any safety concerns. D/C will continue to follow up with disposition.

	Recorded Date Recorded Time Recorded By	4/23/2019 13:15 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		On telephone	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 13:00 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		On telephone	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 12:45 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 12:30 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 12:15 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		See Below ^{T41}	
Violence -Aggressive Checklist		No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T41: 4/23/2019 12:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

	Recorded Date	4/23/2019
	Recorded Time	12:00 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	12:00 EDT	11:45 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Group	Discharge planning	-	
Goal Areas Addressed	See Below ^{T32}	-	
Group Participation Level	Active	-	
Group Affect	Mood congruent, Bright	-	
Behavior	Appropriate	-	
Staff Intervention	See Below ^{T34}	-	
Staff Intervention Education Type	D/C planning	-	
Staff Intervention Education Outcome	Acknowledges understanding	-	
Group Therapy Details	See Below ^{T36}	-	
Patient Location	-	Hallway	
Patient Behavior/Interventions	-	Calm, On telephone	
Violence -Aggressive Checklist	-	No aggression noted	

Textual Results

T32: 4/23/2019 12:00 EDT (Goal Areas Addressed)

Identified coping skills, Discussed discharge plans

T34: 4/23/2019 12:00 EDT (Staff Intervention)

Support, Problem Solving, Education

T36: 4/23/2019 12:00 EDT (Group Therapy Details)

Pt attended discharge and safety planning group. PT actively participated in discharge and safety planning topic.

Mood was congruent and bright. Pt was able to identify warning signs to crisis. Pt identified places of distraction and supports to contact in case of a crisis. Pt acknowledged understanding of discharge and safety planning. Pt did not have any additional questions or concerns. No safety concerns reported.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:35 EDT	11:30 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Patient Location	-	Hallway	
Patient Behavior/Interventions	-	Calm	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
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Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:35 EDT	11:30 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SIMON ,SHARONNE
Procedure			Units
Violence -Aggressive Checklist		-	No aggression noted
Name of Collateral		Angie Haun (mother)	-
Collateral Phone Number		423- [REDACTED]	-
Collateral Relationship		Mother	-
Information Provided by Collateral		See Below ^{T47}	-

Textual Results

T47: 4/23/2019 11:35 EDT (Information Provided by Collateral)
D/C attempted to contact mother to request an update on baseline functioning. No answer. Unable to leave message due to VM full. It has been reported that mother is coming for visitation today; mother to provide update.

	Recorded Date	4/23/2019	4/23/2019
	Recorded Time	11:28 EDT	11:20 EDT
	Recorded By	SHIPP ,SHAMIKKI R MSW	SHIPP ,SHAMIKKI R MSW
Procedure			Units
Universal Progress Note		-	See Below ^{T16}
Name of Collateral		Jennifer Cox (Petitioner)	-
Collateral Phone Number		704- [REDACTED]	-
Collateral Relationship		Other: Friend / Co-worker	-
Information Provided by Collateral		See Below ^{T48}	-

Textual Results

T16: 4/23/2019 11:20 EDT (Universal Progress Note)
Pt provided verbal consent to contact mother (Angie Haun) and friend / co-worker (Jennifer Cox) to obtain information on baseline functioning. See BH-Communication.

T48: 4/23/2019 11:28 EDT (Information Provided by Collateral)
D/C spoke with Jennifer Cox (Petitioner) to obtain information on baseline functioning. Jennifer indicated that pt "sounded a lot more normal and erratic behaviors have not been witnessed" since BH-Charlotte admission to Observation Unit. She reported that pt has insight and is able to explain and acknowledge his behaviors. Jennifer stated that pt "promise" to follow up with provider recommendations for continued care once discharge. Jennifer claimed that pt resides alone and she will continue to provide support as needed. Jennifer did not report any safety concerns at this time.

	Recorded Date	4/23/2019
	Recorded Time	11:15 EDT
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure		Units
Patient Location		Hallway
Patient Behavior/Interventions		Pacing/Walking
Violence -Aggressive Checklist		No aggression noted

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	11:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	See Below ^{T42}	
Violence -Aggressive Checklist	No aggression noted	

Textual Results

T42: 4/23/2019 11:00 EDT (Patient Behavior/Interventions)
Fluids accepted, Food accepted, Pacing/Walking

Recorded Date	4/23/2019	
Recorded Time	10:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:16 EDT	
Recorded By	SHIPP ,SHAMIKKI R MSW	
Procedure		Units
Universal Progress Note	See Below ^{T17}	

Textual Results

T17: 4/23/2019 10:16 EDT (Universal Progress Note)
D/C met with pt to follow up with disposition. Pt was cooperative however was speech was pressured. Pt spoke about triggers that led him to BH-Charlotte. PT processed his beliefs that his friends / co-workers were talking about him via Facebook that led to thoughts to harm self. Pt is aware of current disposition. He is currently linked to OMS clinic and he reported having an appointment on 4/25/19 with NP Peniston. Pt did not have any additional questions or concerns. D/C will continue to follow up with disposition.

