

## Patient

### Documents

#### Admin - Release of Information

Scan on 4/1/2021: AUTH 156894615

Scan (below)

Pt Record Request

Page 1 of 4

Williams, Leonard - Patient Request for Access to Protected Health Information

[More Detail >>](#)

#### Patient Request for Access to Protected Health Information

Leonard Williams

Leonard Williams

MRN: 73503481

DOB: 11/1/1980

Sent: Tue March 23, 2021 12:17 PM

Pt Home: [REDACTED]

To: P Nh Roi Request

Entered: [REDACTED]

#### Message

Request submitted by Leonard Williams [73503481] on 3/23/2021 at 12:17:57 PM

Form Title: Patient Request for Access to Protected Health Information

Submitted Data

#### PATIENT INFORMATION:

\*Patient Name: Leonard Clinton Williams III

Street Address: 10000 N. [REDACTED]

City, State, Zip Code: [REDACTED]

\*Date of Birth: Sat 11/01/1980

Last 4 numbers of SSN: [REDACTED]

\*Phone Number: [REDACTED]

\*I would like for the following facility or practice: All Novant Health Facilities that have given me care

\*to (choose one): give me a copy of my health information

\*From: Sun 08/30/2020

\*To: Tue 03/23/2021

#### SEND RECORDS TO:

Name of Facility, Person, Company:

Street Address or PO Box, City, State, Zip Code:

Phone Number:

Fax Number:

Email Address:

#### PATIENT HEALTH INFORMATION TO BE DISCLOSED:

\*Choose one: Entire Record

Pick pieces of information if not requesting entire record: Progress Notes

Discharge Summary

Emergency Record

Operative Reports

Cardiac Reports/EKG

Consultation Reports

Laboratory Reports

Diagnostic Test Results

Printed by Scott Goodblatt

Printed 3/24/2021 10:38:50 AM

## Patient (continued)

### Documents (continued)

Pt Record Request

Page 2 of 4

Radiology/X-Ray Reports  
Medications  
Pathology Reports  
Allergies  
Billing Information  
Physician Orders  
Other - specify below  
Other: all records

\*Choose one: Entire Record

Pick pieces of information if not requesting entire record: Office Visits

Physical Exam

Consultation Reports

Diagnostic Test Results

Laboratory Reports

Radiology Reports

Medications

Billing Information

Other - Specify below

Other: not sure if I have been to a clinic but if I have, please send everything you have

HOW THE PATIENT WANTS THE INFORMATION:

\*I want these records as a (choose one): MyChart

Other:

\*I want you to (choose one): Provide them through MyChart (through this portal)

Email Address:

Fax Number:

AUTHORIZATION:

\*Name of Person Requesting Records: Leonard Clinton Williams III

\*Date/Time: 03/23/2021, 12:17 pm

\*Authorization: Electronically Signed

\*Relation to Patient: I am an adult requesting release of my own record

Other:

### Patient Request for Access to Protected Health Information

Williams, Leonard ➡ Patient Records Request Pool

Message sent on 3/23/2021 12:17 PM

LW

Request submitted by Leonard Williams [73503481] on 3/23/2021 at 12:17:57 PM  
Form Title: Patient Request for Access to Protected Health Information

Printed by Scott Goodblatt

Printed 3/24/2021 10:38:50 AM

## Patient (continued)

### Documents (continued)

Pt Record Request

Page 3 of 4

#### Submitted Data

##### PATIENT INFORMATION:

\*Patient Name: Leonard Clinton Williams III

Street Address: [REDACTED]

City, State, Zip Code: [REDACTED]

\*Date of Birth: Sat 11/01/1980

Last 4 numbers of SSN: [REDACTED]

\*Phone Number: [REDACTED]

\*I would like for the following facility or practice: All Novant Health  
Facilities that have given me care

\*to (choose one): give me a copy of my health information

\*From: Sun 08/30/2020

\*To: Tue 03/23/2021

##### SEND RECORDS TO:

Name of Facility, Person, Company:

Street Address or PO Box, City, State, Zip Code:

Phone Number:

Fax Number:

Email Address:

##### PATIENT HEALTH INFORMATION TO BE DISCLOSED:

\*Choose one: Entire Record

Pick pieces of information if not requesting entire record: Progress  
Notes

Discharge Summary

Emergency Record

Operative Reports

Cardiac Reports/EKG

Consultation Reports

Laboratory Reports

Diagnostic Test Results

Radiology/X-Ray Reports

Medications

Pathology Reports

Allergies

Billing Information

Printed by Scott Goodblatt

Printed 3/24/2021 10:38:50 AM

## Patient (continued)

### Documents (continued)

Pt Record Request

Page 4 of 4

#### Physician Orders

Other - specify below

Other: all records

\*Choose one: Entire Record

Pick pieces of information if not requesting entire record: Office  
Visits

Physical Exam

Consultation Reports

Diagnostic Test Results

Laboratory Reports

Radiology Reports

Medications

Billing Information

Other - Specify below

Other: not sure if I have been to a clinic but if I have, please send  
everything you have

#### HOW THE PATIENT WANTS THE INFORMATION:

\*I want these records as a (choose one): MyChart

Other:

\*I want you to (choose one): Provide them through MyChart  
(through this portal)

Email Address:

Fax Number:

#### AUTHORIZATION:

\*Name of Person Requesting Records: Leonard Clinton Williams III

\*Date/Time: 03/23/2021, 12:17 pm

\*Authorization: Electronically Signed

\*Relation to Patient: I am an adult requesting release of my own  
record

Other:

Printed by Scott Goodblatt

Printed 3/24/2021 10:38:50 AM

## Patient (continued)

### Documents (continued)

Scan on 4/1/2021: BILLING 156894615

Scan (below)

Benefits Assigned



NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER		4/1/2021
200 Hawthorne Lane		Telephone 1-844-266-8268
Charlotte, NC 28204-2515		FEI # 560554230
Guarantor ID : 5135515		
Leonard Williams	Visit Coverage: CARDINAL INNOVATIONS IP 3-WAY	
Charlotte, Nc 28204-2515		
Visit ID: 3101955811		
Patient Name: Williams,Leonard	Account Balance: \$0.00	
Admission Date: 10/01/20		
Discharge Date: 10/06/20		

### Charges

Service Date	Quantity	Procedure	Amount
10/01/2020	1	HC BEH MED PRIVATE	\$2,141.00
10/02/2020	1	HC BEH MED PRIVATE	\$2,141.00
10/02/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/02/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/02/2020	1	PALIPERIDONE 6 MG TB24	\$23.70
10/02/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/03/2020	1	DIPHENHYDRAMINE 50 MG/ML SOLN	\$122.95
10/03/2020	1	FLUPHENAZINE HCL 2.5 MG/ML SOLN	\$417.95
10/03/2020	1	HC BEH MED PRIVATE	\$2,141.00
10/03/2020	1	HC LIPID PANEL	\$250.00
10/03/2020	1	HC RPR SCREEN	\$80.00
10/03/2020	1	HC THYROID STIMULATING HORMONE	\$305.00
10/03/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/03/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/03/2020	1	PALIPERIDONE 6 MG TB24	\$23.70
10/03/2020	1	TRAZODONE 100 MG TABS	\$0.20
10/04/2020	1	DIPHENHYDRAMINE 50 MG/ML SOLN	\$122.95
10/04/2020	1	HC BEH MED PRIVATE	\$2,141.00
10/04/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/04/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/04/2020	1	HYDROXYZINE PAMOATE 50 MG CAPS	\$0.10
10/04/2020	1	PALIPERIDONE 6 MG TB24	\$23.70
10/04/2020	1	TRAZODONE 50 MG TABS	\$0.15
10/04/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/05/2020	1	DIPHENHYDRAMINE 50 MG CAPS	\$0.05
10/05/2020	1	HC BEH MED PRIVATE	\$2,141.00
10/05/2020	1	LITHIUM CARBONATE 300 MG TBCR	\$0.35
10/05/2020	1	PALIPERIDONE 6 MG TB24	\$23.70
10/05/2020	1	TRAZODONE 100 MG TABS	\$0.20
10/05/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/05/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/05/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/06/2020	1	PALIPERIDONE 6 MG TB24	\$23.70
10/06/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
10/06/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
<b>Total Charges</b>			<b>\$12,124.35</b>

### Payments and Adjustments

Date	Description	Amount
10/13/2020	Cardinal Innovations Ip 3-way Adjustments	\$8,374.35
11/23/2020	Cardinal Innovations Lme INSURANCE PAYMENT	\$3,750.00
<b>Total Insurance Payments and Adjustments</b>		<b>\$12,124.35</b>

This is not a bill. This is an itemization of your hospital services.	<b>Account Balance \$0.00</b>
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## Patient (continued)

### Documents (continued)

Scan on 4/1/2021: BILLING 156894615

Scan (below)

Benefits Assigned



NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER 200 Hawthorne Lane Charlotte, NC 28204-2515		4/1/2021 Telephone 1-844-266-8268 FEI # 560554230
Guarantor ID: 5121683		
Visit Coverage:		
Visit ID: 3101954307		
Patient Name: Williams, Leonard Admission Date: 09/30/20 Discharge Date: 10/01/20		Account Balance: \$2,785.28

### Charges

Service Date	Quantity	Procedure	Amount
09/30/2020	1	HC ED VISIT LEVEL 5 W/PROC	\$2,680.00
10/01/2020	1	HC ACETAMINOPHEN LEVEL QUANTITATIVE ASSAY	\$354.00
10/01/2020	1	HC CBC W/ AUTO DIFFERENTIAL	\$145.00
10/01/2020	1	HC COMPREHENSIVE METABOLIC PANEL	\$158.00
10/01/2020	1	HC ECG 12 LEAD TRACING	\$380.00
10/01/2020	1	HC ECG INTERPRETATION	\$39.00
10/01/2020	1	HC ETHANOL LEVEL QUANTITATIVE ASSAY	\$354.00
10/01/2020	1	HC HEMOGLOBIN A1C	\$181.00
10/01/2020	1	HC SALICYLATE LEVEL QUANTITATIVE ASSAY	\$354.00
10/01/2020	1	HC URINE DRUGS OF ABUSE SCREEN	\$419.00
10/01/2020	1	OLANZAPINE 5 MG TABS	\$0.10
10/01/2020	2	ACETAMINOPHEN 325 MG TABS	\$0.05
Total Charges			\$5,064.15

### Payments and Adjustments

Date	Description	Amount
10/07/2020	SELF PAY ADJUSTMENT	\$2,278.87

This is not a bill. This is an itemization of your hospital services.	Account Balance \$2,785.28
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## Patient (continued)

### Documents (continued)

Scan on 4/14/2021: APPEAL/DENIAL: 156894615

Scan (below)

### Denial of Access to Patient Information and Appeal Form

#### SECTION I - Reviewable Denial of Access to Patient Information

INSTRUCTIONS: Print or type all information in Section I.

Patient's Name Williams, Leonard Patient's Date of Birth 11/1/1980  
Description of Records Requested Entire encounter with Dr. Carter For the Period From 10/01—10/06/2020  
Requested By (Name) Williams, Leonard On (Date) 03/24/2021  
The request is denied, ☐ in total or ☒ in part\* because (check applicable box below):

X Release of the information can reasonably be expected to cause substantial and identifiable harm to the patient or others which outweighs the requestor's right to access.

Other provisions of law prevent the release

\*If your request was denied in part, the records we are able to provide are enclosed.

Signature: Maiten Wang DATE/TIME: 4/14/21

#### SECTION II - Request for Review of Denial of Access to Patient Information: To be completed by the patient or other authorized person.

INSTRUCTIONS: Read the information below before completing this section.

1. If you want to appeal the denial of access to patient information, complete this section and send the entire form to:

Novant Health  
Release of Information Department  
P.O. Box 7688  
Charlotte, NC 28241

2. For questions related to your request for a review of this denial, please call the Release of Information department at 1-844-763-9163

I request a review of the denial of access to patient information described in Section I. I am authorized to make this request because I am (check one):

- ☐ The patient whose records were requested.  
☐ The parent or legal guardian of the patient, and I consented to the care and treatment or the care was provided in an emergency without consent.  
☐ An otherwise authorized person (please specify relationship to patient \_\_\_\_\_ and provide supporting documentation to verify your authority to act on behalf of the patient).

Name of Person Making Request (Print or type) \_\_\_\_\_  
Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph)

### Visit Information

#### Provider Information

##### Encounter Provider

Meredith Snapp, MD

#### Department

Name	Address	Phone	Fax
Novant Health Neurology And Sleep (Randolph)	1918 Randolph Road, Suite 400 Charlotte NC 28207-1196	704-384-9437	704-384-9440

### Patient Summary as-of Visit

#### Problem List as of 3/23/2021

Problems last reviewed by Larson T Vickery, PA-C on 10/1/2020 1648

##### ADD (attention deficit disorder)

Diagnosis: ADD (attention deficit disorder) Noted on: 10/01/2020 Chronic: No

##### Amphetamine delusional disorder (\*)

Diagnosis: Amphetamine delusional disorder (\*) Noted on: 10/02/2020 Chronic: No

##### Bipolar 1 disorder (\*)

Diagnosis: Bipolar 1 disorder (\*) Noted on: 10/01/2020 Chronic: No

##### Bipolar disorder, unspecified (\*)

Diagnosis: Bipolar disorder, unspecified (\*) Noted on: 10/01/2020 Chronic: No

##### Delusional disorder (\*)

Diagnosis: Delusional disorder (\*) Noted on: 10/02/2020 Chronic: No

##### PTSD (post-traumatic stress disorder)

Diagnosis: PTSD (post-traumatic stress disorder) Noted on: 10/01/2020 Chronic: No

##### Suicidal ideations

Diagnosis: Suicidal ideations Noted on: 10/02/2020 Chronic: No

#### Allergies as of 3/23/2021

Allergies last reviewed by Jennifer L Hathcock, RN on 10/1/2020 2340 - Review Complete  
 No Known Allergies

#### Immunization History as of 3/23/2021

No documentation.

#### History as of 3/23/2021

##### Medical History as of 3/23/2021

Medical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

##### Past Medical History

Diagnosis	Date	Comments	Source
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## 03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph) (continued)

### Patient Summary as-of Visit (continued)

Diabetes mellitus (*)	—	type 2	Provider
Nonpsychotic mental disorder	—	ptsd, adhd, spectrum	Provider

### Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
Arthritis	10/01/2020	—	Provider
Asthma	10/01/2020	—	Provider
Cancer (*)	10/01/2020	—	Provider
CHF (congestive heart failure) (*)	10/01/2020	—	Provider
COPD (chronic obstructive pulmonary disease) (*)	10/01/2020	—	Provider
Coronary artery disease	10/01/2020	—	Provider
Disease of thyroid gland	10/01/2020	—	Provider
History of transfusion	10/01/2020	—	Provider
Hypertension	10/01/2020	—	Provider
Stroke (*)	10/01/2020	—	Provider

### Surgical History as of 3/23/2021

Surgical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

### Pertinent Negatives

Procedure	Date Noted	Comments	Source
ABDOMINAL SURGERY	10/01/2020	—	Provider
APPENDECTOMY	10/01/2020	—	Provider
BACK SURGERY	10/01/2020	—	Provider
BRAIN SURGERY	10/01/2020	—	Provider
COSMETIC SURGERY	10/01/2020	—	Provider
BREAST SURGERY	10/01/2020	—	Provider
COLON SURGERY	10/01/2020	—	Provider
FRACTURE SURGERY	10/01/2020	—	Provider
EYE SURGERY	10/01/2020	—	Provider
GASTRECTOMY	10/01/2020	—	Provider
CARDIAC SURGERY	10/01/2020	—	Provider
HERNIA REPAIR	10/01/2020	—	Provider
HYSTERECTOMY	10/01/2020	—	Provider
JOINT REPLACEMENT	10/01/2020	—	Provider
NEPHRECTOMY TRANSPLANTED ORGAN	10/01/2020	—	Provider
MASTECTOMY	10/01/2020	—	Provider
SKIN BIOPSY	10/01/2020	—	Provider
TONSILLECTOMY	10/01/2020	—	Provider

## 03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph) (continued)

### Patient Summary as-of Visit (continued)

VASCULAR SURGERY	0	10/01/202	—	Provider
	0			

### Messages

#### RE: Non-Urgent Medical Question

From Lindsay E Lindsey, CMA Last Read in MyChart 3/26/2021 10:06 AM by Leonard Williams	To Leonard Williams	Sent and Delivered 3/26/2021 9:33 AM
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A virtual visit will be just fine. I have already changed the appointment.

