

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

Drug Screen: Other (comment)(pending)

History of Substance Use/Abuse:: Patient Denies any history or Current Use

Tobacco/Nicotine Use?: No

Alcohol Abuse

Alcohol abuse in past 12 months?: No

History of Alcohol Use/Abuse:: Patient Denies any history or Current Use

Functioning

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

Strengths/Limitations

Strength 1: Able to verbalize feelings

Strength 2: has a psychologist and psychiatrist

BH History

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

Legal Issues

Legal: No

Probation Officer?: No

Child/Adolescent Assessment

Child / Adolescent?: No

Mental Status

General Appearance: Equal to stated age

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

Clinical Notes Acute (continued)

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)

Electronically signed:
Brandi Woods, LCMHC
10/1/2020 / 2:37 AM

Electronically signed by Brandi Woods, LCMHC at 10/1/2020 2:37 AM

Consults

Larson T Vickery, PA-C at 10/1/2020 1717

Author: Larson T Vickery, PA-C

Filed: 10/1/2020 6:09 PM

Editor: Larson T Vickery, PA-C (Physician Assistant)

Service: Psychiatry

Date of Service: 10/1/2020 5:17 PM

Author Type: Physician Assistant

Status: Signed

Cosigner: Vernon C Barksdale, MD at
10/2/2020 6:28 PM

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - ED Consult

Date of Service: 10/1/2020

Referral Source: Emergency Department

Record Review: moderate

Assessment

Psychiatric Diagnoses:

Principal Problem:

PTSD (post-traumatic stress disorder)

Active Problems:

Bipolar disorder, unspecified (*)

ADD (attention deficit disorder)

Medical Diagnoses:

Active Hospital Problems

*PTSD (post-traumatic stress disorder)

Bipolar disorder, unspecified (*)

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

ADD (attention deficit disorder)

Formulation and MDM:

Leonard Williams is a 39 y.o. male with a history of Bipolar, PTSD, ADD who presented to the ED IVC'd by mother for SI statements and text messages as well as paranoia. On interview, patient is hyper verbal, tangential, and speaks quickly. He states that he knows his rights and what is required for an IVC and we have nothing to hold him on. He believes that his mother is over reacting and he can take care of himself. He denies SI, HI, AVH. He claims that his statements made during PTSD attacks have no intent behind them and are not sufficient to "hold him". He admits to taking his Adderall inappropriately, taking more than prescribed and running out early. He has an appointment on 10/5 for medication management. He makes numerous statements about a legal case against Wells Fargo and Atrium. Claiming that Atrium sold his medical health info to Wells Fargo. Although prescribed medications through Atrium, he claims that they are "frothing at the mouth evil" and does not want us to contact them at all about his medical history. He provides John Monguillot as someone to contact. According to mom, this is a counselor that he saw in the past and has restarted seeing. He also claims that "Charlotte is full of evil and is horrible for me". Mother is concerned for his well being due to the phone calls concerning for SI as well as paranoia. Patient exhibits paranoia during interview, as well as hyper verbal, pacing, and irritation. After discussing with Dr. Barksdale, we will uphold IVC due to concerns for patients safety and judgement exhibited through phone calls concerning for SI to mother, inappropriate use of medications, poorly managed PTSD, and signs of paranoia. Upon learning that IVC will be upheld, patient agrees to stay as long as he can leave before Monday and continue to receive his adderall. Later he demands a phone book to call a lawyer, to call John Monguillot for a second opinion on the IVC, and a phone call to the US Justice Department. We will seek admission to IM unit for medication management and stabilization.

The patient has been evaluated and determined to be medically stable by the ED provider. Patient has been assessed by the ED BH Therapist and the findings have been discussed with this provider. Psychiatry was consulted to assist with psychiatric assessment and treatment/disposition planning. The chart has been reviewed and pertinent findings are noted below. Based on this review and assessment, the treatment plan has been created and discussed with the treatment team.

Based on my assessment, patient requires psychiatric hospitalization due to risk of self injury and severely impaired judgment, severe confusion, psychosis.

Safety Assessment: Individualized risk factors include: previous suicide attempt(s) and social isolation. Individualized protective factors include: patient has treatable psychiatric disorders and symptoms, positive family connectedness and future oriented. Taking the aforementioned non-modifiable and modifiable risk factors in conjunction with his protective factors, the patient is currently felt to be of low imminent risk of harm to self. To further mitigate risk, please see the below treatment recommendations.

Treatment Plan & Recommendation

- **Disposition:**
 - Seek Inpatient Psychiatric Hospitalization
- **Commitment Status:** Involuntary
- **Precautions:**
 - suicide and elopement
- **Pertinent Labs:**
 - CBC CMP reviewed
 - ASA 1835
 - UDS negative
 - EKG pending

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

- Zyprexa 5 mg Hs

- Medical Recs:

- Medical team consulted for DM type 2 management
- Per ED Med recs

Chief Complaint

Principal Problem:

PTSD (post-traumatic stress disorder)

Active Problems:

Bipolar disorder, unspecified (*)

ADD (attention deficit disorder)

History of Present Illness

Leonard Williams is a 39 y.o. male with a history of Bipolar, PTSD, ADD who presented to the ED IVC'd by mother for SI statements and text messages and paranoia.