Recorded Date	4/23/2019	
Recorded Time	10:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/23/2019	
Recorded Time	10:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:04 EDT	
Recorded By	FOSTER ,WILLIAM P RN	
Procedure		Units
Progress Note Behavioral Health	See Below ^{T5}	
BH Mental Status WDL	Within defined limits	

Textual Results

T5: 4/23/2019 10:04 EDT (Progress Note Behavioral Health)

Pt was interviewed without issue, maintained eye contact, and was engaged. Pt endorses good sleep and a good appetite. Pt endorses feeling "extremely better," feels well enough to be discharged, and endorses a safe place to go home to - pt lives alone but insists he is not isolated. Pt denies SI, HI, AH, VH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

Recorded Date	4/23/2019	
Recorded Time	10:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	10:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Group	Goal group	
Goal Areas Addressed	Discussed discharge plans	
Group Participation Level	Active	
Group Affect	Anxious	
Behavior	Restless	
Staff Intervention	Support	
Group Therapy Details	See Below ^{T37}	

Textual Results

T37: 4/23/2019 10:00 EDT (Group Therapy Details)

P: Goals Group

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T37: 4/23/2019 10:00 EDT (Group Therapy Details)

I: Requested a goal from the day from the patient

E: Patient stated his goal for the day is to be discharged

	Recorded Date	4/23/2019	
	Recorded Time	09:45 EDT	
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Talking with staff	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 09:30 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Talking with staff	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date	4/23/2019	
	Recorded Time	09:15 EDT	
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Talking with staff	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date	4/23/2019	
	Recorded Time	09:00 EDT	
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	08:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 08:30 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		Pacing/Walking	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 08:15 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		See Below ^{T43}	
Violence -Aggressive Checklist		No aggression noted	

Textual Results

T43: 4/23/2019 08:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

	Recorded Date Recorded Time Recorded By	4/23/2019 08:00 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 07:45 EDT MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Breathing, eyes closed, Calm	
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/23/2019	
Recorded Time	07:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 07:15 EDT SIMMONS ,ALEXIS	4/23/2019 07:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 06:45 EDT SIMMONS ,ALEXIS	4/23/2019 06:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 06:21 EDT SIMMONS ,ALEXIS	4/23/2019 06:15 EDT SIMMONS ,ALEXIS	
Procedure				Units
Universal Progress Note		See Below ^{T18}	-	
Patient Location		-	Patient room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T18: 4/23/2019 06:21 EDT (Universal Progress Note)
P: Substance abuse/psychosis

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient was sleep majority of the night only got up for snack.Slept without any interruptions.

	Recorded Date Recorded Time Recorded By	4/23/2019 06:00 EDT SIMMONS ,ALEXIS	4/23/2019 05:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 05:35 EDT GRIMES ,EMILY M RN	4/23/2019 05:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Progress Note Behavioral Health		See Below ^{T6}	-	
Patient Location		-	Patient room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T6: 4/23/2019 05:35 EDT (Progress Note Behavioral Health)

Pt remains in OUH on PL3 monitoring. He remained in bed asleep since the beginning of this writer's shift at 2100. Eyes closed and regular unlabored respirations. Will continue to monitor per MD orders.

	Recorded Date Recorded Time Recorded By	4/23/2019 05:15 EDT SIMMONS ,ALEXIS	4/23/2019 05:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 04:45 EDT SIMMONS ,ALEXIS	4/23/2019 04:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 04:15 EDT SIMMONS ,ALEXIS	4/23/2019 04:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 03:45 EDT SIMMONS ,ALEXIS	4/23/2019 03:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 03:15 EDT SIMMONS ,ALEXIS	4/23/2019 03:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 02:45 EDT SIMMONS ,ALEXIS	4/23/2019 02:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 02:15 EDT SIMMONS ,ALEXIS	4/23/2019 02:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 01:45 EDT SIMMONS ,ALEXIS	4/23/2019 01:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 01:15 EDT SIMMONS ,ALEXIS	4/23/2019 01:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 00:45 EDT SIMMONS ,ALEXIS	4/23/2019 00:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	

Admit Date: 4/22/2019 03:35 EDT
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 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/23/2019 00:45 EDT SIMMONS ,ALEXIS	4/23/2019 00:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/23/2019 00:15 EDT SIMMONS ,ALEXIS	4/23/2019 00:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 23:45 EDT SIMMONS ,ALEXIS	4/22/2019 23:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 23:15 EDT SIMMONS ,ALEXIS	4/22/2019 23:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 22:45 EDT SIMMONS ,ALEXIS	4/22/2019 22:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 22:15 EDT SIMMONS ,ALEXIS	4/22/2019 22:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	

Admit Date: 4/22/2019 03:35 EDT
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Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 22:15 EDT SIMMONS ,ALEXIS	4/22/2019 22:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 21:45 EDT SIMMONS ,ALEXIS	4/22/2019 21:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 21:15 EDT SIMMONS ,ALEXIS	4/22/2019 21:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 20:45 EDT SIMMONS ,ALEXIS	4/22/2019 20:30 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 20:15 EDT SIMMONS ,ALEXIS	4/22/2019 20:00 EDT SIMMONS ,ALEXIS	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Fluids accepted, Food accepted	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 19:53 EDT SIMMONS ,ALEXIS	4/22/2019 19:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Group		Goal group	-	
Goal Areas Addressed		Discussed discharge plans	-	
Group Participation Level		Active	-	