#### Video visit instructions:

##### Important notes:

- Video chat should not be used for emergencies or urgent medical questions. Please call 911 if you have an emergency.
- You must have an active MyChart account to participate in a video visit. If you do not have a MyChart account, please sign up for one by visiting MyNovant.org and requesting an activation code.
- Video visits require an Internet connection. Mobile video visits require a connection to either the Internet or a 3G/4G network.

**-If you are using your mobile device, you will need to download the MyChart App to your hand-held device before your appointment. You may need to contact your Doctor's office for an activation code to activate your account if you haven't already.**

- Download the MyChart App from the App Store or Google Play.
- Open the MyChart App and click Accept to accept the license agreement.
- Enter Novant in the search field at the top of the screen.
- Login in with your MyChart username and password.

**-If you are joining via your smart phone or tablet, you will also need to download the Zoom App from your App Store and create an account if you don't have one already. Zoom allows face-to-face video conferencing.**

*-When you first use your MyChart account for a video visit, you will be asked if you want to allow the MyChart program to use the camera and the microphone—you must click YES or ALLOW for the video visit service to work.*

##### By iPhone or iPad device

**-At least one hour before video visit:** Go to your Device Settings --> Safari --> TURN OFF "Block Pop-ups"

-Open MyChart mobile app and complete e-check in

**-15 min before your appointment time, open the MyChart mobile app.**

-Enter your MyChart username and password.

-Click Sign in.

-Click Appointments.

-Select your video visit appointment from the upcoming Appointments screen.

-Click Begin Visit.

-You will be asked if you want to allow the MyChart program to use the camera and the microphone. Click YES or ALLOW for the video visit to work.

-You will see a Zoom window pop up. Ignore the ID- you will automatically connect. Agree to video and audio if prompted.

-If the provider has not yet joined the video visit, you will see their video stream on the bottom and a message that says, "Waiting for Host to start this meeting." Once the provider joins the video visit, you will receive prompts to join with video and to select an audio option.

## 03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph) (continued)

### Messages (continued)

#### ***By Android or Tablet device***

- At least one hour before video visit:** Go to Google Chrome --> click on the three little dots at the top right corner -> Settings --> Site Settings --> "Pop-ups and Redirects" --> swipe toggle to Allowed
- Open MyChart mobile app and complete e-check in
- 15 min before your appointment time, open the MyChart mobile app.**
- Enter your MyChart username and password.
- Click Sign in.
- Click Appointments.
- Select your video visit appointment from the upcoming Appointments screen.
- Click Begin Visit.
- You will be asked if you want to allow the MyChart program to use the camera and the microphone. Click YES or ALLOW for the video visit to work.
- You will see a Zoom window pop up. Ignore the ID- you will automatically connect. Agree to video and audio if prompted.
- If the provider has not yet joined the video visit, you will see their video stream on the bottom and a message that says, "Waiting for Host to start this meeting." Once the provider joins the video visit, you will receive prompts to join with video and to select an audio option.

#### ***By iMac computer***

- At least one hour before video visit:** Download Google Chrome Browser --> once downloaded, open Google Chrome --> click on the three little dots at the top right corner --> Settings --> Site Settings --> "Pop-ups and Redirects" --> swipe toggle to Allowed
- Using Google Chrome Go to MyNovant.org and complete e-check in
- 15 min before your scheduled appointment time, visit MyNovant.org**
- Enter your MyChart username and password.
- Click sign in.
- From the homepage, click "view instructions for your appointment."
- You will be able to click the Test Hardware button to ensure your webcam and microphone are functioning correctly before meeting with your provider.
- When you are ready to begin your video visit, review the Terms and Conditions of Use, and click Begin Video Visit. This notifies the provider that you are ready for your appointment. The provider will begin the visit with you as close as possible to your scheduled video visit appointment time. You will be re-directed to Zoom.
- You may receive a pop-up message when you first connect that requests permission to access your camera and microphone. Click Allow.
- When you are connected to the video visit, the main screen will read "connected, waiting for provider" until your provider signs into the video visit. Once your provider signs into the visit, you will receive prompts to join with video and to select an audio option.

#### ***By Windows PC computer***

- At least one hour before video visit:** Go to Google Chrome --> click on the three little dots at the top right corner -> Settings --> Site Settings --> "Pop-ups and Redirects" --> swipe toggle to Allowed
- Using Google Chrome Go to MyNovant.org and complete e-check in
- 15 min before your scheduled appointment time, visit MyNovant.org**
- Enter your MyChart username and password.
- Click sign in.
- From the homepage, click "view instructions for your appointment."
- You will be able to click the Test Hardware button to ensure your webcam and microphone are functioning correctly before meeting with your provider.
- When you are ready to begin your video visit, review the Terms and Conditions of Use, and click Begin Video Visit.

**03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph) (continued)****Messages (continued)**

This notifies the provider that you are ready for your appointment. The provider will begin the visit with you as close as possible to your scheduled video visit appointment time. You will be re-directed to Zoom.

-You may receive a pop-up message when you first connect that requests permission to access your camera and microphone. Click Allow.

-When you are connected to the video visit, the main screen will read "connected, waiting for provider" until your provider signs into the video visit. Once your provider signs into the visit, you will receive prompts to join with video and to select an audio option.

Warm regards,  
Lindsay, CMA  
Certified Medical Assistant to Dr Meredith Snapp

Novant Health Neurology & Sleep - Midtown  
1918 Randolph Rd Suite 400  
Charlotte NC 28207  
(P) 704-384-9437  
(F) 704-384-9440

**RE: Non-Urgent Medical Question**

From  
Leonard Williams

To  
Meredith Snapp, MD

Sent  
3/26/2021 8:18 AM

I will need to speak with you or someone else at your office before our appointment. I have grave concerns and am about to cancel. Part of my condition is that I have an extreme fear of the mental health system being used to criminally abuse me. Is it possible we could do a virtual visit?

**RE: Non-Urgent Medical Question**

From  
Leonard Williams

To  
Meredith Snapp, MD

Sent  
3/24/2021 3:56 PM

Dr Snapp,

Sounds good. I have several hundred pages of documentation to send you. You can reference as needed. I have a lengthy history, and there is a lengthy background to my condition and to the events that caused my condition.

I will send as PDF through this email system. I have a few more to prepare.

Clint

**RE: Non-Urgent Medical Question**

From  
Meredith Snapp, MD  
Last Read in MyChart

To  
Leonard Williams

Sent and Delivered  
3/24/2021 1:30 PM

**03/23/2021 - Patient Message in Novant Health Neurology And Sleep (Randolph) (continued)****Messages (continued)**

3/26/2021 9:17 AM by Leonard Williams

Hi Leonard,

You may send any relative documents or prior health records through MyChart prior to our visit.  
Dr Snapp

**Non-Urgent Medical Question**From  
Leonard WilliamsTo  
Meredith Snapp, MDSent  
3/23/2021 10:42 AM

Hi Meredith,

I have an appointment with you on the 26th. My purposes for seeing you are 1) to get further confirmation of my diagnosis (I am applying for disability benefits); and 2) Talk about setting up a brain scan so that I can get a physical image of my brain injury and/or its effects.

I have some notes I have taken regarding my symptoms. I have severe PTSD. I also have 2 large documents, 1 that gives an account of the events that have caused my traumatic stress brain injury and another that is a printout of a conversation that I had with a former manager. This conversation may be helpful, I think, because it has evidence of bouts of hostility and accompanying emotional pain. I intermittently become hostile with my manager in this conversation.

Should I send to you online or would you prefer I print out these documents and bring to the appointment?

## 12/17/2020 - Telephone in Novant Health Memory Care - SouthPark

### Visit Information

#### Nursing Assessment

No Nursing Assessment available for this encounter.

#### Questionnaires

No completed forms available for this encounter.

### Patient Summary as-of Visit

#### Problem List as of 12/17/2020

Problems last reviewed by Larson T Vickery, PA-C on 10/1/2020 1648

##### ADD (attention deficit disorder)

Diagnosis: ADD (attention deficit disorder) Noted on: 10/01/2020 Chronic: No

##### Amphetamine delusional disorder (\*)

Diagnosis: Amphetamine delusional disorder (\*) Noted on: 10/02/2020 Chronic: No

##### Bipolar 1 disorder (\*)

Diagnosis: Bipolar 1 disorder (\*) Noted on: 10/01/2020 Chronic: No

##### Bipolar disorder, unspecified (\*)

Diagnosis: Bipolar disorder, unspecified (\*) Noted on: 10/01/2020 Chronic: No

##### Delusional disorder (\*)

Diagnosis: Delusional disorder (\*) Noted on: 10/02/2020 Chronic: No

##### PTSD (post-traumatic stress disorder)

Diagnosis: PTSD (post-traumatic stress disorder) Noted on: 10/01/2020 Chronic: No

##### Suicidal ideations

Diagnosis: Suicidal ideations Noted on: 10/02/2020 Chronic: No

#### Allergies as of 12/17/2020

Allergies last reviewed by Jennifer L Hathcock, RN on 10/1/2020 2340 - Review Complete

No Known Allergies

#### Immunization History as of 12/17/2020

No documentation.

#### History as of 12/17/2020

##### Medical History as of 12/17/2020

Medical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

##### Past Medical History

Diagnosis	Date	Comments	Source
Diabetes mellitus (*)	—	type 2	Provider
Nonpsychotic mental disorder	—	ptsd, adhd, spectrum	Provider

##### Pertinent Negatives

## 12/17/2020 - Telephone in Novant Health Memory Care - SouthPark (continued)

### Patient Summary as-of Visit (continued)

Diagnosis	Date Noted	Comments	Source
Arthritis	10/01/2020	—	Provider
Asthma	10/01/2020	—	Provider
Cancer (*)	10/01/2020	—	Provider
CHF (congestive heart failure) (*)	10/01/2020	—	Provider
COPD (chronic obstructive pulmonary disease) (*)	10/01/2020	—	Provider
Coronary artery disease	10/01/2020	—	Provider
Disease of thyroid gland	10/01/2020	—	Provider
History of transfusion	10/01/2020	—	Provider
Hypertension	10/01/2020	—	Provider
Stroke (*)	10/01/2020	—	Provider

### Surgical History as of 12/17/2020

Surgical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

#### Pertinent Negatives

Procedure	Date Noted	Comments	Source
ABDOMINAL SURGERY	10/01/2020	—	Provider
APPENDECTOMY	10/01/2020	—	Provider
BACK SURGERY	10/01/2020	—	Provider
BRAIN SURGERY	10/01/2020	—	Provider
COSMETIC SURGERY	10/01/2020	—	Provider
BREAST SURGERY	10/01/2020	—	Provider
COLON SURGERY	10/01/2020	—	Provider
FRACTURE SURGERY	10/01/2020	—	Provider
EYE SURGERY	10/01/2020	—	Provider
GASTRECTOMY	10/01/2020	—	Provider
CARDIAC SURGERY	10/01/2020	—	Provider
HERNIA REPAIR	10/01/2020	—	Provider
HYSTERECTOMY	10/01/2020	—	Provider
JOINT REPLACEMENT	10/01/2020	—	Provider
NEPHRECTOMY TRANSPLANTED ORGAN	10/01/2020	—	Provider
MASTECTOMY	10/01/2020	—	Provider
SKIN BIOPSY	10/01/2020	—	Provider
TONSILLECTOMY	10/01/2020	—	Provider
VASCULAR SURGERY	10/01/2020	—	Provider

**12/17/2020 - Telephone in Novant Health Memory Care - SouthPark (continued)****Patient Summary as-of Visit (continued)****Medication List****Medication List**

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

**Active at the End of Visit****paliperidone (INVEGA) 6 MG 24 hr tablet**

Instructions: Take one tablet (6 mg dose) by mouth daily.  
Authorized by: Jacobus P Bliek, PA  
Start date: 10/6/2020  
Quantity: 14 tablet

Ordered on: 10/5/2020  
End date: 3/26/2021  
Refill: No refills remaining

**traZODone (DESYREL) 100 MG tablet**

Instructions: Take one tablet (100 mg dose) by mouth at bedtime.  
Authorized by: Jacobus P Bliek, PA  
Start date: 10/5/2020  
Refill: No refills remaining

Ordered on: 10/5/2020  
Quantity: 14 tablet

**Stopped in Visit**

None

**Clinical Notes All****Telephone Encounter****Nathan Pittman at 12/17/2020 1452**

Author: Nathan Pittman  
Filed: 12/17/2020 2:53 PM  
Editor: Nathan Pittman

Service: —  
Encounter Date: 12/17/2020

Author Type: —  
Status: Signed

Patient states he needs to be evaluated for PTSD

Electronically signed by Nathan Pittman at 12/17/2020 2:53 PM



## 10/02/2020 - bh (BH Inpatient)

### Episode Info

Type: BH Inpatient

Noted date: 10/2/2020

Resolved date: 10/7/2020

### Associated Visits

- 10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E

### Plans of Care

#### BH IP Treatment Plan 10/02/20

##### Plan Information

Active Date Range: 10/2/2020 - 10/7/2020

Workflow: Behavioral Health Treatment Plan

Plan Status: Historical

##### Participants

Name	Type	Comments	Contact Info
Carole M Laplanche, MSW Electronically signed by Carole M Laplanche, MSW at 10/2/2020 9:22 AM EDT	Social Worker	—	704-384-7921
Nathan M Carter, MD Electronically signed by Nathan M Carter, MD at 10/3/2020 8:30 AM EDT	Attending Provider	—	704-384-1246
Mack E Erwin, PA	Physician Assistant	—	704-384-1246
Christine A Ruiz, LPN	Licensed Practical Nurse	—	—
Teresa Ann Vogel, RN	Utilization Review	—	—

##### Plan Content

10/02/2020 - bh (BH Inpatient) (continued)

## Plans of Care (continued)

### BH IP Treatment Plan 10/02/20

Plan ID: 85624

Effective from: 10/2/2020 Effective to: 10/7/2020

#### Participants

Name	Type	Comments	Contact Info
Carole M Laplanche, MSW	Social Work		704-384-7921
Nathan M Carter, MD	Physician		704-384-1246
Mack E Erwin, PA	PA		704-384-1246
Christine A Ruiz, LPN	Nurse		
Teresa Ann Vogel, RN	Case Management		

#### Location

NHPMC INPATIENT 7E  
NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER  
PMC BHI  
200 Hawthorne Lane  
Charlotte NC 28204-2515  
Dept: 704-384-9600  
Dept Fax: 704-384-9620

#### Patient Demographics

Patient Name	MRN	Sex	DOB	Address	Phone
Williams, Leonard	73503481	Male	11/1/1980	13009 yorkridge r CHARLOTTE NC 28273	980-613-2196 (Home)

#### Problem List as of 10/2/2020

Date Reviewed: 10/1/2020

	ICD-10-CM	Priority	Class	Noted - Resolved
PTSD (post-traumatic stress disorder)	F43.10			10/1/2020 - Present
Bipolar disorder, unspecified (*)	F31.9			10/1/2020 - Present
ADD (attention deficit disorder)	F98.8			10/1/2020 - Present
Bipolar 1 disorder (*)	F31.9			10/1/2020 - Present
Suicidal ideations	R45.851			10/2/2020 - Present

#### Strengths/Limitations

Row Name	10/01/20 2345
<b>Strengths</b>	
Strength 1	cooperative
Strength 2	prior treatment
Row Name	10/01/20 2345
<b>Limitations</b>	
Limitation 1	PTSD

#### Multidisciplinary Problems

##### Multidisciplinary Problems (Active)

###### Problem: Cognitive-Perceptual Pattern - Impaired

Goal	Priority	Disciplines	Outcome	Goal Variances	Interventions
Knowledge of medication management		Interdisciplinary			
Intervention		Frequency	Intervention Variances		
Education, prescribed medication					

###### Problem: Coping - Ineffective, Patient/Family

Page 1 of 2

10/02/2020 - bh (BH Inpatient) (continued)

## Plans of Care (continued)

### Multidisciplinary Problems (continued)

Goal	Priority	Disciplines	Outcome	Goal Variances	Interventions
Decrease in symptoms of anxiety		Interdisciplinary			
Demonstrate increased insight and judgement		Interdisciplinary			
Intervention		Frequency	Intervention Variances		
Education, healthy daily routines					
Education, positive coping methods					
Group therapy					

#### Problem: Discharge Planning

Goal	Priority	Disciplines	Outcome	Goal Variances	Interventions
Knowledge of treatment plan (Why is it important for me to do this?)		Interdisciplinary			
Intervention		Frequency	Intervention Variances		
Education, Suicide precautions					
Education, personal hygiene					

#### Problem: WHODAS (World Health Organization Disability Assessment Scale)

### Treatment Plan Note

Patient Needs: all treatment modalities, medication management

Care Recommendations: appointment with providers, group participation

Care Plan Reviewed: yes

Patient/Family Goals: FS, crisis stabilization

Discharge Disposition Goals: Home

Progressing as Anticipated: yes

Barriers to Goals: safe discharge planning

Other Goal Discussion: NA

**Electronically Signed:**  
Carole Laplanche, MSW  
10/2/2020 9:20 AM



NOVANT HEALTH  
PRESBYTERIAN MEDICAL  
CENTER  
200 Hawthorne Lane  
Charlotte NC 28204-2515

Williams, Leonard  
MRN: 73503481, DOB: 11/1/1980, Sex: M  
Adm: 10/1/2020, D/C: 10/6/2020

**10/02/2020 - bh (BH Inpatient) (continued)**

**Plans of Care (continued)**

## 10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E

### Clinical Notes Acute

#### Discharge Summary

Jacobus P Bliet, PA at 10/6/2020 0959

Author: Jacobus P Bliet, PA

Filed: 10/6/2020 10:41 AM

Editor: Jacobus P Bliet, PA (Physician Assistant)

Service: Psychiatry

Date of Service: 10/6/2020 9:59 AM

Author Type: Physician Assistant

Status: Signed

Cosigner: Nathan M Carter, MD at  
10/6/2020 4:30 PM

### NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER Novant Health Psychiatry - Discharge Summary

**Date of Admission:** 10/1/2020

**Date of Discharge:** 10/06/2020

**Attending Provider:** Nathan Carter, MD

**Hospital LOS:** 5 days

**Time Spent performing discharge services:** - 35 minutes

#### Discharge Diagnoses and Medications

#### Active Hospital Problems

Diagnosis	Date Noted	POA
• *Bipolar 1 disorder (*)	10/01/2020	Yes
• Suicidal ideations	10/02/2020	Not Applicable
• Amphetamine delusional disorder (*)	10/02/2020	Unknown
• PTSD (post-traumatic stress disorder)	10/01/2020	Yes
• ADD (attention deficit disorder)	10/01/2020	Yes

#### Resolved Hospital Problems

No resolved problems to display.