Per Nursing,

"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"

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.

Currently on interview, the patient is hyper verbal with pressured speech sitting in bed in a hospital gown. The patient states that "I know my rights and you have no legal justification for keeping me here." He needs to be discharged due to "financial" and "life" issues outside the hospital that he needs to take care of. He admits to calling and texting his mother during PTSD attacks that cause him to feel very depressed. He endorses telling her that he will seek medically assisted suicide once he can pay here back. He states that he does not have any intent behind them and he says them during the attacks. His sleep is "very good", getting about 7-10 hours of sleep. His Appetite is "heavy" but constant which he attributes it to his Zyprexa. He states that he has Diabetes but does not need to medically manage it. He was prescribed Metformin in the past but does not take it due to not having money for it and managing his diabetes on his own. He believes that his mother and the hospital have good intentions but he does not need to be hospitalized. He often talks about not trusting Atrium and having a "case" that he is working on against Wells Fargo. He denies SI, HI, AVH.

He has been hospitalized in Tennessee and attempted to OD 20 yrs ago. He sees Billingsly for medications but states "I don't want Atrium to know anything about me or where I am." He describes Billingsly as "frothing at the mouth, evil people." He believes that they sold his medical information to Wells Fargo and is going to sue them and Wells fargo. He is prescribed Adderall but takes more than he is prescribed to manage his ADD and PTSD. He states that his

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

Adderall helps his PTSD and has an appointment Monday for medication management. He also takes Celexa 20 mg and Zyprexa 5 mg. Patient admits to taking Provigil that he was prescribed in the past when he runs out of Adderall to manage his ADD and PTSD until he can get a refill.

Patient denies alcohol use and says he has had 9 beers in the last 10 years. He does not take any illicit drugs and does not use nicotine. Denies family history of mental health or SI. He currently lives alone in an apartment, is supported by mother and friends that live in the mountains of NC, and designs web sites. He has a BSBA, claims to be part of a 112 plaintiff case against Wells Fargo, and has no access to guns.

Upon informing the patient that the IVC will be upheld, the patient says that he is okay with staying until Sunday so that he can make his appointment Monday. Later, He refuses an information release to Kathleen Peniston (NP) but will sign one for John Monguillot. Patient claims he sees him now. Patient also demands to receive a phone book to call a lawyer, a phone call to John Monguillot for a second opinion on the IVC, as well as a call to the US Justice department to sue the hospital. Patient complained of a "medical issue" of shaking hands and irritation due to not getting enough food. Medical was consulted for managing DM.

Per Mom (Angela) [REDACTED]

Patient calls her 3-4 times a week during PTSD attacks and makes SI statements. He has told her that he will commit medically assisted suicide once he pays her back and would do it in NC if it was legal once he paid her back. She is concerned that the patients medications are not managing his PTSD or Bipolar as well as the patients paranoia. The patient believes that she and a "Jenny" are working against him. She is also unsure if his case against Wells Fargo is real or a part of his paranoia. She wants him to get inpatient care so that his medications can be adjust and he "can get the help he needs to be happy". Mother knows of John Monguillot and will reach out to him to contact Novant now that a release of information was signed by patient. Mother is reassured by hearing that the IVC will be upheld.

Current suicidal/homicidal ideations: Denies
Current auditory/visual hallucinations: Denies

Review Of Systems:

A complete review of systems of the following systems was conducted (Constitutional, Psychiatric, Neurological, Musculoskeletal, Eyes, Gastrointestinal, Cardiovascular, Respiratory, Skin, and Endocrine). All reviewed systems are negative except pertinent positives identified in the HPI.

Past Psychiatric History

Previous diagnoses: PTSD, Bipolar, ADD
Previous psychiatric medication trials: Adderall, Celexa, Zyprexa
Past suicidal/homicidal ideation/attempt: 20 yrs ago, OD
Current/Past psychiatric provider: Medications from Kathleen Peniston - states he does not trust her
Previous psychiatric hospitalizations/Rehab: Tennessee in the past (unknown time frame)

Past Medical History**Past Medical History:**

Diagnosis

Date

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

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

Clinical Notes Acute (continued)

Substance Use History

Marijuana: Denies
Cocaine: Denies
Opiates: Denies
Stimulants: Endorses taking medications faster than prescribed (UDS +)
Benzodiazepine: Denies
Tobacco: Denies
Alcohol: Denies
Other illicit drug usage: Denies

Patient denies all other substance use except for what is listed above.

Readiness for substance/alcohol abuse treatment, if applicable: No

Family History

Family history of suicide? No

History reviewed. No pertinent family history.