Admit Date: 4/22/2019 03:35 EDT
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 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 19:53 EDT SIMMONS ,ALEXIS	4/22/2019 19:45 EDT SIMMONS ,ALEXIS	
Procedure				Units
Group Affect		Mood congruent	-	
Behavior		Appropriate	-	
Staff Intervention		Support	-	
Group Therapy Details		See Below ^{T38}	-	
Patient Location		-	Patient room	
Patient Behavior/Interventions		-	Calm	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T38: 4/22/2019 19:53 EDT (Group Therapy Details)

Patient expressed that he wanted to work on being well rested and to actually get some rest.

	Recorded Date Recorded Time Recorded By	4/22/2019 19:35 EDT CUNNINGHAM ,NICHOLAS A RN BHC	
Procedure			Units
Progress Note Behavioral Health		See Below ^{T7}	
BH Mental Status WDL		Within defined limits	

Textual Results

T7: 4/22/2019 19:35 EDT (Progress Note Behavioral Health)

Pt came to the interview without issue, maintained good eye contact and was engaged. The Pt endorses having a good day and appetite and feels better and wants to leave and go home. The Pt denies SI, HI, AH, VH and a desire to harm self or others. The Pt remains PL3 waiting to see to the doctor.

	Recorded Date Recorded Time Recorded By	4/22/2019 19:30 EDT SIMMONS ,ALEXIS	4/22/2019 19:15 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure				Units
Patient Location		Patient room	Patient room	
Patient Behavior/Interventions		Calm	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 19:00 EDT BROADUS ,LYNNE BH TECHNICIAN	
Procedure			Units
Patient Location		Patient room	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/22/2019
	Recorded Time	18:45 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	18:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	18:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	18:00 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Awake (in bed)	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	17:45 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	17:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	

Admit Date: 4/22/2019 03:35 EDT
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 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/22/2019
	Recorded Time	17:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	17:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	17:00 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Fluids accepted, Food accepted	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	16:45 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	16:30 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	16:15 EDT
	Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm, Watching TV	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
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Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019
Recorded Time	16:15 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019	4/22/2019
Recorded Time	16:00 EDT	15:49 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN	RAMOS ,CLAUDIA
Procedure		Units
Universal Progress Note	-	See Below ^{T19}
Patient Location	Dayroom	-
Patient Behavior/Interventions	Calm, Watching TV	-
Violence -Aggressive Checklist	No aggression noted	-

Textual Results

T19: 4/22/2019 15:49 EDT (Universal Progress Note)

Staff attempted to see patient. Patient would not speak to this staff at this time due to being on the phone. Patient would follow up later.

Claudia A Ramos MS LCASA

Recorded Date	4/22/2019
Recorded Time	15:45 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	15:30 EDT
Recorded By	BROADUS ,LYNNE BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	15:15 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Admit Date: 4/22/2019 03:35 EDT
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 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019	
Recorded Time	15:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm, Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	14:57 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below ^{T20}	

Textual Results

T20: 4/22/2019 14:57 EDT (Universal Progress Note)

P: SI/Delusional thoughts

I: Monitored behavior and safety. Encouraged patient come to staff if experiencing any symptoms. Offered food and fluids. Encouraged patient to attend group and interact with peers. Completed 15-minute rounds per protocol.

E: Patient appeared restless. At times he would pace. He would be intrusive but was redirectable. He did not express any delusional thoughts or stated he was SI. It appeared he was talking to himself in his room. He attended group. He ate well at lunch and drank fluids. He rested in his room later in the shift. No other issues to report

Recorded Date	4/22/2019	
Recorded Time	14:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Calm, Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	14:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm, Pacing/Walking	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019	
Recorded Time	14:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Hallway	
Patient Behavior/Interventions	Calm, Pacing/Walking, Quiet	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	14:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	13:45 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	13:30 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	13:15 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	
Patient Behavior/Interventions	Breathing, eyes closed, Calm	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	13:00 EDT	
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure		Units
Patient Location	Patient room	

Admit Date: 4/22/2019 03:35 EDT
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 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019
Recorded Time	13:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Behavior/Interventions	Breathing, eyes closed, Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	12:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Patient room
Patient Behavior/Interventions	Awake (in bed)
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	12:30 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Hallway
Patient Behavior/Interventions	Talking with staff
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	12:15 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	
Patient Location	Dayroom
Patient Behavior/Interventions	See Below ^{T44}
Violence -Aggressive Checklist	No aggression noted

Textual Results

T44: 4/22/2019 12:15 EDT (Patient Behavior/Interventions)
Calm, Fluids accepted, Food accepted

Recorded Date	4/22/2019
Recorded Time	12:03 EDT
Recorded By	HUEBENTHAL ,TORI A LRT
Procedure	
Universal Progress Note	See Below ^{T21}
Leisure Interests	See Below ^{T24}
Personal Challenges	See Below ^{T25}
Reason Unable to Participate in Rec Grp	No
Things Done Well	See Below ^{T26}
Change Something About Self	i would see people more