#### Medications:

##### Medication List

#### START taking these medications

	Instructions
<b>paliperidone</b> 6 MG 24 hr tablet Dose: 6 mg For: Manic-Depression Commonly known as: INVEGA	6 mg, Oral, Daily
<b>traZODone</b> 100 MG tablet Dose: 100 mg For: Trouble Sleeping Commonly known as: DESYREL	100 mg, Oral, At bedtime

**10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E (continued)****Clinical Notes Acute (continued)****STOP taking these medications****ADDERALL XR** 20 mg 24 hr capsule

Generic drug: amphetamine-dextroamphetamine

**citalopram hydrobromide** 20 mg tablet

Commonly known as: CELEXA

**GOODYS EXTRA STRENGTH** 520-260-32.5 MG Pack

Generic drug: Aspirin-Acetaminophen-Caffeine

**OLANzapine** 5 mg tablet

Commonly known as: ZYPREXA

Risks, benefits, and side effects were discussed in detail prior to discharge.

**Hospital Course****Consulting Services:** Internal medicine re: DM**Indication for Admission:** risk of self injury

Leonard Williams is a 39 y.o. male that has a previous psychiatric history of Bipolar Disorder, PTSD, and ADD who was admitted to NHPMC BHU on 10/1/2020 under IVC by his mother due to making suicidal statements and sending text messages demonstrating paranoia.

Leonard Williams is a 39 y.o. male who was admitted and oriented to NHPMC BHU on 10/1/2020 under involuntary status with fall precautions in place. After initial assessment, medications started for crisis stabilization included Invega to target mood. Medication adjustments were made during daily rounds by the psychiatric provider including the addition of Trazodone to target sleep. Throughout the hospitalization, the patient displayed pressured, hyper-verbal, and tangential speech patterns. Consults were made to Internal Medicine service in regards to elevated blood glucose. Disposition recommendations were made by the treatment team including psychiatric medication management, individualized therapy, and substance abuse treatment. Arrangements were made as the patient cooperated with Social Work to finalize disposition. During the admission, the patient was offered to participate in unit group sessions including Social Work Process Groups, Recreational Therapy, and Morning/Evening Goal Meetings. Leonard Williams displayed an improvement in insight throughout the hospitalization. Leonard Williams was able to identify the needs for future compliance with medications and after care to prevent future hospitalizations.

Metabolic screening completed/reviewed during admission included:

Results for WILLIAMS, LEONARD (MRN 73503481) as of 10/3/2020 09:06

	Ref. Range	10/3/2020 08:06
Cholesterol	Latest Ref Range: 100 - 199 mg/dL	164
HDL	Latest Ref Range: >=39 mg/dL	32 (L)
Triglycerides	Latest Ref Range: 0 - 149 mg/dL	216 (H)
Total Chol/HDL Ratio	Latest Ref Range: 0 - 5	5

**10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E (continued)****Clinical Notes Acute (continued)**

LDL-C	Latest Ref Range: 0 - 99 mg/dL	89
VLDL	Latest Ref Range: 5 - 40 mg/dl	43 (H)

Results for WILLIAMS, LEONARD (MRN 73503481) as of 10/3/2020 09:06

	Ref. Range	10/1/2020 20:27
Hgb A1C Diabetic Assessment	Latest Ref Range: 4.8 - 5.6 %	6.2 (H)

During the course of the hospitalization, the patient participated with Social Work to find an appropriate discharge plan. He expressed motivation towards continuing care on an outpatient basis. The patient participated in a majority of unit milieu and activities. He was not a behavioral disturbance. The patient reported feeling safe on the psychiatric unit. The patient denied SI/HI/VI/AVH on the day of discharge.

The patient was offered a family meeting during admission. Family advocates for the patient's release home and will remain supportive. Safety measures for aftercare have been identified. They will continue to serve as a support system for the patient.

On 10/06/2020, following sustained improvement in the affect of this patient, continued report of euthymic mood, repeated denial of suicidal, homicidal, and other violent ideation, adequate interaction with peers, active participation in groups while on the unit, and denial of adverse reactions from medications, the treatment team decided Leonard Williams was stable for discharge home with scheduled mental health treatment as noted below.

Medication changes during this hospitalization:

- Continue Invega 6mg daily re: mood/psychosis
- Continue Trazodone 100mg at bedtime re: sleep

**Justification for two or more antipsychotic medications:**

Is not being discharged on multiple antipsychotic meds

**Tobacco/Substance Use Recommendation**

Tobacco use in the past 30 days? No

Referral to outpatient treatment for Substance/Tobacco use disorder was not indicated. When applicable, scheduled referrals are listed below.

FDA-approved cessation medication prescription offered/prescribed: N/A

**Condition Upon Discharge**

Vitals:

Vitals:

	10/06/20 0902
BP:	122/73
Pulse:	89
Resp:	18
Temp:	98.4 °F (36.9 °C)
SpO2:	100%

**Constitutional:**

General Appearance      Wearing hospital scrubs and normal appearance

## 10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E (continued)

### Clinical Notes Acute (continued)

General Behavior	Pleasant and cooperative
<b>Musculoskeletal:</b>	
Gait and Station	No gait abnormalities
Strength and tone	Normal
<b>Psychiatric:</b>	
Psychomotor Activity	No motor abnormalities
Speech	Normal in rate/volume/tone
Mood	Appropriate to circumstances and Euthymic
Affect	Full range/appropriate and reactive
Thought Process	Linear, logical, and goal directed
Associations	Intact association
Thought	
Content/Perceptual	Patient denies suicidal/homicidal ideation; No evidence of
Disturbances	auditory/visual hallucinations or delusions;
Cognition/Sensorium	AAOx4; Memory, attention, language, and fund of
	knowledge intact
Insight	Fair
Judgment	Fair

### Discharge Instructions and Disposition

#### Discharge Procedure Orders

##### Ambulatory referral to Psychiatry

*Referral Priority: Routine*

*Referral Type: Consultation*

*Referral Reason: Evaluate and Return*

*Requested Specialty: Psychiatry*

*Number of Visits Requested: 1*

*Expiration Date: 04/03/21*

#### Appointments which have been scheduled

##### **Appointment: October 21, 2020 @ 3:00PM**

Atrium

501 Billingsley Rd.

Charlotte, NC 28211

704-358-2810

704-358-2966 (F)

##### **Appointment:**

##### **Therapy**

John E. Monguillot, LP Counseling Psychologist

[REDACTED]  
[REDACTED]  
[REDACTED]

Fax:



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**10/01/2020 - Admission (Discharged) in NHPMC Inpatient 7E (continued)**

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**Clinical Notes Acute (continued)**

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The patient was referred to the providers listed above at the appointment time listed above for the treatment of behavioral health and substance use disorder.

**Disposition:** Discharge to home

**Recommendations to physicians:** Continue to monitor and adjust medications at the recommendations of the outpatient provider.

Electronically signed by:  
Jacobus P Bliek, PA  
10/6/2020 / 9:59 AM

Electronically signed by Jacobus P Bliek, PA at 10/6/2020 10:41 AM  
Electronically signed by Nathan M Carter, MD at 10/6/2020 4:30 PM

## 09/30/2020 - ED in NHPMC Emergency Department

### Visit Information

#### Admission Information

Arrival Date/Time:	09/30/2020 10:02 PM	Admit Date/Time:	09/30/2020 10:48 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Police	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	NOVANT HEALTH	Unit:	NHPMC Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
10/01/2020 10:40 PM	Psychiatric Hospital Novant	Behavioral Health	None	NHPMC Emergency Department

### Coding Summary

#### Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
3101954307 - WILLIAMS,LEONARD	None	None	None

#### Admission Information

Arrival Date/Time:	09/30/2020 10:02 PM	Admit Date/Time:	09/30/2020 10:02 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Police	Primary Service:	Emergency Medicine	Secondary Service:	
Transfer Source:		Service Area:	NOVANT HEALTH	Unit:	NHPMC Emergency Department
Admit Provider:		Attending Provider:	Jonathan G Sherrill, PA-C	Referring Provider:	

#### Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
10/01/2020 10:40 PM	Psychiatric Hospital Novant	Behavioral Health	None	NHPMC Emergency Department

#### Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
Z00.8	Encounter for other general examination	

#### Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
Z04.6 [Principal]	Encounter for general psychiatric examination, requested by authority				
R45.851	Suicidal ideations				
E11.9	Type 2 diabetes mellitus without complications (*)				
F43.10	Post-traumatic stress disorder, unspecified				

### Reason for Visit

#### Chief Complaint

- Psychiatric Evaluation (Per IVC pt stated to mother he has been overtaking prescribed medication to help him sleep due to being unable to sleep. Also has suicidal ideation stating once he was able to pay his mother back he will get medically assisted suicide. Pt

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### Reason for Visit (continued)

denies SI here)

### Visit Diagnoses

Name	Is ED?
Involuntary commitment (primary)	Yes
Suicidal ideation	Yes

### Hospital Problems

Name	Date Noted	Date Resolved	Present on Admission?
PTSD (post-traumatic stress disorder) (primary)	10/01/2020	—	Unknown
ADD (attention deficit disorder)	10/01/2020	—	Unknown
Bipolar disorder, unspecified (*)	10/01/2020	—	Unknown

### Treatment Team

Provider	Service	Role	Specialty	From	To
Michele M Derricott, RN BSN	—	Registered Nurse	Emergency Medicine	10/01/20 1912	—
Mounty Vanalong Aycock, RN	—	Registered Nurse	Emergency Medicine	10/01/20 1600	10/01/20 1912
Sandeep Singh A Grewal, MD	Internal Medicine	Consulting Physician	HOSPITALIST	10/01/20 1431	—
Dabney E Hayes, LCMHC	—	Access Coordinator	Counseling	10/01/20 1138	—
Elizabeth Gunther, LCMHC	—	Access Coordinator	Counseling	10/01/20 1137	—
Larson T Vickery, PA-C	—	Consulting Physician	Physician Assistant	10/01/20 0808	—
Rosalyn Gioia Mazoway, MS, RN	—	Registered Nurse	Emergency Medicine	10/01/20 0716	10/01/20 1600
Brandi Woods, LCMHC	—	Access Coordinator	Counseling	10/01/20 0037	—
Ip Consult To Novant Health Psychiatric Medicine (Inpatient)	—	Consulting Physician	Psychiatry	10/01/20 0005	10/02/20 0045
Ed Consult To Bh Access	—	Consulting Physician	Physician Assistant	10/01/20 0005	10/01/20 0808
Michele M Derricott, RN BSN	—	Registered Nurse	Emergency Medicine	09/30/20 2327	10/01/20 0716
Jonathan G Sherrill, PA-C	Emergency Medicine	Physician Assistant	Emergency Medicine	09/30/20 2259	10/01/20 0021

### Patient Summary as-of Visit

#### Problem List as of 10/1/2020

Problems last reviewed by Larson T Vickery, PA-C on 10/1/2020 1648

#### ADD (attention deficit disorder)

Diagnosis: ADD (attention deficit disorder) Noted on: 10/01/2020 Chronic: No

#### Bipolar 1 disorder (\*)

Diagnosis: Bipolar 1 disorder (\*) Noted on: 10/01/2020 Chronic: No

#### Bipolar disorder, unspecified (\*)

Diagnosis: Bipolar disorder, unspecified (\*) Noted on: 10/01/2020 Chronic: No

#### PTSD (post-traumatic stress disorder)

Diagnosis: PTSD (post-traumatic stress disorder) Noted on: 10/01/2020 Chronic: No

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### Patient Summary as-of Visit (continued)

#### Allergies as of 10/1/2020

Allergies last reviewed by Jennifer L Hathcock, RN on 10/1/2020 2340 - Review Complete  
No Known Allergies

#### Immunization History as of 10/1/2020

No documentation.

#### History as of 10/1/2020

##### Medical History as of 10/1/2020

Medical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

##### Past Medical History

Diagnosis	Date	Comments	Source
Diabetes mellitus (*)	—	type 2	Provider
Nonpsychotic mental disorder	—	ptsd, adhd, spectrum	Provider

##### Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
Arthritis	10/01/2020	—	Provider
Asthma	10/01/2020	—	Provider
Cancer (*)	10/01/2020	—	Provider
CHF (congestive heart failure) (*)	10/01/2020	—	Provider
COPD (chronic obstructive pulmonary disease) (*)	10/01/2020	—	Provider
Coronary artery disease	10/01/2020	—	Provider
Disease of thyroid gland	10/01/2020	—	Provider
History of transfusion	10/01/2020	—	Provider
Hypertension	10/01/2020	—	Provider
Stroke (*)	10/01/2020	—	Provider

##### Surgical History as of 10/1/2020

Surgical last reviewed by Jennifer L Hathcock, RN on 10/1/2020

##### Pertinent Negatives

Procedure	Date Noted	Comments	Source
ABDOMINAL SURGERY	10/01/2020	—	Provider
APPENDECTOMY	10/01/2020	—	Provider
BACK SURGERY	10/01/2020	—	Provider
BRAIN SURGERY	10/01/2020	—	Provider
COSMETIC SURGERY	10/01/2020	—	Provider
BREAST SURGERY	10/01/2020	—	Provider
COLON SURGERY	10/01/2020	—	Provider
FRACTURE SURGERY	10/01/2020	—	Provider

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### Patient Summary as-of Visit (continued)

	0		
EYE SURGERY	10/01/202	—	Provider
	0		
GASTRECTOMY	10/01/202	—	Provider
	0		
CARDIAC SURGERY	10/01/202	—	Provider
	0		
HERNIA REPAIR	10/01/202	—	Provider
	0		
HYSTERECTOMY	10/01/202	—	Provider
	0		
JOINT REPLACEMENT	10/01/202	—	Provider
	0		
NEPHRECTOMY TRANSPLANTED ORGAN	10/01/202	—	Provider
	0		
MASTECTOMY	10/01/202	—	Provider
	0		
SKIN BIOPSY	10/01/202	—	Provider
	0		
TONSILLECTOMY	10/01/202	—	Provider
	0		
VASCULAR SURGERY	10/01/202	—	Provider
	0		

### Medication List

#### Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### Prior To Admission

None

#### Discharge Medication List

##### OLANzapine (ZYPREXA) 5 mg tablet

Instructions: Take 1-2 tablets by mouth at bedtime.

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

##### citalopram hydrobromide (CELEXA) 20 mg tablet

Instructions: Take 20 mg by mouth daily.

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

##### ADDERALL XR 20 MG 24 hr capsule

Instructions: Take 2 capsules by mouth every morning.

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

##### Aspirin-Acetaminophen-Caffeine (GOODYS EXTRA STRENGTH) 520-260-32.5 MG PACK

Instructions: Take 1-2 packets by mouth daily as needed (headaches).