Admit Date: 4/22/2019 03:35 EDT
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Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 12:03 EDT HUEBENTHAL ,TORI A LRT	
Procedure			Units
What do you do for fun?		read, study	
Why are you in the hospital?		See Below ^{T27}	
Goals for Hospitalization		See Below ^{T28}	

Textual Results

- T21: 4/22/2019 12:03 EDT (Universal Progress Note)
Recreational Therapy note- the Recreational Therapy assessment has been initiated.
- T24: 4/22/2019 12:03 EDT (Leisure Interests)
Computer, Exercise, Listening to music, Reading, Shopping, Sports, Table games, Walking, Writing, Other: graphic design
- T25: 4/22/2019 12:03 EDT (Personal Challenges)
Decision making, Relationships, Social interaction, Trusting others
- T26: 4/22/2019 12:03 EDT (Things Done Well)
programming, math, reading, writing, learning billiards
- T27: 4/22/2019 12:03 EDT (Why are you in the hospital?)
i got very emotional and told a friend and acquaintance i was going to die
- T28: 4/22/2019 12:03 EDT (Goals for Hospitalization)
get an ideal medication configuration that will avoid side effects as much as possible.

	Recorded Date	4/22/2019	
	Recorded Time	12:00 EDT	
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	11:45 EDT	
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN	
Procedure		Units
Patient Location	Recreational therapy	
Patient Behavior/Interventions	Participating in group	
Violence -Aggressive Checklist	No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	11:30 EDT	
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN	
Procedure		Units
Patient Location	Recreational therapy	
Patient Behavior/Interventions	Participating in group	
Violence -Aggressive Checklist	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/22/2019 11:18 EDT FOSTER ,WILLIAM P RN	
Procedure			Units
Progress Note Behavioral Health		See Below ^{T8}	
BH Mental Status WDL		Within defined limits	

Textual Results

T8: 4/22/2019 11:18 EDT (Progress Note Behavioral Health)
 Pt was able to be interviewed without issue, maintained eye contact, and was engaged. Pt endorses poor sleep due to not receiving meds til 4AM last night, but says he goes without sleep fairly regularly. Pt endorses good appetite, but only ate pancakes from breakfast due to sensory issues that make it difficult to eat other breakfast foods. Pt endorses feeling better, feels good enough to leave, and endorses a safe place with mom and boyfriend. Pt denies SI, HI, VH, AH, and a desire to harm self or others. Pt remains PL3 waiting to see the doctor.

Recorded Date	4/22/2019	
Recorded Time	11:15 EDT	
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN	
Procedure		Units
Patient Location	Recreational therapy	
Patient Behavior/Interventions	Participating in group	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 11:00 EDT HUEBENTHAL ,TORI A LRT	
Procedure			Units
Group		Discharge planning	
Goal Areas Addressed		See Below T33	
Group Participation Level		Active	
Group Affect		Mood congruent	
Behavior		Appropriate	
Staff Intervention		Support, Education	
Staff Intervention Education Type		D/C planning	
Staff Intervention Education Outcome		Acknowledges understanding	

Textual Results

T33: 4/22/2019 11:00 EDT (Goal Areas Addressed)
 Identified positive plans for future, Identified interactions, Verbalized topical contributions, Discussed discharge plans, Maintained focus during group

	Recorded Date	4/22/2019	
	Recorded Time	11:00 EDT	
	Recorded By	TAPALES ,LEDDAH BH TECHNICIAN	
Procedure			Units
Patient Location		Hallway	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019
Recorded Time	11:00 EDT
Recorded By	TAPALES ,LEDDAH BH TECHNICIAN
Procedure	Units
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	10:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units
Patient Location	Hallway
Patient Behavior/Interventions	Talking with staff
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	10:30 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units
Patient Location	Hallway
Patient Behavior/Interventions	Calm, Talking to self
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	10:15 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units
Patient Location	Hallway
Patient Behavior/Interventions	On telephone
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	10:00 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units
Patient Location	Dayroom
Patient Behavior/Interventions	Calm, Talking with staff
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	09:45 EDT
Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN
Procedure	Units
Patient Location	Other: admission to OUH
Patient Behavior/Interventions	Calm

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/22/2019	
	Recorded Time	09:45 EDT	
	Recorded By	MURPHY ,MARJORIE M BH TECHNICIAN	
Procedure			Units
Violence -Aggressive Checklist		No aggression noted	

Recorded Date	4/22/2019	
Recorded Time	09:40 EDT	
Recorded By	DUNCAN ,JOHNNIE BH TECHNICIAN	
Procedure		Units
Universal Progress Note	See Below T22	
Staff Members Who Received Valuables	DUNCAN , JOHNNIE BH TECHNICIAN	
Patient Location	Transport	

Textual Results

T22: 4/22/2019 09:40 EDT (Universal Progress Note)
Pt. was transported to OUH along with valuables and personal belongings at 0940 on 4/22/19.

Recorded Date	4/22/2019	4/22/2019	
Recorded Time	09:30 EDT	09:15 EDT	
Recorded By	GLOVER ,DERRICK	GLOVER ,DERRICK	
Procedure			Units
Patient Location	Hallway	Hallway	
Patient Behavior/Interventions	Calm, Talking with staff	Calm, Talking with staff	
Violence -Aggressive Checklist	No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 09:00 EDT GLOVER ,DERRICK	4/22/2019 08:59 EDT WALLACE ,ANNE S RN	
Procedure				Units
Patient Location		Hallway	-	
Patient Behavior/Interventions		Calm, Talking with staff	-	
Violence -Aggressive Checklist		No aggression noted	-	
Name of Collateral		-	Jennifer Cox- petitioner	
Collateral Phone Number		-	704- [REDACTED]	
Information Provided by Collateral		-	See Below T ⁴⁹	

Textual Results

T49: 4/22/2019 08:59 EDT (Information Provided by Collateral)
Ms Cox returned phone call. See above for cell number. Number on petition is work number.

Petitioner reports that for the past week, pt's behavior has been more erratic. Believes that someone from Charlotte has contacted people in his home county and are spreading rumors about him. He believes it is the petitioner.

Last night he sent her a text, "I'll be dead by tomorrow, is there anything you want to tell me."

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T49: 4/22/2019 08:59 EDT (Information Provided by Collateral)

Has been yelling at her about various things and then will flip and begin to calmly talk about unrelated topics. Has screamed at her that "he is in hell."

Reports he is highly intelligent and reads psych books for fun.

	Recorded Date Recorded Time Recorded By	4/22/2019 08:45 EDT GLOVER ,DERRICK	4/22/2019 08:30 EDT GLOVER ,DERRICK	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		Calm, Quiet	Calm, Quiet	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 08:15 EDT GLOVER ,DERRICK	4/22/2019 08:00 EDT LANEY ,SAUNCEA BH TECH	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		Calm, Talking with staff	On telephone	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 07:45 EDT LANEY ,SAUNCEA BH TECH	4/22/2019 07:30 EDT LANEY ,SAUNCEA BH TECH	
Procedure				Units
Patient Location		Hallway	Hallway	
Patient Behavior/Interventions		On telephone	Calm	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 06:38 EDT MORROW ,DARIN	4/22/2019 06:15 EDT MORROW ,DARIN	
Procedure				Units
Universal Progress Note		See Below T23	-	
Patient Location		-	Interview room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T23: 4/22/2019 06:38 EDT (Universal Progress Note)

P - Observation

I - Staff monitored patient throughout the shift to ensure safety and compliance while documenting every 15 minutes.

Admit Date: 4/22/2019 03:35 EDT
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 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T23: 4/22/2019 06:38 EDT (Universal Progress Note)

E - Patient was able to comply with search process upon arrival. Patient slept well throughout the night. No issues to report.

	Recorded Date Recorded Time Recorded By	4/22/2019 06:06 EDT WALLACE ,ANNE S RN	4/22/2019 06:00 EDT MORROW ,DARIN	
Procedure				Units
Progress Note Behavioral Health		See Below ^{T9}	-	
Patient Location		-	Interview room	
Patient Behavior/Interventions		-	Breathing, eyes closed	
Violence -Aggressive Checklist		-	No aggression noted	

Textual Results

T9: 4/22/2019 06:06 EDT (Progress Note Behavioral Health)

Has left very little since admission to OBH, requested and received a second zyprexa when he couldn't sleep. Reports he doesn't want to be awakened for AM meds, he doesn't want to take his Adderall this morning and reports he can take his Metformin before lunch.

	Recorded Date Recorded Time Recorded By	4/22/2019 05:45 EDT MORROW ,DARIN	4/22/2019 05:30 EDT MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 05:15 EDT MORROW ,DARIN	4/22/2019 05:00 EDT MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 04:45 EDT MORROW ,DARIN	4/22/2019 04:30 EDT MORROW ,DARIN	
Procedure				Units
Patient Location		Interview room	Interview room	
Patient Behavior/Interventions		Breathing, eyes closed	Breathing, eyes closed	
Violence -Aggressive Checklist		No aggression noted	No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019
Recorded Time	04:15 EDT
Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure	Units
Patient Location	Interview room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	04:00 EDT
Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure	Units
Patient Location	Interview room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019	4/22/2019
Recorded Time	03:57 EDT	03:49 EDT
Recorded By	GRIMES ,EMILY M RN	GRIMES ,EMILY M RN
Procedure		Units
Progress Note Behavioral Health	-	See Below ^{T10}
Breathalyzer	Not Done: Task duplication	-
Age-Fall Risk	-	N/A
Fall History	-	N/A
Elimination,Bowel,& Urine	-	N/A
Patient Care Equipment	-	N/A
Mobility Status	-	N/A
Cognitive CD	-	N/A
Total Fall Risk Score	-	0

Textual Results

T10: 4/22/2019 03:49 EDT (Progress Note Behavioral Health)

Pt admitted into ED OBS. Contraband search complete. Will continue to monitor per MD orders.