**09/30/2020 - ED in NHPMC Emergency Department (continued)****Medication List (continued)**Entered by: Melissia Stowe, CPHT  
End date: 10/5/2020Entered on: 10/1/2020  
Informant: Self**Stopped in Visit**

None

**ED Notes****ED Notes by Michele M Derricott, RN BSN at 9/30/2020 2350**

Author: Michele M Derricott, RN BSN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 6:37 AM	Date of Service: 9/30/2020 11:50 PM	Status: Signed
Editor: Michele M Derricott, RN BSN (Registered Nurse)		

Patient escorted to room D8 via PSO. Patient calm and cooperative. Patient denies thoughts of harming self or others and denies having hallucinations. Contraband search and skin assessment explained to patient and completed at this time with assist from pso. No contraband noted and skin is dry and intact. Patient dressed out in scrubs at this time. Patient reports he is here because his mom went to magistrate and had him brought in on an IVC. Patient reports he has PTSD and he was in the middle of a break down and reports he was uncontrollable. Patient oriented to room and unit guidelines. Snack and warm blankets provided.

Electronically signed by Michele M Derricott, RN BSN at 10/1/2020 6:37 AM

**ED Notes by Michele M Derricott, RN BSN at 10/1/2020 0638**

Author: Michele M Derricott, RN BSN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 6:39 AM	Date of Service: 10/1/2020 6:38 AM	Status: Signed
Editor: Michele M Derricott, RN BSN (Registered Nurse)		

One pink bag in CSD locker. Env # 154516 secured in pivot safe.

Electronically signed by Michele M Derricott, RN BSN at 10/1/2020 6:39 AM

**ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 0812**

Author: Rosalyn Gioia Mazoway, MS, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 8:22 AM	Date of Service: 10/1/2020 8:12 AM	Status: Signed
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)		

Patient report received from Michelle RN. Patient alert oriented by 3. Presents to the emergency room on IVC , petitioner is his Mother. Patient is cooperative, hyper verbal, manic, speech is pressured, paranoid. He states that he struggles from severe PTSD, from is co workers in the community and a victim of workplace abuse and bullying. Patient continues on IVC 15 min observation and 1 to 1 video monitoring. Patient questions answered and aware of the process of evaluation, assessment. Process of IVC discussed. Patient continues on 15 min observation and 1 to 1 video monitoring

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 8:22 AM

**ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 1233**

Author: Rosalyn Gioia Mazoway, MS, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 12:42 PM	Date of Service: 10/1/2020 12:33 PM	Status: Signed
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)		

**09/30/2020 - ED in NHPMC Emergency Department (continued)****ED Notes (continued)**

Patient pacing, anxious and states that "I do not feel good, and I have metabolic issues and I have to eat often and frequently , Patient POC checked. Patient offered snack, states that his metabolic issues are related to Zyprexa and I want to speak to MD regarding food. I have assured patient that I would ask for double vegetables on his meals. "Yeah fine but I want to speak to Dr not just you people on the floor". L Vickery PA notified that patient wants to speak to him about update regarding his care.

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 12:42 PM

**ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 1251**

Author: Rosalyn Gioia Mazoway, MS, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 12:52 PM	Date of Service: 10/1/2020 12:51 PM	Status: Signed
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)		

Patient offered and has refused medication to assist with his anxiety. I want my lunch

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 12:52 PM

**ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 1531**

Author: Rosalyn Gioia Mazoway, MS, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 3:31 PM	Date of Service: 10/1/2020 3:31 PM	Status: Signed
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)		

**ROI for John Monguillet Psychologist**

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 3:31 PM

**ED Notes by Mounty Vanalong Aycock, RN at 10/1/2020 1855**

Author: Mounty Vanalong Aycock, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 10/1/2020 7:04 PM	Date of Service: 10/1/2020 6:55 PM	Status: Signed
Editor: Mounty Vanalong Aycock, RN (Registered Nurse)		

Alert, resting in bed quietly, hyper-verbal, rambling, pt denies Si/HI, A/VH for this writer. Informed pt that he has a bed, bed still occupy, will go up when bed is available and clean, pt understands. Pt wants his psychologist John Monguillog mobile # to be noted in chart, [REDACTED].

Electronically signed by Mounty Vanalong Aycock, RN at 10/1/2020 7:04 PM

**ED Notes by Michele M Derricott, RN BSN at 10/1/2020 2000**

Author: Michele M Derricott, RN BSN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 10:38 PM	Date of Service: 10/1/2020 8:00 PM	Status: Addendum
Editor: Michele M Derricott, RN BSN (Registered Nurse)		

Patient in room watching tv calm and cooperative. Patient denies thoughts of harming self or others and denies having hallucinations. Patient has rapid rambling speech and stutters at times.

Electronically signed by Michele M Derricott, RN BSN at 10/1/2020 10:38 PM

**ED Notes by Michele M Derricott, RN BSN at 10/1/2020 2219**

Author: Michele M Derricott, RN BSN	Service: Nursing	Author Type: Registered Nurse
Filed: 10/1/2020 10:20 PM	Date of Service: 10/1/2020 10:19 PM	Status: Signed

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Notes (continued)


Editor: Michele M Derricott, RN BSN (Registered Nurse)

PSO called to assist with patient transport to room 737.

Electronically signed by Michele M Derricott, RN BSN at 10/1/2020 10:20 PM

### ED Care Timeline

#### Patient Care Timeline (9/30/2020 22:02 to 10/1/2020 22:40)

9/30/2020	Event	Details	User
22:02	Patient arrived in ED		Kathleen Francis
22:02:27	Bed was Held		Alissa C Schoelkopf, RN
22:02:35	Emergency encounter created		Kathleen Francis
22:03	Vital Signs	Other flowsheet entries Stimulants: 261 Sedatives: 0 Narcotics: 0 Overdose: 0 (NARxCHECK scores)	Acute Interface, Incoming Flowsheet Results
22:03:03	Arrival Complaint	IVC	
22:07:42	Trigger for Triage Start		Tyler M Powers, RN
22:07:42	Triage Started		Tyler M Powers, RN
22:07:42	Chief Complaints Updated	Psychiatric Evaluation (Per IVC pt stated to mother he has been overtaking prescribed medication to help him sleep due to being unable to sleep. Also has suicidal ideation stating once he was able to pay his mother back he will get medically assisted suicide.)	Tyler M Powers, RN
22:07:44	Allergies Reviewed - Review Complete		Tyler M Powers, RN
22:08	Vital Signs	Vitals Timer Restart Vitals Timer: Yes  Vital Signs Temp: 98.1 °F (36.7 °C) Temp src: Oral Heart Rate: 103 Heart Rate Source: Monitor Resp: 20 BP: 142/85 MAP (mmHg): 104 BP Location: Left arm BP Method: Automatic Patient Position: Sitting Oxygen Therapy SpO2: 95 % O2 Device: None (Room air) Height and Weight Height: 5' 11" (180.3 cm) Height Method: Stated Weight: 223 lb (101.2 kg) Weight Method: Stated	Shanika Alexander, CNA



**09/30/2020 - ED in NHPMC Emergency Department (continued)**

**ED Care Timeline (continued)**

22:08	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Shanika Alexander, CNA
22:08	<b>Anthropometrics</b>	<b>Anthropometrics</b> Weight Change: 0	Shanika Alexander, CNA
22:08	<b>Kcentra Dose Calculator</b>	<b>Kcentra Dose</b> Calculated Dose of Kcentra for INR 2 - <4: <b>2529 units</b> †	Shanika Alexander, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

22:08	<b>Custom Formula Data</b>	<b>Action Zones</b> Yellow High (l/min): 468 l/min Yellow Low (L/min): 297 l/min Red High (l/min): 296 l/min Yellow High (l/min): 369 l/min Yellow Low (L/min): 238 l/min Yellow High (l/min): 468 l/min Yellow Low (L/min): 297 l/min Red High (l/min): 296 l/min <b>Anthropometrics</b> Adjusted Body weight Male: 85.64 kg <b>Holliday Segar Method</b> mL/d: 0.00 <b>REE Calculations</b> Male, 0-3 Years (kcal/day): 6106.21 kcal/day Female, 0-3 Years (kcal/day): 6119.32 kcal/day Male, 3-10 Years (kcal/day): 2791.17 kcal/day Female, 3-10 Years (kcal/day): 2774.94 kcal/day Male, 10-18 Years (kcal/day): 2421.17 kcal/day Female, 10-18 Years (kcal/day): 1980.06 kcal/day W.H.O. REE (kcal/day): 0.00 Schofield REE (kcal/day): 0.00 <b>tPA Dosing Calculations</b> Calculated Total tPA dose (mg): <b>91.04 mg</b> † Calculated tPA Bolus (mL): <b>9.1 mL</b> † 100 mg Vial Discard Dose tPA - not for infusion (mL): 9 mL Calculated Infusion Dose (mg): <b>81.9 mg</b> † Calculated Infusion Rate (mg/hr): <b>81.9 mg/hr</b> † 50 mg Vial Discard Dose tPA - not for infusion (mL): -41 mL <b>Kcentra Dose</b> Calculated Dose of Kcentra for INR 4-6: <b>3540 units</b> † Calculated Dose of Kcentra for INR >6: <b>5058 units</b> † <b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7 <b>IBW/VT Calculations</b> IBW/kg (Calculated): 75.3 <b>Other flowsheet entries</b> Age (yrs): 39 PEFR (child): 502 PEFR (adult ): 592 PEFR (adult F): 467 Green Low (L/min): 469 PEFR: 592 Green Low (L/min): 469 Systolic: 142 Systolic BP Average Last 24 Hours: 142 Diastolic: 85 Diastolic BP Average Last 24 Hours: 85 BP Average (24 hours): 142/85 BSA (Calculated - sq m): 2.25 sq meters BMI (Calculated): 31.1 IBW/kg (Calculated) Male: 75.3 kg IBW/kg (Calculated) FEMALE: 70.8 kg NCHESS Temp Source Mapping: 1 Weight in (lb) to have BMI = 25: 178.9 % Weight Change Since Birth: 0	Shanika Alexander, CNA
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22:08:26 **Home Medications Reviewed**

Tyler M Powers, RN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

22:09	<b>Domestic Violence</b>	<b>Domestic Abuse Assessment</b> Do you feel safe in your living environment?: Yes In the last year, has anyone forced you to have sexual activity?: No In the last year, have you been hit/slapped/kicked/harmed by your partner/caregiver?: No Are you ever afraid of your partner/caregiver?: No Are there persons in your life that consistently control your actions/put you down?: No	Tyler M Powers, RN
22:09	<b>Fall Risk Assessment</b>	<b>Kinder Fall Risk Assessment (Adult patients 18 yrs and older)</b> Presented to emergency department because of falls:: No Age > 70: No Altered Mental Status Intoxication with alcohol or substance abuse:: No Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.: No Nurse Judgement:: No Fall Risk Assessment Score: Low Risk	Tyler M Powers, RN
22:09	<b>Suicide Screening- Admission</b>	<b>Columbia-Suicide Severity Rating Scale</b> Wish to be Dead:: No Suicidal Thoughts:: No Suicide Behavior Question:: No C-SSRS Screening Result: No Risk <b>Other flowsheet entries</b> C-SSRS Screening Result: No Risk	Tyler M Powers, RN
22:09:08	<b>History Reviewed</b>	Sections Reviewed: Medical, Surgical, Sexual Activity, Alcohol, Custom, Tobacco, Drug Use, Family	Tyler M Powers, RN
22:09:38	<b>Chief Complaints Updated</b>	Psychiatric Evaluation ( <b>Per IVC pt stated to mother he has been overtaking prescribed medication to help him sleep due to being unable to sleep. Also has suicidal ideation stating once he was able to pay his mother back he will get medically assisted suicide. Pt denies SI here</b> )	Tyler M Powers, RN
22:10	<b>Acuity/Destination</b>	<b>Acuity/Destination</b> Patient Acuity: 2 ED Destination: Waiting room Triage Complete: Triage complete	Tyler M Powers, RN
22:10	<b>Vital Signs</b>	<b>Pain Assessment</b> Assessment or Reassessment: Assessment Assessment Type: Resting Respiratory Quality: Normal Pain Assessment Scale: No/denies pain <b>Pain Timer</b> Restart Pain Timer: Yes	Tyler M Powers, RN
22:10:21	<b>Triage Completed</b>		Tyler M Powers, RN
22:48:38	<b>Patient roomed in ED</b>	To room PMC D08	Tyler M Powers, RN
22:49:14	<b>Orders Placed</b>	CBC And Differential ; Comprehensive metabolic panel ; Ethanol level ; Salicylate level ; Acetaminophen level ; Rainbow / Extra tubes ; UR Drugs of Abuse Screen	Andrew Moczula, MD
22:49:15	<b>Lab Ordered</b>	URINE DRUGS OF ABUSE SCRIN, ACETAMINOPHEN LEVEL, SALICYLATE LEVEL, ETHANOL, COMPREHENSIVE METABOLIC PANEL, CBC AND DIFFERENTIAL	Tyler M Powers, RN
22:59:57	<b>Assign Mid-level</b>	Jonathan G Sherrill, PA-C assigned as Physician Assistant	Jonathan G Sherrill, PA-C

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

22:59:57	<b>Assign Provider</b>		Jonathan G Sherrill, PA-C
22:59:57	<b>Medical Screening Exam Initiated</b>		Jonathan G Sherrill, PA-C
23:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
23:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
23:00	<b>Respiratory</b>	<b>Respiratory</b> Respiratory (WDL): Within Defined Limits Respiratory Pattern: Regular Chest Assessment: Chest expansion symmetrical O2 Device: None (Room air) <b>Cough</b> Cough Present?: No	Michele M Derricott, RN BSN
23:00	<b>Skin Color/Condition</b>	<b>Skin Assessment</b> Integumentary (WDL): Within Defined Limits Skin Color: Appropriate for ethnicity Skin Integrity: Intact	Michele M Derricott, RN BSN
23:00	<b>Cardiac/Telemetry</b>	<b>Cardiac</b> Cardiac (WDL): Within Defined Limits Chest Pain Present: No	Michele M Derricott, RN BSN
23:00	<b>Psychosocial</b>	<b>Psychosocial</b> Psychosocial (WDL): Within Defined Limits Patient Behaviors/Mood/Affect: Calm; Cooperative; FLAT AFFECT*; RESTLESS/FIDGETY* Were 5 or more STARRED* answers selected in the question above?: No Support Person/Visitor Behaviors: Unable to assess Needs Expressed: Denies Reassurance given to: Patient <b>General Appearance</b> Motor Activity: Mobile; Steady Speech Pattern: Appropriate for circumstances Appearance/Hygiene: Appropriate for circumstances <b>Thought Process</b> Coherency: Blocking Content: Preoccupation Delusions: Appropriate for circumstances Perception: Unable to assess Hallucination: None <b>Sleep Pattern</b> Sleep Pattern: Difficulty falling asleep	Michele M Derricott, RN BSN
23:00	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

23:00	<b>Columbia Suicide Severity Rating Scale</b>	<b>Suicide Shift Reassessment</b> 1. Have you actually had thoughts about killing yourself?: No 5. Have you done anything, started to do anything, or prepared to do anything to end your life?: No Search (select all that apply): Visual Scan Only; Manual Search; Patient Search Reason for Search: Precautions Search Outcome?: Contraband Not Found Additional Team Member(s) Present During Search: PSO <b>Suicide Screen Reassessment</b> Complete Reassessment?: Yes	Michele M Derricott, RN BSN
23:00	<b>Fall Risk Assessment</b>	<b>Kinder Fall Risk Assessment (Adult patients 18 yrs and older)</b> Presented to emergency department because of falls:: No Age > 70: No Altered Mental Status Intoxication with alcohol or substance abuse:: No Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.: No Nurse Judgement:: No Fall Risk Assessment Score: Low Risk <b>Fall Interventions</b> Fall Interventions Low Risk: 3. Bed in low position with brakes locked, 1 side rail raised; 5. Utilize non-skid footwear for patient Arm Bands On: ID Side Rails/Bed Safety: 1/2	Michele M Derricott, RN BSN
23:00	<b>Suicide Shift Reassessment</b>	<b>Suicide Shift Reassessment</b> Shift Reassessment Risk Score:: No Risk	Michele M Derricott, RN BSN
23:27:25	<b>Assign Nurse</b>	Michele M Derricott, RN BSN assigned as Registered Nurse	Michele M Derricott, RN BSN
23:33	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
23:33	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
23:45	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
23:45	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
23:49:44	<b>Orders Acknowledged</b>	New - CBC And Differential ; Comprehensive metabolic panel ; Ethanol level ; Salicylate level ; Acetaminophen level ; Rainbow / Extra tubes ; UR Drugs of Abuse Screen	Michele M Derricott, RN BSN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

23:50	ED Notes	Patient escorted to room D8 via PSO. Patient calm and cooperative. Patient denies thoughts of harming self or others and denies having hallucinations. Contraband search and skin assessment explained to patient and completed at this time with assist from pso. No contraband noted and skin is dry and intact. Patient dressed out in scrubs at this time. Patient reports he is here because his mom went to magistrate and had him brought in on an IVC. Patient reports he has PTSD and he was in the middle of a break down and reports he was uncontrollable. Patient oriented to room and unit guidelines. Snack and warm blankets provided.	Michele M Derricott, RN BSN
23:50:07	Print Label for Acetaminophen level Completed	Acetaminophen level - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:07	Print Label for CBC And Differential Completed	CBC And Differential - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:07	Print Label for Comprehensive metabolic panel Completed	Comprehensive metabolic panel - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:07	Print Label for Ethanol level Completed	Ethanol level - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:07	Print Label for Gold SST Completed	Gold SST - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:07	Print Label for Salicylate level Completed	Salicylate level - Type: <b>Blood</b>	Michele M Derricott, RN BSN
23:50:20	Print Label for UR Drugs of Abuse Screen Completed	UR Drugs of Abuse Screen - Type: <b>Urine</b> ; Source: <b>Urine, Clean Catch</b>	Michele M Derricott, RN BSN
23:53:40	Discharge Disposition Selected	ED Disposition set to Discharge	Jonathan G Sherrill, PA-C
23:53:40	Disposition Selected		Jonathan G Sherrill, PA-C
23:54:04	Behavioral Health Disposition Selected	ED Disposition set to Behavioral Health	Jonathan G Sherrill, PA-C
23:54:05	Disposition Selected		Jonathan G Sherrill, PA-C
23:54:06	Behavioral Health Disposition Selected	ED Disposition set to Behavioral Health	Jonathan G Sherrill, PA-C
23:54:06	Disposition Selected		Jonathan G Sherrill, PA-C
10/1/2020	Event	Details	User
00:00	SOFA	SOFA Scoring System SOFA Score (Do Not Edit): 0	User, Batch
00:00	Tele-ICU Scoring System	Other flowsheet entries Tele-ICU Score: 4	User, Batch

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

00:00	Sepsis Predictive Analytics	Other flowsheet entries Sepsis Predictive Analytics Score: 1.7	User, Batch
00:05:20	Orders Placed	Vital signs ; Notify provider for vital signs : Vitals: Temperature; Temperature greater than: 100.4 ; Notify provider for symptoms : ; Activity level: Ad lib as tolerated ; No metal on tray - Plastic Only. ; Regular Diet ; Fall precautions (per nursing assessments) ; Suicide Precautions -1:1 or Secured Access Room ; BH Access Consult ; Inpatient consult to Psychiatry ; LORazepam (ATIVAN) tablet 1 mg ; OLANzapine zydis (ZYPREXA) disintegrating tablet 10 mg ; OLANzapine (ZYPREXA) injection 10 mg ; zolpidem (AMBIEN) tablet 5 mg ; acetaminophen (TYLENOL) tablet 650 mg ; ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg ; ondansetron (ZOFTRAN) injection 4 mg ; aluminum & magnesium hydroxide-simethicone (MAALOX,MYLANTA,ANTACID ANTI-GAS) 200-200-20 mg/5 mL oral suspension 30 mL ; magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL oral suspension 15 mL	Jonathan G Sherrill, PA-C
00:05:25	Other Consult Ordered	BH Access Consult - [808312076]	Jonathan G Sherrill, PA-C
00:05:25	Psych Consult Ordered	Inpatient consult to Psychiatry - [808312077]	Jonathan G Sherrill, PA-C
00:08:57	Orders Acknowledged	New - Vital signs ; Notify provider for vital signs : Vitals: Temperature; Temperature greater than: 100.4 ; Notify provider for symptoms : ; Activity level: Ad lib as tolerated ; No metal on tray - Plastic Only. ; Regular Diet ; Fall precautions (per nursing assessments) ; Suicide Precautions -1:1 or Secured Access Room ; BH Access Consult ; Inpatient consult to Psychiatry ; LORazepam (ATIVAN) tablet 1 mg ; OLANzapine zydis (ZYPREXA) disintegrating tablet 10 mg ; OLANzapine (ZYPREXA) injection 10 mg ; zolpidem (AMBIEN) tablet 5 mg ; acetaminophen (TYLENOL) tablet 650 mg ; ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg ; ondansetron (ZOFTRAN) injection 4 mg ; aluminum & magnesium hydroxide-simethicone (MAALOX,MYLANTA,ANTACID ANTI-GAS) 200-200-20 mg/5 mL oral suspension 30 mL ; magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL oral suspension 15 mL	Michele M Derricott, RN BSN
00:15	15 Minute Safety Check	Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
00:15	Custom Formula Data	Other flowsheet entries Sleeping: 0	Tammie Byrd, CNA
00:18:53	ED Provider Notes	Note filed at this time	Jonathan G Sherrill, PA-C; Cosign required
00:21:23	Remove Midlevel	Jonathan G Sherrill, PA-C removed as Physician Assistant	Jonathan G Sherrill, PA-C
00:25	Disposition Recommendation	Disposition Disposition Recommendation: (Called in at 00:20)	Yvonne Cleopatra Oree, LCSW
00:26	Collect Acetaminophen level Completed	Acetaminophen level - Type: <b>Blood</b>	Tammie Byrd, CNA
00:26	Collect CBC And Differential Completed	CBC And Differential - Type: <b>Blood</b>	Tammie Byrd, CNA
00:26	Collect Comprehensive metabolic panel Completed	Comprehensive metabolic panel - Type: <b>Blood</b>	Tammie Byrd, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

00:26	<b>Collect Ethanol level Completed</b>	Ethanol level - Type: <b>Blood</b>	Tammie Byrd, CNA
00:26	<b>Collect Gold SST Completed</b>	Gold SST - Type: <b>Blood</b>	Tammie Byrd, CNA
00:26	<b>Collect Salicylate level Completed</b>	Salicylate level - Type: <b>Blood</b>	Tammie Byrd, CNA
00:26	<b>Specimens Collected</b>	CBC And Differential - ID: <b>20PMC-274H0588</b> Type: <b>Blood</b> Comprehensive metabolic panel - ID: <b>20PMC-274C1013</b> Type: <b>Blood</b> Ethanol level - ID: <b>20PMC-274C1013</b> Type: <b>Blood</b> Salicylate level - ID: <b>20PMC-274C1013</b> Type: <b>Blood</b> Acetaminophen level - ID: <b>20PMC-274C1013</b> Type: <b>Blood</b> Light Blue Top - ID: <b>20PMC-274A0115</b> Type: <b>Blood</b> Gold SST - ID: <b>20PMC-274A0116</b> Type: <b>Blood</b>	Tammie Byrd, CNA
00:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
00:31	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
00:31	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
00:32:53	<b>Orders Discontinued</b>	Light Blue Top (09/30/20 2249)	Lisa S Tate
00:32:53	<b>Collect Light Blue Top Discontinued</b>	Light Blue Top	Lisa S Tate
00:32:53	<b>Print Label for Light Blue Top Discontinued</b>	Light Blue Top	Lisa S Tate



## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

00:35	<b>CBC And Differential Resulted</b>	<b>Abnormal Result</b> Collected: <b>10/1/2020 00:26</b> Last updated: <b>10/1/2020 00:35</b> Status: <b>Final result</b> WBC: <b>7.8 thou/mcL</b> [Ref Range: 5.1 - 10.8] RBC: <b>5.42 million/mcL</b> [Ref Range: 4.05 - 5.64] HGB: <b>16.5 gm/dL</b> [Ref Range: 13.5 - 17.5] HCT: <b>49.1 %</b> [Ref Range: 40.5 - 52.5] MCV: <b>91 fL</b> [Ref Range: 83 - 97] MCH: <b>30.4 pg</b> [Ref Range: 28.0 - 33.0] MCHC: <b>33.6 gm/dL</b> [Ref Range: 32.0 - 36.0] Plt Ct: <b>337 thou/mcL</b> [Ref Range: 150 - 400] RDW SD: <b>40.0 fL</b> [Ref Range: 36.0 - 47.0] MPV: <b>9.9 fL</b> [Ref Range: 8.9 - 11.0] NRBC%: <b>0.0 /100WBC</b> [Ref Range: 0] NRBC: <b>0.000 thou/mcL</b> [Ref Range: 0] NEUTROPHIL %: <b>45.1 %</b> ▼ [Ref Range: 50.0 - 70.0] LYMPHOCYTE %: <b>35.2 %</b> [Ref Range: 25.0 - 40.0] MONOCYTE %: <b>14.4 %</b> ▲ [Ref Range: 4.0 - 12.0] Eosinophil %: <b>4.1 %</b> [Ref Range: 1.0 - 6.0] BASOPHIL %: <b>0.8 %</b> [Ref Range: 0.0 - 2.0] IG%: <b>0.400 %</b> [Ref Range: 0.001 - 0.429] ABSOLUTE NEUTROPHIL COUNT: <b>3.54 thou/mcL</b> [Ref Range: 1.50 - 7.50] ABSOLUTE LYMPHOCYTE COUNT: <b>2.8 thou/mcL</b> [Ref Range: 1.0 - 4.5] MONO ABSOLUTE: <b>1.1 thou/mcL</b> ▲ [Ref Range: 0.1 - 0.8] EOS ABSOLUTE: <b>0.3 thou/mcL</b> [Ref Range: 0.0 - 0.5] BASO ABSOLUTE: <b>0.1 thou/mcL</b> [Ref Range: 0.0 - 0.2] IG ABSOLUTE: <b>0.030 thou/mcL</b> [Ref Range: 0.001 - 0.031]	Background User Lab
00:35:35	<b>Lab Resulted</b>	(Final result) CBC AND DIFFERENTIAL	Background User Lab
00:37:44	<b>Team Member Assigned</b>	Brandi Woods, LCMHC assigned as Access Coordinator	Brandi Woods, LCMHC
00:59	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
00:59	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
00:59:49	<b>Home Medications Reviewed</b>		Melissia Stowe, CPHT
01:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
01:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
01:00:30	<b>Home Medications Reviewed</b>		Melissia Stowe, CPHT
01:00:32	<b>Home Medications Reviewed</b>		Melissia Stowe, CPHT
01:08	<b>Ethanol level Resulted</b>	Collected: <b>10/1/2020 00:26</b> Last updated: <b>10/1/2020 01:08</b> Status: <b>Final result</b> Ethanol: <b>&lt;10 mg/dL</b> [Ref Range: 0] (Blood Alcohol Level is for Medical Purposes Only.)	Background User Lab

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

01:08	Salicylate level Resulted	<b>Abnormal Result</b> Collected: 10/1/2020 00:26 Last updated: 10/1/2020 01:08 Status: <b>Final result</b> Salicylate: 18.5 mcg/mL ▼ [Ref Range: 30.0 - 250.0]	Background User Lab
01:08	Acetaminophen level Resulted	<b>Abnormal Result</b> Collected: 10/1/2020 00:26 Last updated: 10/1/2020 01:08 Status: <b>Final result</b> Acetaminophen: <5.0 mcg/mL ▼ [Ref Range: 10.0 - 25.0]	Background User Lab
01:08:23	Lab Resulted	(Final result) ETHANOL	Background User Lab
01:08:23	Lab Resulted	(Final result) ACETAMINOPHEN LEVEL	Background User Lab
01:08:24	Lab Resulted	(Final result) SALICYLATE LEVEL	Background User Lab
01:10	Comprehensive metabolic panel Resulted	<b>Abnormal Result</b> Collected: 10/1/2020 00:26 Last updated: 10/1/2020 01:10 Status: <b>Final result</b> Na: 136 mmol/L [Ref Range: 136 - 146] Potassium: 4.4 mmol/L [Ref Range: 3.7 - 5.4] Cl: 100 mmol/L [Ref Range: 97 - 108] CO2: 24 mmol/L [Ref Range: 20 - 32] Glucose: 231 mg/dL ▲ [Ref Range: 65 - 99] BUN: 21 mg/dL ▲ [Ref Range: 6 - 20] Creatinine: 0.76 mg/dL [Ref Range: 0.76 - 1.27] Ca: 9.2 mg/dL [Ref Range: 8.7 - 10.2] ALK PHOS: 95 U/L [Ref Range: 25 - 150] T Bili: 0.96 mg/dL [Ref Range: 0.00 - 1.20] Total Protein: 8.0 gm/dL [Ref Range: 6.0 - 8.5] Alb: 4.7 gm/dL [Ref Range: 3.5 - 5.5] GLOBULIN: 3.3 gm/dL [Ref Range: 1.5 - 4.5] ALBUMIN/GLOBULIN RATIO: 1.4 [Ref Range: 1.1 - 2.5] BUN/CREAT RATIO: 27.6 ▲ [Ref Range: 11.0 - 26.0] ALT: 52 U/L [Ref Range: 0 - 55] AST: 32 U/L [Ref Range: 0 - 40] (Slight hemolysis present, results may be adversely affected. Please interpret results with caution. ) GFR AFRICAN AMERICAN: 133 mL/min/1.73m2 (African-American: Normal GFR (glomerular filtration rate) > 60 mL/min/1.73 meters squared. < 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area ) GFR Non African American: 115 mL/min/1.73m2 (Non African American: Normal GFR (glomerular filtration rate) > 60 mL/min/1.73 meters squared. < 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area. ) AGAP: 12 mmol/L [Ref Range: 7 - 16]	Tamiya Wilson
01:10:37	Lab Resulted	(Final result) COMPREHENSIVE METABOLIC PANEL	Background User Lab

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

01:11	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes <b>Vital Signs</b> Temp: 98.1 °F (36.7 °C) Temp src: Oral Heart Rate: 89 Heart Rate Source: Brachial Resp: 18 BP: 139/79 MAP (mmHg): 99 BP Location: Right arm BP Method: Automatic Patient Position: Lying <b>Oxygen Therapy</b> SpO2: 100 % O2 Device: None (Room air)	Tammie Byrd, CNA
01:11	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Tammie Byrd, CNA
01:11	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7 <b>Other flowsheet entries</b> Systolic: 139 Systolic BP Average Last 24 Hours: 141 Diastolic: 79 Diastolic BP Average Last 24 Hours: 82 BP Average (24 hours): 141/82 NCHES Temp Source Mapping: 1	Tammie Byrd, CNA
01:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
01:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
01:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
01:32	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
01:32	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
01:44	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

01:44	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
02:03	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
02:03	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
02:04:49	<b>ED Provider Notes</b>	Note filed at this time	Jonathan G Sherrill, PA-C; Cosigned by Jerry D Nix, MD
02:12	<b>Screening</b>	<b>ED Triage Screen</b> ED Triage Access Screening (Select All that are True): The patient is experiencing Suicidal/Homicidal ideations with an identifiable plan intent, means, or recent gesture/attempt. <b>BH Access Screening</b> Type of Screen: If NOT Face to Face, Skip to Disposition Section): Face to Face Referral Source: Angela Haun- mother/petitioner Referral Source Contact Number: <span style="background-color: black; color: black;">[REDACTED]</span> Release Signed: No Referral Source Contacted: Yes Release for Community Providers: No Information Provided By:: Patient Court Appointed Guardian: No Are you a Veteran?: No Precipitating Factors: Pt is a 39 y/o Caucasian male who presented to PMC under IVC by his mother for SI and overtaking his medications. Pt reports "my mother filled out a petition and the magistrate processed like it was nothing. "pt. reports a diagnosis of PTSD and reports that when he is in the middle of an "episode" he has had "uncontrollable" thoughts of self-harm. Pt reports that he has expressed "what a relief it would be to die" but has no intent. Pt denies HI Date of last yearly physical:: unknown Outside help or community services at home: Mental Health Services Is there anyone that you know, or are related to, on the Behavioral Health unit?: No	Brandi Woods, LCMHC
02:17	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
02:17	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

02:17	Potential Risks	<p><b>Potential Risk to Self</b>            Suicidal threats/behaviors in past 6 months?: Yes            Suicidal Ideation or Suicide Threats: No            Recent attempt to Harm Self?: No            Intent for above: No            Currently engaging in self-injurious behavior?: No            History of Suicidal/Self-Injuring behaviors?: Yes            History of Suicidal/Self Injurious Behavior Last 6 months?: No            History of Suicidal/Self-Injuring behaviors Greater than the past 6 months?: Yes            Access to firearms?: No            Other means of Harm?: Yes (pills)</p> <p><b>Potential Risk to Others</b>            Homicidal threats/behaviors in past 6 months?: No            Homicidal Ideation or Homicidal Threats?: No            Named Individual: No            Recent attempt to Harm Another?: No            Intent for above: No            Patient currently assaultive or combative?: No            History of Homicidal Acts/Assaultive behaviors?: No            History of Homicidal Acts/Assaultive behaviors within past 6 months?: No            History of Homicidal Acts/Assaultive behaviors Greater than the past 6 months?: No            Access to firearms?: No            Other means of Harm?: No            RETIRED ROW: Patient able to reliably contract for safety?: Yes</p>	Brandi Woods, LCMHC
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## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