Recorded Date	4/22/2019
Recorded Time	03:45 EDT
Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure	Units
Patient Location	Interview room
Patient Behavior/Interventions	Breathing, eyes closed
Violence -Aggressive Checklist	No aggression noted

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/22/2019
	Recorded Time	03:30 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	03:15 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	03:00 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Breathing, eyes closed	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	02:45 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Meds given	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	02:30 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Dayroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	02:15 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date	4/22/2019
	Recorded Time	02:15 EDT
	Recorded By	MERRITT ,KENNETH BH TECHNICIAN
Procedure		Units
Patient Behavior/Interventions	with Physician	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	02:00 EDT
	Recorded By	MEEKS ,CAMISHA BH TECHNICIAN
Procedure		Units
Patient Location	Bathroom	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	01:45 EDT
	Recorded By	MEEKS ,CAMISHA BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	01:30 EDT
	Recorded By	MEEKS ,CAMISHA BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	01:15 EDT
	Recorded By	MEEKS ,CAMISHA BH TECHNICIAN
Procedure		Units
Patient Location	Interview room	
Patient Behavior/Interventions	Calm	
Violence -Aggressive Checklist	No aggression noted	

	Recorded Date	4/22/2019
	Recorded Time	01:13 EDT
	Recorded By	WALLACE ,ANNE S RN
Procedure		Units
Name of Collateral	Jennifer Cox- friend	
Collateral Phone Number	704-943-5731	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Behavioral Health

Behavioral Health

Recorded Date	4/22/2019
Recorded Time	01:13 EDT
Recorded By	WALLACE ,ANNE S RN
Procedure	Units
Information Provided by Collateral	See Below ^{T50}

Textual Results

T50: 4/22/2019 01:13 EDT (Information Provided by Collateral)
No answer, generic message left to return call

Recorded Date	4/22/2019
Recorded Time	01:00 EDT
Recorded By	MEEKS ,CAMISHA BH TECHNICIAN
Procedure	Units
Patient Location	Hallway
Patient Behavior/Interventions	Calm
Violence -Aggressive Checklist	No aggression noted

Recorded Date	4/22/2019
Recorded Time	00:59 EDT
Recorded By	WALLACE ,ANNE S RN
Procedure	Units
Progress Note Behavioral Health	See Below ^{T11}
BH Mental Status WDL	Within defined limits
Current and/or Hx of Withdrawal Symptoms	See Below ^{T29}
History of Withdrawal Seizures	No
Currently Employed	Employed
Recent Changes to Employment	No
Means of Financial Support	Employment
Financial Barriers Re:Tx/Medications	No
Current Legal Status	None
Military Experience	No
Psychotropic Meds Taken in Past	None

Textual Results

T11: 4/22/2019 00:59 EDT (Progress Note Behavioral Health)
38 yo WM, involuntary, denies all points on PIC. Reports he has been Dx with autism and bipolar d/o. Reports he often has the feeling that he wants to die, "but no intent." When asked how long he has been having these thoughts, replied, "forever." Reports these feelings usually happen at night. "Somethings I think it would be soothing if i just fall away." Reports a previous attempt in 1998 with pills and ETOH. Denies HI/AH/VH

Reports the petitioner is a former coworker. He lives by himself. Reports his apartment isn't tidy, "but there is no disease in there, it's not that bad." Reports he last had it cleaned 3 weeks ago by a service.

Reports he was sexually abused by his maternal grandmother when he and his mother where living with her. Reports it started about age 3-5 and stopped around age 7 or 8 when Mom moved them out. Reports his

Admit Date: 4/22/2019 03:35 EDT
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Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

Textual Results

T11: 4/22/2019 00:59 EDT (Progress Note Behavioral Health)
grandmother would wear Halloween masks when abusing him, but he knew it was her. Mother didn't find out until pt told her when he was grown. Reports "she covered for her."

Calm, cooperative during assessment. Did become tearful when talking about abuse.

T29: 4/22/2019 00:59 EDT (Current and/or Hx of Withdrawal Symptoms)
N/A (No history of substance abuse)

	Recorded Date Recorded Time Recorded By	4/22/2019 00:45 EDT MEEKS ,CAMISHA BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		Fluids accepted, Food accepted	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 00:30 EDT MEEKS ,CAMISHA BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 00:15 EDT MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Patient Location		Interview room	
Patient Behavior/Interventions		Talking with staff	
Violence -Aggressive Checklist		No aggression noted	

	Recorded Date Recorded Time Recorded By	4/22/2019 00:00 EDT MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Patient Location		Dayroom	
Patient Behavior/Interventions		Calm	
Violence -Aggressive Checklist		No aggression noted	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Behavioral Health

Behavioral Health

	Recorded Date Recorded Time Recorded By	4/21/2019 23:53 EDT WALLACE ,ANNE S RN	
Procedure			Units
Status Upon Admission	Involuntary		
Factors Affecting LMP	N/A		
Cultural/Spiritual Practices Impact Tx	No		
ED BH Have New Stressors	No		
ED BH Substance Abuse	No		
Assaultive Ideations	No		
Homicidal Ideations	No		
Does Patient Have a Plan	No		
Recent Attempt to Harm Others	No		
Access to Firearms/Weapons	No		
History of Danger to others	No		
Problems With Sleep	No problems		
Eating/Appetite	Other: Low glycemic diet		
ED BH Currently Takes Psych Meds	Yes		
ED BH Recent Medication Changes	No		
ED BH Patient Feels Medication Working	Yes		
ED BH Prescribing Provider	Yes		
ED BH Prescribing Provider Details	K Peniston NP		