02:20	<b>Symptoms</b>	<p><b>Sleep</b> Sleep pattern changed: No Sleeping increased: No Sleeping decreased: No Problems: No Use sleep aid: Yes Type of Sleep Aid: zyprexa</p> <p><b>Appetite</b> Appetite change: No Weight change: No Appetite Problems:: No</p> <p><b>Depression</b> Hopelessness/Helplessness: No Crying spells/mood swings: Yes Low energy/fatigue: No Concentration problems: Yes Psychomotor retardation/agitation: No Feelings of guilt/worthlessness: No Social withdrawal: No Recurrent thoughts of death: Yes Deterioration in Activities of Daily Living: No</p> <p><b>Mania</b> Rapid pressured speech: Yes Increase in impulsivity: No Increase in energy: No Flight of ideas/loose association: No</p> <p><b>Anxiety</b> Excessive worry: No Nervousness: No Irritability: Yes Shortness of breath: No Racing heart rate: No Sweaty/Chills/Hot flashes: No Nausea/Vomiting/Diarrhea: No Chest Pain: No</p> <p><b>Additional Symptom Information</b> Additional Symptom Information: Pt is a 39 y/o male who presented to PMC as stated above. The petition states the pt has a history of mental illness, has been previously hospitalized, has been overtaking his prescribed medications to help him sleep, he is unable to sleep, has SI and told his mother once he is able to pay her back he will get medically assisted suicide. The pt presented hypervolubal with pressured speech. Pt reports that 3 weeks ago he told his mother he has thoughts of moving away to a place that has assisted suicide. Pt admits to texting his mother in the middle his symptoms of PTSD. Pt denies "overtaking" his medications, he reports taking extra Zyprexa to help him sleep when he runs out of Adderall. Pt reports 1 previous suicide attempt 20 yrs ago via overdose. Pt reports a diagnosis of bipolar I and a recent diagnosis of PTSD. Pt endorsed the following symptoms: hyper vigilance, irritability, hostile, mood swings, "constant state of distress, shell shocked, and pounding like a sledge hammer." Pt denies substance use (UDS pending). Pt will be assessed by APC</p>	Brandi Woods, LCMHC
02:21	<b>15 Minute Safety Check</b>	<p><b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room</p>	Tammie Byrd, CNA
02:21	<b>Custom Formula Data</b>	<p><b>Other flowsheet entries</b> Sleeping: 0</p>	Tammie Byrd, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

02:22	<b>Psychosis</b>	<b>Psychosis / Thought Content</b> Delusions: Persecution Hallucinations: None Ambivalence: No (Comment) Confusion: No (Comment) Disorganization: No (Comment)	Brandi Woods, LCMHC
02:22	<b>Treatments</b>	<b>Current/Prev BH Chemical Dependency Treatments</b> Treatments?: Yes Treatment Date: (July 2020) Treatment Provider/Location: Kathleen Peniston- Psychiatrist Treatment Type: Behavioral Health; Outpatient Treatment Date of Next Appt or Last Appt: next appt 10/5 Additional Treatment?: Yes Treatment 2 Date: 09/17/20 Treatment 2 Provider/Location: Dr. John Monguillot Treatment 2 Type: Behavioral Health; Outpatient Additional Treatment?: Yes Treatment 3 Date: (2000) Treatment 3 Provider/Location: Broughton Treatment 3 Type: Behavioral Health; Inpatient Additional Treatment?: No Did you follow up with your aftercare appointment?: Yes Did you take your medication as prescribed?: Yes	Brandi Woods, LCMHC
02:25	<b>Substance Abuse</b>	<b>Substance Use/Addictive Behaviors History</b> Substance use in past 12 months?: No Drug Screen: Other (comment) (pending) History of Substance Use/Abuse:: Patient Denies any history or Current Use Tobacco/Nicotine Use?: No	Brandi Woods, LCMHC
02:25	<b>Protective Factors</b>	<b>Protective Factors - Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors).</b> External Protective Factors: Supportive social network of family or friends	Brandi Woods, LCMHC
02:26	<b>Functioning</b>	<b>Functioning</b> Dressing: Independent Bathing: Independent Toileting: Independent Feeding: Independent Hearing - Right Ear: Functional Hearing - Left Ear: Functional Vision - Right Eye: Functional Vision - Left Eye: Functional Walks in Home: Independent Possible barriers to participate in Treatment/Programming?: No Current living arrangements (who lives with): lives alone Able to return to Current Living Arrangements?: Yes Support System:: Psychologist, friends and mother Healthy coping skills: Meditation; Talk to people Recreational/Leisure activities: Read, pool, programming websites Religious/Spiritual orientation: none Cultural Preferences: none	Brandi Woods, LCMHC
02:26	<b>Alcohol screen/AUDIT tool</b>	<b>Alcohol Use/Abuse</b> Alcohol abuse in past 12 months?: No History of Alcohol Use/Abuse:: Patient Denies any history or Current Use	Brandi Woods, LCMHC

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

02:26	<b>Self Pay Questionnaire</b>	<b>Acute Self Pay Questionnaire</b> Does the patient receive Social Security because of disability?: No Has a doctor stated that the patient will be unable to work for a year or longer?: No Is the patient the parent or legal guardian of a child 17 years old or younger who lives in the home full time?: No Has the patient been declared legally blind?: No Is the patient pregnant?: No Is the patient a victim of a crime?: No	Kathleen Francis
02:27	<b>Travel Screening</b>	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? <b>No / Unsure</b> ; Have you had a COVID-19 viral test in the last 14 days? <b>No</b> ; Do you have any of the following new or worsening symptoms? <b>None of these</b> ; Have you traveled internationally in the last month? <b>No</b> Travel Locations: <b>Travel history not shown for past encounters</b>	Kathleen Francis
02:27	<b>Healthcare Directives</b>	<b>Portable Medical Orders</b> Portable Medical Orders: None <b>Court Appointed Guardian</b> Court Appointed Guardian: No <b>Advance Directive</b> Does the patient have the ability to provide answers to questions related to healthcare directives?: Yes Advance Directive: No Directive Information Provided on Healthcare Directives: Yes, patient provided admission booklet. Additional Assistance/Information Requested: No	Kathleen Francis
02:27:20	<b>Registration Completed</b>		Kathleen Francis
02:28	<b>Strengths/Limitations</b>	<b>Strengths</b> Strength 1: Able to verbalize feelings Strength 2: has a psychologist and psychiatrist	Brandi Woods, LCMHC
02:29	<b>History</b>	<b>BH History (Employment / Work / History of Abuse / Trauma)</b> Patient Employed?: No Problems at work?: No History of Abuse?: Yes; Regarding history of abuse:: Victim Trauma: Pt reports his privacy being violated by wells fargo, being kidnapped Bereavement: none	Brandi Woods, LCMHC
02:30	<b>Mental Status</b>	<b>Mental Status</b> General Appearance: Equal to stated age Motor Activity: Restless Speech: Pressured; Hyper-verbal Exhibited Behavior: Cooperative Affect Range /Display: Normal range Mood Range /Display: Normal range Affect/Mood Display: Congruent Mood: Euthymic Thought Process: Delusions Thought Content: WDL Insight: Other (Comment) (fair) Orientation To:: Person (Yes); Place (Yes); Situation (Yes); Date (Yes)	Brandi Woods, LCMHC
02:30	<b>Legal Issues</b>	<b>Legal Issues</b> Legal: No Probation Officer?: No	Brandi Woods, LCMHC



## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

02:30	Child/Adolescent	<b>Child/Adolescent Assessment</b> Child / Adolescent?: No	Brandi Woods, LCMHC
02:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
02:33	<b>Provisional Diagnosis</b>	<b>Provisional Diagnosis</b> Provisional Diagnosis: F31.13 Bipolar I disorder, F43.10 PTSD Primary Presenting Problem: Mental Health LOCUS Scores: I. 3, II. 3 III.3 IVa. 2 IVb. 2 V.3 VI.3	Brandi Woods, LCMHC
02:33	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
02:33	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
02:35	<b>Disposition Recommendation</b>	<b>Disposition</b> Disposition Recommendation: Further Eval Needed	Brandi Woods, LCMHC
02:45	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
02:45	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
03:01	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
03:01	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
03:06	<b>Collect UR Drugs of Abuse Screen Completed</b>	UR Drugs of Abuse Screen - Type: <b>Urine</b> ; Source: <b>Urine, Clean Catch</b>	Tammie Byrd, CNA
03:06	<b>Specimens Collected</b>	UR Drugs of Abuse Screen - ID: <b>20PMC-274C1014</b> Type: <b>Urine</b>	Tammie Byrd, CNA
03:18	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
03:18	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
03:28	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

03:28	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
03:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
03:35	<b>UR Drugs of Abuse Screen Resulted</b>	Collected: <b>10/1/2020 03:06</b> Last updated: <b>10/1/2020 03:35</b> Status: <b>Final result</b> Ur PH DOA Scr: <b>5.5</b> [Ref Range: 4.5 - 9.0] Amphet Scr: <b>Negative</b> [Ref Range: Negative] Barb Scr: <b>Negative</b> [Ref Range: Negative] Benzo Scr: <b>Negative</b> [Ref Range: Negative] Cannab Scr: <b>Negative</b> [Ref Range: Negative] Cocaine Scr: <b>Negative</b> [Ref Range: Negative] Opiates Scr: <b>Negative</b> [Ref Range: Negative] Meth Scr: <b>Negative</b> [Ref Range: Negative] Oxyco Scr: <b>Negative</b> [Ref Range: Negative]	Background User Lab
03:35:15	<b>Lab Resulted</b>	(Final result) URINE DRUGS OF ABUSE SCRIN	Background User Lab
03:47	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
03:47	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
04:00	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
04:00	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
04:01	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
04:01	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
04:01	<b>Sepsis Predictive Analytics</b>	<b>Other flowsheet entries</b> Sepsis Predictive Analytics Score: 0.4	User, Batch

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

04:07	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes  <b>Vital Signs</b> Temp: 98.1 °F (36.7 °C) Temp src: Oral Heart Rate: 98 Heart Rate Source: Brachial Resp: 18 BP: 132/91  MAP (mmHg): 104.67 BP Location: Right arm BP Method: Automatic Patient Position: Lying <b>Oxygen Therapy</b> SpO2: 94 % O2 Device: None (Room air)	Tammie Byrd, CNA
04:07	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Tammie Byrd, CNA
04:07	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7 <b>Other flowsheet entries</b> Systolic: 132 Systolic BP Average Last 24 Hours: 138 Diastolic: 91 Diastolic BP Average Last 24 Hours: 85 BP Average (24 hours): 138/85 NCHESS Temp Source Mapping: 1	Tammie Byrd, CNA
04:16	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
04:16	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
04:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
04:31	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
04:31	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
04:46	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

04:46	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
05:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
05:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
05:00	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
05:00	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
05:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Tammie Byrd, CNA
05:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Tammie Byrd, CNA
05:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
05:32	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Tammie Byrd, CNA
05:32	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Tammie Byrd, CNA
05:47	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
05:47	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
06:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
06:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

06:03	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room <b>Sleep (Behavioral Health unit patients only)</b> Calculate Sleep? Click Yes once per 24 hr at 0600: Yes	Tammie Byrd, CNA
06:03	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Documented Sleep Last 24 Hours (hours): .5 Sleeping: 0	Tammie Byrd, CNA
06:17	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
06:18	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
06:18	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
06:27:31	<b>Complete Suicide Screen Reassessment</b>		Michele M Derricott, RN BSN
06:36	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
06:36	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA
06:38:17	<b>ED Notes</b>	<b>One pink bag in CSD locker. Env # 154516 secured in pivot safe.</b>	Michele M Derricott, RN BSN
06:43:19	<b>Orders Placed</b>	Consistent Carbohydrate	Jonathan G Sherrill, PA-C
06:43:20	<b>Orders Discontinued</b>	Regular Diet (10/01/20 0006)	Michele M Derricott, RN BSN
06:44:30	<b>Orders Placed</b>	POCT Glucose ACHS	Jonathan G Sherrill, PA-C
06:44:50	<b>Orders Acknowledged</b>	New - Consistent Carbohydrate ; POCT Glucose ACHS	Michele M Derricott, RN BSN
06:46	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
06:46	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Tammie Byrd, CNA


## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

07:00	SOFA	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
07:00	Tele-ICU Scoring System	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
07:00	Rainbow / Extra tubes Resulted	Collected: 10/1/2020 00:26 Last updated: 10/1/2020 07:00 Status: Final result	Background User Lab
07:00	Gold SST Resulted	Collected: 10/1/2020 00:26 Last updated: 10/1/2020 07:00 Status: Final result	Background User Lab
07:16:43	Remove Nurse	Michele M Derricott, RN BSN removed as Registered Nurse	Michele M Derricott, RN BSN
07:16:43	Assign Nurse	Rosalyn Gioia Mazoway, MS, RN assigned as Registered Nurse	Michele M Derricott, RN BSN
07:19	15 Minute Safety Check	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
07:19	Custom Formula Data	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
07:34	15 Minute Safety Check	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
07:34	Custom Formula Data	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
07:50	15 Minute Safety Check	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
07:50	Custom Formula Data	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
08:00	SOFA	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
08:00	Tele-ICU Scoring System	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
08:00	Sepsis Predictive Analytics	<b>Other flowsheet entries</b> Sepsis Predictive Analytics Score: 0.4	User, Batch
08:02	15 Minute Safety Check	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
08:02	Custom Formula Data	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
08:08	Team Member Removed	Ip Consult To Bh Ed Outpatient Consult Service removed as Consulting Physician	Phil O Johns, PA-C

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

08:08	<b>Team Member Assigned</b>	Larson T Vickery, PA-C assigned as Consulting Physician	Phil O Johns, PA-C
08:12:46	<b>ED Notes</b>	Patient report received from Michelle RN. Patient alert oriented by 3. Presents to the emergency room on IVC , petitioner is his Mother. Patient is cooperative, hyper verbal, manic, speech is pressured, paranoid. He states that he struggles from severe PTSD, from is co workers in the community.and a victim of workplace abuse and bullying. Patient continues on IVC 15 min observation and 1 to 1 video monitoring.Patient questions answered and aware of the process of evaluation, assessment. Process of IVC discussed. Patient continues on 15 min observation and 1 to 1 video monitoring	Rosalyn Gioia Mazoway, MS, RN
08:17	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes  <b>Vital Signs</b> Temp: 98.2 °F (36.8 °C) Temp src: Oral Heart Rate: 99 Heart Rate Source: Monitor Resp: 18 BP: 128/90 MAP (mmHg): 102.67 BP Location: Right arm BP Method: Automatic Patient Position: Sitting <b>Oxygen Therapy</b> SpO2: 94 % O2 Device: None (Room air) Pulse Oximetry Type: Intermittent	Caroline Hurtado
08:17	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Caroline Hurtado
08:17	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.8 <b>Other flowsheet entries</b> Systolic: 128 Systolic BP Average Last 24 Hours: 135 Diastolic: 90 Diastolic BP Average Last 24 Hours: 86 BP Average (24 hours): 135/86 NCHESS Temp Source Mapping: 1	Caroline Hurtado

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

08:22	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Fall Interventions Low Risk: 1. Assure assistive devices are available as needed; 3. Bed in low position with brakes locked, 1 side rail raised; 5. Utilize non-skid footwear for patient; 2. Assist with elimination, mobility and exercise as; 6. Reinforce fall risk prevention strategies with patient and/or support person(s) Additional Fall Interventions: Keep night light on; Evaluate medication effects; Any locking equipment or furniture will be locked; Additional safety/fall prevention interventions appropriate to the patient Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Yes; Provider at bedside; Patient identified Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
08:22	<b>Safety Search</b>	<b>Safety Search</b> Search (select all that apply): Room Search; Visual Scan Only Reason for Search: Precautions Search Outcome?: Contraband Not Found	Rosalyn Gioia Mazoway, MS, RN
08:23	<b>Psychosocial</b>	<b>Psychosocial</b> Psychosocial (WDL): Exceptions to WDL Patient Behaviors/Mood/Affect: ANXIOUS*; Cooperative; Elevated; Guarded; Hyper-Verbal; Paranoid; Pressured Speech; Irritable; Loud Speech; Depressed; DULL* Were 5 or more STARRED* answers selected in the question above?: No Support Person/Visitor Behaviors: (Mother) Needs Expressed: Denies Reassurance given to: Patient <b>General Appearance</b> Motor Activity: Mobile; Steady Speech Pattern: Appropriate for circumstances Appearance/Hygiene: Appropriate for circumstances <b>Thought Process</b> Coherency: Circumstantial; Blocking Content: Blaming others; Preoccupation; Delusions Delusions: Paranoid; Persecutory Perception: Derealization Hallucination: None <b>Sleep Pattern</b> Sleep Pattern: Disturbed/interrupted sleep; Early awakening	Rosalyn Gioia Mazoway, MS, RN
08:26	<b>Columbia Suicide Severity Rating Scale</b>	<b>Suicide Shift Reassessment</b> 1. Have you actually had thoughts about killing yourself?: No 5. Have you done anything, started to do anything, or prepared to do anything to end your life?: No	Rosalyn Gioia Mazoway, MS, RN
08:26	<b>Suicide Shift Reassessment</b>	<b>Suicide Shift Reassessment</b> Shift Reassessment Risk Score:: No Risk	Rosalyn Gioia Mazoway, MS, RN
08:27	<b>Respiratory</b>	<b>Respiratory</b> Respiratory (WDL): Within Defined Limits Airway obstructed?: Patent Respiratory Additional Assessments: No Respiratory Pattern: Regular; Unlabored; Even Chest Assessment: Chest expansion symmetrical O2 Device: None (Room air) <b>Cough</b> Cough Present?: No	Rosalyn Gioia Mazoway, MS, RN



## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

08:27	<b>Skin Color/Condition</b>	<b>Skin Assessment</b> Integumentary (WDL): Within Defined Limits Skin Color: Appropriate for ethnicity Skin Condition/Temp: Dry; Warm Skin Turgor: Elastic Skin Integrity: Intact	Rosalyn Gioia Mazoway, MS, RN
08:27	<b>Cardiac/Telemetry</b>	<b>Cardiac</b> Cardiac (WDL): Within Defined Limits Cap Refill: <3 Sec Chest Pain Present: No	Rosalyn Gioia Mazoway, MS, RN
08:27	<b>Pain Assessment</b>	<b>Pain Timer</b> Restart Pain Timer: Yes <b>Pain Assessment</b> Assessment or Reassessment: Reassessment Assessment Type: During activity Respiratory Quality: Normal Patient's Stated Pain Goal: No pain <b>Pain Management Follow Up</b> Patient/Caregiver Educated on Pain Management and Follow Up: Yes Patient Informed to Make Nurse Aware of Change in Pain: Yes	Rosalyn Gioia Mazoway, MS, RN
08:28	<b>Precautions</b>	<b>Precautions</b> Precautions: Fall Risk; Suicide; Legal Hold Weight Bearing Status: Total Fall Risk Precautions: Completed Suicide Precautions: Continues Legal Hold Precautions: Continues	Rosalyn Gioia Mazoway, MS, RN
08:29:21	<b>Orders Discontinued</b>	Fall precautions (per nursing assessments) (10/01/20 0006)	Rosalyn Gioia Mazoway, MS, RN
08:29:31	<b>Orders Acknowledged</b>	Discontinued - Fall precautions (per nursing assessments)	Rosalyn Gioia Mazoway, MS, RN
09:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
09:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
09:16	<b>POCT Glucose ACHS Resulted</b>	<b>Abnormal Result</b> Collected: 10/1/2020 09:06 Last updated: 10/1/2020 09:16 Status: <b>Final result</b> Glucose, POC: 130 mg/dL <sup>^</sup> [Ref Range: 70 - 99] OPERATOR ID: 119220 INSTRUMENT ID: KDAZ093-A0247	Background User Lab
09:18	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Yes Updates - Free Text: Patient having breakfast, visible on unit, restless, and using phone Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

09:26	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Arm Bands On: ID Updates: Yes; Provider at bedside Updates - Free Text: Patient speaking to L Vicery PA Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
09:34	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
09:34	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
10:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
10:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
10:04	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
10:04	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
10:24	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Yes Updates - Free Text: Patient calm watching TV has used phone, observed to be dosing on and off, no discomfort distress noted Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
10:45	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Angela Y Rodgers
10:45	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Angela Y Rodgers
11:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
11:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
11:13	<b>Disposition Recommendation</b>	<b>Disposition</b> Disposition Recommendation: Inpatient Admission Admission Type: Arrived to the Facility on Commitment Papers	Elizabeth Gunther, LCMHC

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

11:14	<b>Disposition</b>	<b>Expected Disposition</b> Expected Disposition: (IM)	Elizabeth Gunther, LCMHC
11:14	<b>MD Request of Therapist/Access</b>	<b>MD Follow up Request of Therapist/Access</b> MD Request of Therapist/Access: Prepare ERIC	Elizabeth Gunther, LCMHC
11:37:42	<b>Team Member Assigned</b>	Elizabeth Gunther, LCMHC assigned as Access Coordinator	Elizabeth Gunther, LCMHC
11:38:12	<b>Team Member Assigned</b>	Dabney E Hayes, LCMHC assigned as Access Coordinator	Elizabeth Gunther, LCMHC
11:52	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Yes Updates - Free Text: Patient has had snack, pleasant cooperative Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
12:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
12:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
12:00	<b>Sepsis Predictive Analytics</b>	<b>Other flowsheet entries</b> Sepsis Predictive Analytics Score: 0.4	User, Batch
12:05	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
12:05	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
12:18	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
12:18	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
12:33:33	<b>ED Notes</b>	Patient pacing, anxious and states that "I do not feel good, and I have metabolic issues and I have to eat often and frequently , Patient POC checked. Patient offered snack, states that his metabolic issues are related to Zyprexa and I want to speak to MD regarding food. I have assured patient that I would ask for double vegetables on his meals. "Yeah fine but I want to speak to Dr not just you people on the floor". L Vickery PA notified that patient wants to speak to him about update regarding his care.	Rosalyn Gioia Mazoway, MS, RN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

12:34	<b>POCT Glucose ACHS Resulted</b>	<b>Abnormal Result</b> Collected: <b>10/1/2020 12:31</b> Last updated: <b>10/1/2020 12:34</b> Status: <b>Final result</b> Glucose, POC: <b>127 mg/dL</b> <sup>▲</sup> [Ref Range: 70 - 99] OPERATOR ID: <b>175950</b> INSTRUMENT ID: <b>KDAZ093-A0247</b>	Background User Lab
12:42	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Yes; Provider at bedside Updates - Free Text: in hall talking to staff Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
12:44:24	<b>Orders Modified</b>	Order Modified - Consistent Carbohydrate (Comment: Modified from Consistent Carbohydrate)	Larson T Vickery, PA-C
12:44:24	<b>Orders Discontinued</b>	Consistent Carbohydrate (10/01/20 0641)	Rosalyn Gioia Mazoway, MS, RN
12:44:37	<b>Orders Acknowledged</b>	Modified - Consistent Carbohydrate (Comment: Modified from Consistent Carbohydrate)	Rosalyn Gioia Mazoway, MS, RN
12:51:40	<b>ED Notes</b>	Patient offered and has refused medication to assist with his anxiety. I want my lunch	Rosalyn Gioia Mazoway, MS, RN
13:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
13:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
13:17	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
13:17	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
13:35	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
13:35	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
13:39	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Updates: Yes Updates - Free Text: Patient having lunch Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

13:40	<b>MD Request of Therapist/Access</b>	<b>MD Follow up Request of Therapist/Access</b> MD Request of Therapist/Access: None	Elizabeth Gunther, LCMHC
13:51	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes (pt refused vitals)	Caroline Hurtado
14:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
14:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
14:31:19	<b>Team Member Assigned</b>	Sandeep Singh A Grewal, MD assigned as Consulting Physician	Rebecca D Lee, PA-C
15:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
15:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
15:20	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Yes Updates - Free Text: Patient has been calm and watching TV. Is now speaking to L Vickery PA Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
15:22	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
15:22	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
15:31:17	<b>ED Notes</b>	<b>ROI for John Monguillet Psychologist</b> [REDACTED]	Rosalyn Gioia Mazoway, MS, RN
15:45	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Angela Y Rodgers
15:45	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Angela Y Rodgers
15:55	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Mouny Vanalong Aycok, RN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

16:00	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Angela Y Rodgers
16:00	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Angela Y Rodgers
16:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
16:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
16:00	<b>Sepsis Predictive Analytics</b>	<b>Other flowsheet entries</b> Sepsis Predictive Analytics Score: 0.4	User, Batch
16:00:02	<b>Remove Nurse</b>	Rosalyn Gioia Mazoway, MS, RN removed as Registered Nurse	Rosalyn Gioia Mazoway, MS, RN
16:00:02	<b>Assign Nurse</b>	Mouny Vanalong Aycock, RN assigned as Registered Nurse	Rosalyn Gioia Mazoway, MS, RN
16:14	<b>Disposition Recommendation</b>	<b>Disposition</b> MD Contact Name: Dr. Barksdale MD Contact Date: 10/01/20 MD Contact Time: 1614 Disposition Recommendation: Inpatient Admission Admission Type: Arrived to the Facility on Commitment Papers Psychiatrist Name: Dr. McGrath Room #: 737-01 Admitted to Medical Unit?: No Disposition Comments: call report into 704-384-7345	Dabney E Hayes, LCMHC
16:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Angela Y Rodgers
16:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Angela Y Rodgers
16:45:36	<b>Lab Ordered</b>	HEMOGLOBIN A1C	Rebecca D Lee, PA-C
16:45:36	<b>Orders Placed</b>	Hemoglobin A1c	Rebecca D Lee, PA-C
16:50	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Mouny Vanalong Aycock, RN
16:52:20	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge	Larson T Vickery, PA-C
16:52:20	<b>Disposition Selected</b>		Larson T Vickery, PA-C
16:52:20	<b>Orders Placed</b>	Discharge patient	Vernon C Barksdale, MD

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

16:52:26	<b>BH Discharge Disposition</b>	Discharge patient - [808363649]	Larson T Vickery, PA-C
16:52:26	<b>Discharge patient to Novant psychiatric facility</b>		Larson T Vickery, PA-C
16:52:51	<b>Orders Placed</b>	OLANzapine (ZYPREXA) tablet 5 mg	Larson T Vickery, PA-C
16:59	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
16:59	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
17:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
17:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
17:21:12	<b>EKG Ordered</b>	ECG 12-LEAD	Larson T Vickery, PA-C
17:21:12	<b>Orders Placed</b>	ECG 12-Lead	Larson T Vickery, PA-C
17:39	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
17:39	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Caroline Hurtado
17:54	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Mouny Vanalong Aycock, RN
18:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
18:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

18:05	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes <b>Vital Signs</b> Temp: 98.3 °F (36.8 °C) Temp src: Oral Heart Rate: 97 Heart Rate Source: Monitor Resp: 18 BP: 133/82 MAP (mmHg): 99 BP Location: Right arm BP Method: Automatic Patient Position: Sitting <b>Oxygen Therapy</b> SpO2: 94 % O2 Device: None (Room air) Pulse Oximetry Type: Intermittent	Caroline Hurtado
18:05	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Caroline Hurtado
18:05	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.8 <b>Other flowsheet entries</b> Systolic: 133 Systolic BP Average Last 24 Hours: 135 Diastolic: 82 Diastolic BP Average Last 24 Hours: 85 BP Average (24 hours): 135/85 NCHESS Temp Source Mapping: 1	Caroline Hurtado
18:50	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Fall Interventions Low Risk: 1. Assure assistive devices are available as needed; 2. Assist with elimination, mobility and exercise as; 3. Bed in low position with brakes locked, 1 side rail raised; 5. Utilize non-skid footwear for patient; 6. Reinforce fall risk prevention strategies with patient and/or support person(s) Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably; Yes; Patient identified; Patient denies pain Safety Attendant: Video monitoring	Mounty Vanalong Aycok, RN



## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

18:53	Psychosocial	<b>Psychosocial</b> Psychosocial (WDL): Exceptions to WDL Patient Behaviors/Mood/Affect: DULL*; FLAT/BLUNTED AFFECT*; Calm; Cooperative; Hyper-Verbal; Rambling; Pressured Speech Needs Expressed: Physical; Emotional; Dietary Reassurance given to: Patient <b>General Appearance</b> Motor Activity: Mobile Speech Pattern: Hypervocal; Pressured; Rapid; Repetitive; Stuttering Appearance/Hygiene: Appropriate for circumstances <b>Thought Process</b> Coherency: Circumstantial; Appropriate for circumstances Content: Blaming others Delusions: Persecutory Perception: Derealization Hallucination: None <b>Sleep Pattern</b> Sleep Pattern: Unable to assess	Mounty Vanalong Aycock, RN
18:53	Columbia Suicide Severity Rating Scale	<b>Suicide Shift Reassessment</b> 1. Have you actually had thoughts about killing yourself?: No 5. Have you done anything, started to do anything, or prepared to do anything to end your life?: No Search (select all that apply): Visual Scan Only Reason for Search: Precautions Search Outcome?: Contraband Not Found	Mounty Vanalong Aycock, RN
18:53	Fall Risk Assessment	<b>Kinder Fall Risk Assessment (Adult patients 18 yrs and older)</b> Presented to emergency department because of falls:: No Age > 70: No Altered Mental Status Intoxication with alcohol or substance abuse:: No Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.: No Nurse Judgement:: No Fall Risk Assessment Score: Low Risk	Mounty Vanalong Aycock, RN
18:53	Suicide Shift Reassessment	<b>Suicide Shift Reassessment</b> Shift Reassessment Risk Score:: No Risk	Mounty Vanalong Aycock, RN
18:55:56	ED Notes	Alert, resting in bed quietly, hyper-verbal, rambling, pt denies Si/HI, A/VH for this writer. Informed pt that he has a bed, bed still occupy, will go up when bed is available and clean, pt understands. Pt wants his psychologist John Monguillo mobile # to be noted in chart, [REDACTED]	Mounty Vanalong Aycock, RN
19:00	SOFA	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
19:00	Tele-ICU Scoring System	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
19:00	15 Minute Safety Check	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: BH - Day Area	Marissa B Dailey, CNA
19:00	Custom Formula Data	<b>Other flowsheet entries</b> Sleeping: 0	Marissa B Dailey, CNA

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

19:12:44	<b>Remove Nurse</b>	Mounty Vanalong Aycock, RN removed as Registered Nurse	Mounty Vanalong Aycock, RN
19:12:44	<b>Assign Nurse</b>	Michele M Derricott, RN BSN assigned as Registered Nurse	Mounty Vanalong Aycock, RN
19:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Marissa B Dailey, CNA
19:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Marissa B Dailey, CNA
19:30	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Marissa B Dailey, CNA
19:30	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Marissa B Dailey, CNA
19:35	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Arm Bands On: ID Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
19:46	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Marissa B Dailey, CNA
19:46	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Marissa B Dailey, CNA
20:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
20:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
20:00	<b>Sepsis Predictive Analytics</b>	<b>Other flowsheet entries</b> Sepsis Predictive Analytics Score: 1	User, Batch
20:00	<b>ED Notes Addendum</b>	Patient in room watching tv calm and cooperative. Patient denies thoughts of harming self or others and denies having hallucinations. Patient has rapid rambling speech and stutters at times.	Michele M Derricott, RN BSN
20:00	<b>Respiratory</b>	<b>Respiratory</b> Respiratory (WDL): Within Defined Limits Respiratory Pattern: Regular Chest Assessment: Chest expansion symmetrical O2 Device: None (Room air) <b>Cough</b> Cough Present?: No	Michele M Derricott, RN BSN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