	Recorded Date Recorded Time Recorded By	4/21/2019 23:45 EDT MERRITT ,KENNETH BH TECHNICIAN	
Procedure			Units
Breathalyzer	Yes		
Staff Members Who Received Valuables	MERRITT , KENNETH BH TECHNICIAN		
Patient Location	Other: search room		
Patient Behavior/Interventions	Calm		
Violence -Aggressive Checklist	No aggression noted		

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
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 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Allergy History

Substance **No known allergies**

Recorded Date/Time

11/3/2011 16:19 EDT

Allergy Type Allergy; **Recorded On Behalf Of** FERRARO,NICHOLAS P RN; **Reaction Status** Active; **Reviewed Date/Time** 2/4/2020 14:15 EST; **Reviewed By** ELMORE , SHANELLE LPN;

Admit Date: 4/22/2019 03:35 EDT
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Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Medication Administration Record

Medications

Admin Date/Time: 4/24/2019 09:45 EDT	Charted Date/Time: 4/24/2019 12:05 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified) PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Primary Pain Location: Back; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Able to Self Report Pain: Numeric; Numeric Rating Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 12:05 EDT; VERIFY: WASSON ,SHERRI RN 4/24/2019 12:05 EDT	

Admin Date/Time: 4/24/2019 09:15 EDT	Charted Date/Time: 4/24/2019 09:15 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 09:15 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 09:15 EDT	
Reason for Medication: WASSON ,SHERRI RN 4/24/2019 09:15 EDT Pain, MILD (1-3)	

Admin Date/Time: 4/24/2019 08:42 EDT	Charted Date/Time: 4/24/2019 08:42 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 40 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 08:42 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 08:42 EDT	

Admin Date/Time: 4/24/2019 08:42 EDT	Charted Date/Time: 4/24/2019 08:42 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WASSON ,SHERRI RN 4/24/2019 08:41 EDT; Perform: WASSON ,SHERRI RN 4/24/2019 08:41 EDT	

Admin Date/Time: 4/23/2019 22:32 EDT	Charted Date/Time: 4/23/2019 23:23 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified) PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Able to Self Report Pain: Numeric; Numeric Rating Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 23:23 EDT; VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 23:23 EDT	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Medication Administration Record

Medications

Admin Date/Time: 4/23/2019 22:02 EDT	Charted Date/Time: 4/23/2019 22:02 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT	
Reason for Medication: NAYLOR ,RICHARD B RN 4/23/2019 22:02 EDT Pain, MILD (1-3)	

Admin Date/Time: 4/23/2019 21:34 EDT	Charted Date/Time: 4/23/2019 21:34 EDT
Medication Name: citalopram (CeleXA) (citalopram 20 mg Tablet)	
Ingredients: cita20tab 20 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT	

Admin Date/Time: 4/23/2019 21:34 EDT	Charted Date/Time: 4/23/2019 21:34 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 10mg tab)	
Ingredients: olan10Tabl 10 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 21:34 EDT	

Admin Date/Time: 4/23/2019 19:43 EDT	Charted Date/Time: 4/23/2019 19:43 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified)	
PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Numeric Rating Pain Score: 0; Numeric Rating Pain Scale: 0 = No pain; Numeric Rating Scale Used: Yes; Able to Self Report Pain: Numeric	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: NAYLOR ,RICHARD B RN 4/23/2019 19:42 EDT; VERIFY: NAYLOR ,RICHARD B RN 4/23/2019 19:42 EDT	

Admin Date/Time: 4/23/2019 09:53 EDT	Charted Date/Time: 4/23/2019 09:53 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT	
Reason for Medication: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 09:52 EDT Pain, MILD (1-3)	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Medication Administration Record

Medications

Admin Date/Time: 4/23/2019 08:44 EDT	Charted Date/Time: 4/23/2019 08:44 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT	
Admin Date/Time: 4/23/2019 08:44 EDT	Charted Date/Time: 4/23/2019 08:44 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 40 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/23/2019 08:42 EDT	
Admin Date/Time: 4/22/2019 20:13 EDT	Charted Date/Time: 4/22/2019 20:13 EDT
Medication Name: citalopram (CeleXA) (citalopram 20 mg Tablet)	
Ingredients: cita20tab 20 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT	
Admin Date/Time: 4/22/2019 20:13 EDT	Charted Date/Time: 4/22/2019 20:13 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 10mg tab)	
Ingredients: olan10Tabl 10 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 20:13 EDT	
Admin Date/Time: 4/22/2019 16:23 EDT	Charted Date/Time: 4/22/2019 15:57 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Admin Details: Auth (Verified)	
PRN Med Pain Assessment: Adult; Adult Pain Med Response: Yes; Wong-Baker FACES Pain Rating Scale: 8 = Hurts whole lot; Wong-Baker FACES Pain Rating Score: 8; Able to Self Report Pain: FACES; Wong-Baker Pain Scale Used: Yes	
Action Details: Order: KARANIKAS ,HRISTOS C DO 4/22/2019 13:28 EDT; Perform: FOSTER ,WILLIAM P RN 4/22/2019 15:54 EDT; VERIFY: FOSTER ,WILLIAM P RN 4/22/2019 15:54 EDT	
Admin Date/Time: 4/22/2019 15:53 EDT	Charted Date/Time: 4/22/2019 15:53 EDT
Medication Name: acetaminophen (acetaminophen 325 mg Tablet)	
Ingredients: acetTabl 650 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT	
Reason for Medication: CUNNINGHAM ,NICHOLAS A RN 4/22/2019 15:52 EDT	
Pain, MILD (1-3)	

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444

Medication Administration Record

Medications

Admin Date/Time: 4/22/2019 08:30 EDT	Charted Date/Time: 4/22/2019 10:27 EDT
Medication Name: metFORMIN (metFORMIN 500 mg Tablet)	
Ingredients: metf500Tabl 500 mg	
Admin Details: (Auth) ORAL	
Action Details: Order: MORCIGLIO ,APRIL HARRELL MD 4/22/2019 03:42 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT; VERIFY: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT	
Admin Date/Time: 4/22/2019 08:00 EDT	Charted Date/Time: 4/22/2019 10:27 EDT
Medication Name: dextroamphetamine-amphetamine (Adderall XR) (Adderall ER 20 mg Cap)	
Ingredients: adder20E 20 mg	
Admin Details: (Auth) ORAL	
Action Details: Order: MORCIGLIO ,APRIL HARRELL MD 4/22/2019 03:41 EDT; Perform: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT; VERIFY: CUNNINGHAM ,NICHOLAS A RN BHC 4/22/2019 10:27 EDT	
Admin Date/Time: 4/22/2019 05:25 EDT	Charted Date/Time: 4/22/2019 05:25 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)	
Ingredients: olan5Tabl 5 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WALLACE ,ANNE S RN 4/22/2019 05:24 EDT; Perform: WALLACE ,ANNE S RN 4/22/2019 05:24 EDT	
Admin Date/Time: 4/22/2019 04:05 EDT	Charted Date/Time: 4/22/2019 04:05 EDT
Medication Name: OLANZapine (ZyPREXA) (OLANZapine 5 mg Tablet)	
Ingredients: olan5Tabl 5 mg	
Admin Details: (Auth) ORAL	
Action Details: VERIFY: WALLACE ,ANNE S RN 4/22/2019 04:04 EDT; Perform: WALLACE ,ANNE S RN 4/22/2019 04:04 EDT	

Admit Date: 4/22/2019 03:35 EDT
Disch Date: 4/24/2019 12:30 EDT
Admitting: MORCIGLIO ,APRIL HARRELL MD
Attending: MORCIGLIO ,APRIL HARRELL MD
Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
MRN: 0000642066 Acct#: 6437633200
DOB: 11/1/1980 Age: 38 years Sex: Male
Location: OUH
Print ID: 367579444

Point of Care

Accession Number:

Orderable Name:		Collected Date/Time: 4/21/2019 23:45 EDT	Result Date/Time: 4/22/2019 00:22 EDT
Procedure	Result	Units	Reference Range
Breathalyzer	Yes		
Breathalyzer Results	0.00		
Adulterants,Urine -POC	Negative		
Marijuana (THC),Urine -POC	Negative		
Cocaine (COC),Urine -POC	Negative		
Morphine (MOP),Urine -POC	Negative		
Amphetamine (AMP),Urine -POC	Positive		
Methamphetamine (MET),Urine -POC	Negative		
Barbiturates (BAR),Urine -POC	Negative		
Benzodiazepines (BZO),Urine -POC	Negative		
MDMA,Urine -POC	Negative		
Methadone (MTD),Urine -POC	Negative		
Oxycodone (OXY),Urine -POC	Negative		
Caregivers Name -Nsg	MERRITT , KENNETH BH TECHNICIAN		
Result Read Date/Time	4/21/2019 23:45 EDT		

Orderable Name: Urine Drug Screen POC (BH ED) (POC Urine Drug Screen (BH ED))		Collected Date/Time: 4/22/2019 03:57 EDT	Result Date/Time:
Procedure	Result	Units	Reference Range
ED Urine Pregnancy Test	Not Done: Task duplication		
Breathalyzer	Not Done: Task duplication		
Breathalyzer Results	Not Done: Task duplication		
Caregivers Name -Nsg	Not Done: Task duplication		
Result Read Date/Time	Not Done: Task duplication		

Admit Date: 4/22/2019 03:35 EDT
 Disch Date: 4/24/2019 12:30 EDT
 Admitting: MORCIGLIO ,APRIL HARRELL MD
 Attending: MORCIGLIO ,APRIL HARRELL MD
 Printed: 4/10/2020 10:25 EDT

Pt Name: WILLIAMS III, LEONARD CLINTON
 MRN: 0000642066 Acct#: 6437633200
 DOB: 11/1/1980 Age: 38 years Sex: Male
 Location: OUH
 Print ID: 367579444