20:00	<b>Skin Color/Condition</b>	<b>Skin Assessment</b> Integumentary (WDL): Within Defined Limits Skin Color: Appropriate for ethnicity Skin Integrity: Intact	Michele M Derricott, RN BSN
20:00	<b>Cardiac/Telemetry</b>	<b>Cardiac</b> Cardiac (WDL): Within Defined Limits Chest Pain Present: No Pain Score: 0-No pain	Michele M Derricott, RN BSN
20:00	<b>Psychosocial</b>	<b>Psychosocial</b> Psychosocial (WDL): Exceptions to WDL Patient Behaviors/Mood/Affect: ANXIOUS*; Calm; Cooperative; Rambling; Hyper-Verbal Were 5 or more STARRED* answers selected in the question above?: No Support Person/Visitor Behaviors: Unable to assess Reassurance given to: Patient <b>General Appearance</b> Motor Activity: Mobile; Steady Speech Pattern: Hyperverbal; Rapid; Stuttering Appearance/Hygiene: Appropriate for circumstances <b>Thought Process</b> Coherency: Appropriate for circumstances Content: Blaming others Delusions: Unable to assess Perception: Derealization Hallucination: None <b>Sleep Pattern</b> Sleep Pattern: Unable to assess	Michele M Derricott, RN BSN
20:00	<b>Pain Reassessment</b>	<b>Pain Timer</b> Automatic Restart Pain Timer: Yes	Michele M Derricott, RN BSN
20:00	<b>Fall Risk Assessment</b>	<b>Kinder Fall Risk Assessment (Adult patients 18 yrs and older)</b> Presented to emergency department because of falls:: No Age > 70: No Altered Mental Status Intoxication with alcohol or substance abuse:: No Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.: No Nurse Judgement:: No Fall Risk Assessment Score: Low Risk <b>Fall Interventions</b> Fall Interventions Low Risk: 5. Utilize non-skid footwear for patient; 3. Bed in low position with brakes locked, 1 side rail raised Arm Bands On: ID Side Rails/Bed Safety: 1/2	Michele M Derricott, RN BSN
20:17:02	<b>Orders Acknowledged</b>	New - Hemoglobin A1c ; Discharge patient ; OLANZapine (ZYPREXA) tablet 5 mg ; ECG 12-Lead	Michele M Derricott, RN BSN
20:17:07	<b>Print Label for Hemoglobin A1c Completed</b>	Hemoglobin A1c - Type: <b>Blood</b>	Michele M Derricott, RN BSN
20:23	<b>Medication Given</b>	acetaminophen (TYLENOL) tablet 650 mg - Dose: <b>650 mg</b> ; Route: <b>Oral</b>	Michele M Derricott, RN BSN
20:23	<b>Medication Given</b>	OLANZapine (ZYPREXA) tablet 5 mg - Dose: <b>5 mg</b> ; Route: <b>Oral</b> ; Scheduled Time: <b>2100</b>	Michele M Derricott, RN BSN
20:23	<b>Pain Reassessment</b>	<b>Pain Timer</b> Automatic Restart Pain Timer: Yes	Michele M Derricott, RN BSN

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

20:23	<b>Data</b>	<b>Other flowsheet entries</b> Pain Score: 4 <b>Pain</b> Pain Location: Head <b>Pain Assessment</b> Pain Assessment Scale: 0-10	Michele M Derricott, RN BSN
20:27	<b>Collect Hemoglobin A1c Completed</b>	Hemoglobin A1c - Type: <b>Blood</b>	Michele M Derricott, RN BSN
20:27	<b>Specimens Collected</b>	Hemoglobin A1c - ID: <b>20PMC-275C0926</b> Type: <b>Blood</b>	Michele M Derricott, RN BSN
20:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
20:35	<b>POCT Glucose ACHS Resulted</b>	Collected: <b>10/1/2020 20:30</b> Last updated: <b>10/1/2020 20:35</b> Status: <b>Final result</b> Glucose, POC: <b>93 mg/dL</b> [Ref Range: 70 - 99] OPERATOR ID: <b>188614</b> INSTRUMENT ID: <b>KDAZ093-A0247</b>	Background User Lab
20:47	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Marissa B Dailey, CNA
20:47	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Marissa B Dailey, CNA
20:53	<b>Hemoglobin A1c Resulted</b>	<b>Abnormal Result</b> Collected: <b>10/1/2020 20:27</b> Last updated: <b>10/1/2020 20:53</b> Status: <b>Final result</b> Hemoglobin A1c: <b>6.2 %</b> ^ [Ref Range: 4.8 - 5.6]	Background User Lab
20:53:15	<b>Lab Resulted</b>	(Final result) HEMOGLOBIN A1C	Background User Lab
21:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
21:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
21:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Janice Diane Vaughn
21:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 0	Janice Diane Vaughn
21:30	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Janice Diane Vaughn

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

21:30	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Janice Diane Vaughn
21:30	<b>Purposeful Rounding</b>	<b>Quick Updates</b> Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Safety Attendant: Video monitoring	Michele M Derricott, RN BSN
21:32	<b>Vital Signs</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes <b>Vital Signs</b> Temp: 98 °F (36.7 °C) Temp src: Oral Heart Rate: 89 Heart Rate Source: Brachial Resp: 18 BP: 131/74 MAP (mmHg): 93 BP Location: Right arm BP Method: Automatic Patient Position: Lying <b>Oxygen Therapy</b> SpO2: 94 % O2 Device: None (Room air)	Tammie Byrd, CNA
21:32	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Automatic Restart Vitals Timer: Yes	Tammie Byrd, CNA
21:32	<b>Custom Formula Data</b>	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.7 <b>Other flowsheet entries</b> Systolic: 131 Systolic BP Average Last 24 Hours: 134 Diastolic: 74 Diastolic BP Average Last 24 Hours: 84 BP Average (24 hours): 134/84 NCHESS Temp Source Mapping: 1	Tammie Byrd, CNA
21:45	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Janice Diane Vaughn
21:45	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Janice Diane Vaughn
22:00	<b>SOFA</b>	<b>SOFA Scoring System</b> SOFA Score (Do Not Edit): 0	User, Batch
22:00	<b>Tele-ICU Scoring System</b>	<b>Other flowsheet entries</b> Tele-ICU Score: 4	User, Batch
22:00	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Janice Diane Vaughn

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### ED Care Timeline (continued)

22:00	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Janice Diane Vaughn
22:10	<b>Columbia Suicide Severity Rating Scale</b>	<b>Suicide Shift Reassessment</b> 1. Have you actually had thoughts about killing yourself?: No 5. Have you done anything, started to do anything, or prepared to do anything to end your life?: No Search (select all that apply): Visual Scan Only Reason for Search: Precautions Search Outcome?: Contraband Not Found <b>Suicide Screen Reassessment</b> Complete Reassessment?: Yes	Michele M Derricott, RN BSN
22:10	<b>Suicide Shift Reassessment</b>	<b>Suicide Shift Reassessment</b> Shift Reassessment Risk Score:: No Risk	Michele M Derricott, RN BSN
22:10:34	<b>Complete Suicide Screen Reassessment</b>		Michele M Derricott, RN BSN
22:14	<b>Care Handoff</b>	<b>Care Handoff</b> Report Given to: Given to floor (Report given to Jennifer RN)	Michele M Derricott, RN BSN
22:15	<b>15 Minute Safety Check</b>	<b>Patient Check</b> Type of monitoring:: 15 minute Patient Status: Sleeping Patient Location: Patient Room	Janice Diane Vaughn
22:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Sleeping: 1	Janice Diane Vaughn
22:19:51	<b>ED Notes</b>	PSO called to assist with patient transport to room 737.	Michele M Derricott, RN BSN
22:39	<b>Departure Condition</b>	<b>Departure Condition</b> Departure Condition: Stable Mobility at Departure: Wheelchair Transfer With: Belongings; Security (cna) <b>Oxygen Therapy</b> O2 Device: None (Room air) <b>Pain Assessment</b> Pain Score: 0-No pain	Michele M Derricott, RN BSN
22:39	<b>Pain Reassessment</b>	<b>Pain Timer</b> Automatic Restart Pain Timer: Yes	Michele M Derricott, RN BSN
22:40	<b>Patient discharged</b>		Michele M Derricott, RN BSN
22:40:14	<b>Charting Complete</b>		Brandi Woods, LCMHC
22:40:14	<b>Charting Complete</b>		Dabney E Hayes, LCMHC
22:40:14	<b>Charting Complete</b>		Elizabeth Gunther, LCMHC
22:40:14	<b>Charting Complete</b>		Jonathan G Sherrill, PA-C
22:40:14	<b>Charting Complete</b>		Larson T Vickery, PA-C
22:40:14	<b>Charting Complete</b>		Michele M Derricott, RN BSN

**09/30/2020 - ED in NHPMC Emergency Department (continued)****ED Care Timeline (continued)**

22:40:14	<b>NH ED PSX GENERATED - MEMA</b>	Michele M Derricott, RN BSN
22:40:14	<b>Orders Completed</b> Discharge patient	Michele M Derricott, RN BSN
22:40:14	<b>Charting Complete</b>	Mounty Vanalong Aycok, RN
22:40:14	<b>Charting Complete</b>	Rosalyn Gioia Mazoway, MS, RN
22:40:14	<b>Charting Complete</b>	Sandeep Singh A Grewal, MD

**Clinical Notes Acute****Ancillary Note****Dabney E Hayes, LCMHC at 10/1/2020 1652**

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 4:53 PM

Date of Service: 10/1/2020 4:52 PM

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

**NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER**

This writer spoke with petitioner mother Angela [REDACTED] and let her know that IVC was upheld and pt will be admitted.

Mother thanked this writer for the info.

**Electronically signed:**

Dabney E Hayes, LCMHC

10/1/2020 / 4:52 PM

Electronically signed by Dabney E Hayes, LCMHC at 10/1/2020 4:53 PM

**Dabney E Hayes, LCMHC at 10/1/2020 1614**

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 4:14 PM

Date of Service: 10/1/2020 4:14 PM

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

	<b>10/01/20 1614</b>
<b>Disposition</b>	
MD Contact Name	Dr. Barksdale

**09/30/2020 - ED in NHPMC Emergency Department (continued)****Clinical Notes Acute (continued)**

MD Contact Date	10/01/20
MD Contact Time	1614
Disposition Recommendation	1
Admission Type	Arrived to the Facility on Commitment Papers
Psychiatrist Name	Dr. McGrath
Room #	737-01
Admitted to Medical Unit?	No
Disposition Comments	call report into 704-384-7345

Electronically signed by Dabney E Hayes, LCMHC at 10/1/2020 4:14 PM

**Dabney E Hayes, LCMHC at 10/1/2020 1230**

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 1:06 PM

Date of Service: 10/1/2020 12:30 PM

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

**NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER**

IVC upheld and faxed to courthouse.

**Electronically signed:**

Dabney E Hayes, LCMHC

10/1/2020 / 1:06 PM

Electronically signed by Dabney E Hayes, LCMHC at 10/1/2020 1:06 PM

**Brandi Woods, LCMHC at 10/1/2020 0238**

Author: Brandi Woods, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 2:41 AM

Date of Service: 10/1/2020 2:38 AM

Status: Signed

Editor: Brandi Woods, LCMHC (Access Coordinator)

Clinician attempted to reach pt's mother/ petitioner Angela Haun via [REDACTED] but was not able to leave a message. Clinician also called [REDACTED] (business number) and was informed that she was not there



**09/30/2020 - ED in NHPMC Emergency Department (continued)****Clinical Notes Acute (continued)**

Electronically signed by Brandi Woods, LCMHC at 10/1/2020 2:41 AM

**Brandi Woods, LCMHC at 10/1/2020 0035**

Author: Brandi Woods, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 2:37 AM

Date of Service: 10/1/2020 12:35 AM

Status: Signed

Editor: Brandi Woods, LCMHC (Access Coordinator)

**NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER****Novant Health Psychiatry - Behavioral Health Crisis Access Screening****Patient Name:** Leonard Williams**Date of Birth:** 11/1/1980**Today's Date:** October 1, 2020**Provisional Diagnosis**

Provisional Diagnosis: F31.13 Bipolar I disorder, F43.10 PTSD

Primary Presenting Problem: Mental Health

LOCUS Scores: I. 3, II. 3 III.3 IVa. 2 IVb. 2 V.3 VI.3

**Disposition**

Disposition Recommendation: Further Eval Needed

**Triage Screen**

ED Triage Access Screening (Select All that are True): The patient is experiencing Suicidal/Homicidal ideations with an identifiable plan intent, means, or recent gesture/attempt.

**General Information**

Type of Screen: If NOT Face to Face, Skip to Disposition Section): Face to Face

Referral Source: Angela Haun- mother/petitioner

Referral Source Contact Number: [REDACTED]

Release Signed: No

Referral Source Contacted: Yes

Release for Community Providers: No

Information Provided By:: Patient

Court Appointed Guardian: No

Are you a Veteran?: No

Precipitating Factors: Pt is a 39 y/o Caucasian male who presented to PMC under IVC by his mother for SI and overtaking his medications. Pt reports "my mother filled out a petition and the magistrate processed like it was nothing. "pt. reports a diagnosis of PTSD and reports that when he is in the middle of an "episode" he has had "uncontrollable" thoughts of self-harm. Pt reports that he has expressed "what a relief it would be to die" but has no intent. Pt denies HI

Date of last yearly physical:: unknown

Outside help or community services at home: Mental Health Services

## 09/30/2020 - ED in NHPMC Emergency Department (continued)

### Clinical Notes Acute (continued)

Is there anyone that you know, or are related to, on the Behavioral Health unit?: No

#### Potential Risk to Self

Suicidal threats/behaviors in past 6 months?: Yes

Suicidal Ideation or Suicide Threats: No

Recent attempt to Harm Self?: No

Intent for above: No

Currently engaging in self-injurious behavior?: No

History of Suicidal/Self-Injuring behaviors?: Yes

History of Suicidal/Self Injurious Behavior Last 6 months?: No

History of Suicidal/Self-Injuring behaviors Greater than the past 6 months?: Yes

Access to firearms?: No

Other means of Harm?: Yes(pills)

#### Potential Risk to Others

Homicidal threats/behaviors in past 6 months?: No

Homicidal Ideation or Homicidal Threats?: No

Named Individual: No

Recent attempt to Harm Another?: No

Intent for above: No

Patient currently assaultive or combative?: No

History of Homicidal Acts/Assaultive behaviors?: No

History of Homicidal Acts/Assaultive behaviors within past 6 months?: No

History of Homicidal Acts/Assaultive behaviors Greater than the past 6 months?: No

Access to firearms?: No

Other means of Harm?: No

Patient able to reliably contract for safety?: Yes

#### Symptoms

Sleep pattern changed: No

Sleeping increased: No

Sleeping decreased: No

Problems: No

Use sleep aid: Yes

Type of Sleep Aid: zyprexa

Appetite change: No

Weight change: No

Appetite Problems:: No

Hopelessness/Helplessness: No

Crying spells/mood swings: Yes

Low energy/fatigue: No

Concentration problems: Yes

Psychomotor retardation/agitation: No

Feelings of guilt/worthlessness: No

Social withdrawal: No

Recurrent thoughts of death: Yes

Deterioration in Activities of Daily Living: No

Rapid pressured speech: Yes

**09/30/2020 - ED in NHPMC Emergency Department (continued)****Clinical Notes Acute (continued)**

Increase in impulsivity: No  
Increase in energy: No  
Flight of ideas/loose association: No

Excessive worry: No  
Nervousness: No  
Irritability: Yes  
Shortness of breath: No  
Racing heart rate: No  
Sweaty/Chills/Hot flashes: No  
Nausea/Vomiting/Diarrhea: No  
Chest Pain: No

Additional Symptom Information: Pt is a 39 y/o male who presented to PMC as stated above. The petition states the pt has a history of mental illness, has been previously hospitalized, has been overtaking his prescribed medications to help him sleep, he is unable to sleep, has SI and told his mother once he is able to pay her back he will get medically assisted suicide. The pt presented hypervocal with pressured speech. Pt reports that 3 weeks ago he told his mother he has thoughts of moving away to a place that has assisted suicide. Pt admits to texting his mother in the middle his symptoms of PTSD. Pt denies "overtaking" his medications, he reports taking extra Zyprexa to help him sleep when he runs out of Adderall. Pt reports 1 previous suicide attempt 20 yrs ago via overdose. Pt reports a diagnosis of bipolar I and a recent diagnosis of PTSD. Pt endorsed the following symptoms: hyper vigilance, irritability, hostile, mood swings, "constant state of distress, shell shocked, and pounding like a sledge hammer." Pt denies substance use (UDS pending). Pt will be assessed by APC

**Psychosis**

Delusions: Persecution  
Hallucinations: None  
Ambivalence: No (Comment)  
Confusion: No (Comment)  
Disorganization: No (Comment)

**Treatments**

Treatments?: Yes  
Treatment Date: (July 2020)  
Treatment Provider/Location: Kathleen Peniston- Psychiatrist  
Treatment Type: Behavioral Health;Outpatient  
Treatment Date of Next Appt or Last Appt: next appt 10/5  
Additional Treatment?: Yes  
Treatment 2 Date: 09/17/20  
Treatment 2 Provider/Location: Dr. John Monguillot  
Treatment 2 Type: Behavioral Health;Outpatient  
Additional Treatment?: Yes  
Treatment 3 Date: (2000)  
Treatment 3 Provider/Location: Broughton  
Treatment 3 Type: Behavioral Health;Inpatient  
Additional Treatment?: No  
Did you follow up with your aftercare appointment?: Yes  
Did you take your medication as prescribed?: Yes

**Substance Use**

Substance use in past 12 months?: No