Social History

Living alone in an apartment, working as a web site designer
All support in the "Mountains"
BSBA degree, may be a plaintiff in case against Wells Fargo

Access to firearms: no

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
 - Worry: Not on file
 - Inability: Not on file
- Transportation needs
 - Medical: Not on file
 - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

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

Clinical Notes Acute (continued)

- Alcohol use: Yes
- Drug use: Never
- Sexual activity: Not on file

Lifestyle

- Physical activity
 - Days per week: Not on file
 - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
 - Talks on phone: Not on file
 - Gets together: Not on file
 - Attends religious service: Not on file
 - Active member of club or organization: Not on file
 - Attends meetings of clubs or organizations: Not on file
 - Relationship status: Not on file
- Intimate partner violence
 - Fear of current or ex partner: Not on file
 - Emotionally abused: Not on file
 - Physically abused: Not on file
 - Forced sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Evaluation

Vitals:

Vitals:

10/01/20 0817
BP: 128/90
Pulse: 99
Resp: 18
Temp: 98.2 °F (36.8 °C)
SpO2: 94%

Medications:

- OLANzapine 5 mg Oral HS

acetaminophen, aluminum & magnesium hydroxide-simethicone, LORazepam, magnesium hydroxide, OLANzapine
zydys **OR** OLANzapine, ondansetron **OR** ondansetron, zolpidem

Allergies:

No Known Allergies

Labs:

Results for orders placed or performed during the hospital encounter of 09/30/20 (from the past 24 hour(s))

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

Clinical Notes Acute (continued)

CBC And Differential

Collection Time: 10/01/20 12:26 AM

Result	Value	Ref Range
WBC	7.8	5.1 - 10.8 thou/mcL
RBC	5.42	4.05 - 5.64 million/mcL
HGB	16.5	13.5 - 17.5 gm/dL
HCT	49.1	40.5 - 52.5 %
MCV	91	83 - 97 fL
MCH	30.4	28.0 - 33.0 pg
MCHC	33.6	32.0 - 36.0 gm/dL
Plt Ct	337	150 - 400 thou/mcL
RDW SD	40.0	36.0 - 47.0 fL
MPV	9.9	8.9 - 11.0 fL
NRBC%	0.0	0 /100WBC
NRBC	0.000	0 thou/mcL
NEUTROPHIL %	45.1 (L)	50.0 - 70.0 %
LYMPHOCYTE %	35.2	25.0 - 40.0 %
MONOCYTE %	14.4 (H)	4.0 - 12.0 %
Eosinophil %	4.1	1.0 - 6.0 %
BASOPHIL %	0.8	0.0 - 2.0 %
IG%	0.400	0.001 - 0.429 %
ABSOLUTE NEUTROPHIL COUNT	3.54	1.50 - 7.50 thou/mcL
ABSOLUTE LYMPHOCYTE COUNT	2.8	1.0 - 4.5 thou/mcL
MONO ABSOLUTE	1.1 (H)	0.1 - 0.8 thou/mcL
EOS ABSOLUTE	0.3	0.0 - 0.5 thou/mcL
BASO ABSOLUTE	0.1	0.0 - 0.2 thou/mcL
IG ABSOLUTE	0.030	0.001 - 0.031 thou/mcL

Comprehensive metabolic panel

Collection Time: 10/01/20 12:26 AM

Result	Value	Ref Range
Na	136	136 - 146 mmol/L
Potassium	4.4	3.7 - 5.4 mmol/L
Cl	100	97 - 108 mmol/L
CO2	24	20 - 32 mmol/L
Glucose	231 (H)	65 - 99 mg/dL
BUN	21 (H)	6 - 20 mg/dL
Creatinine	0.76	0.76 - 1.27 mg/dL
Ca	9.2	8.7 - 10.2 mg/dL
ALK PHOS	95	25 - 150 U/L
T Bili	0.96	0.00 - 1.20 mg/dL
Total Protein	8.0	6.0 - 8.5 gm/dL
Alb	4.7	3.5 - 5.5 gm/dL
GLOBULIN	3.3	1.5 - 4.5 gm/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.1 - 2.5
BUN/CREAT RATIO	27.6 (H)	11.0 - 26.0
ALT	52	0 - 55 U/L
AST	32	0 - 40 U/L
GFR AFRICAN AMERICAN	133	mL/min/1.73m2
GFR Non African American	115	mL/min/1.73m2
AGAP	12	7 - 16 mmol/L

Ethanol level

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

Clinical Notes Acute (continued)

Collection Time: 10/01/20 12:26 AM

Result	Value	Ref Range
Ethanol	<10	0 mg/dL

Salicylate level

Collection Time: 10/01/20 12:26 AM

Result	Value	Ref Range
Salicylate	18.5 (L)	30.0 - 250.0 mcg/mL

Acetaminophen level

Collection Time: 10/01/20 12:26 AM

Result	Value	Ref Range
Acetaminophen	<5.0 (L)	10.0 - 25.0 mcg/mL

UR Drugs of Abuse Screen

Collection Time: 10/01/20 3:06 AM

Result	Value	Ref Range
Ur PH DOA Scr	5.5	4.5 - 9.0
Amphet Scr	Negative	Negative
Barb Scr	Negative	Negative
Benzo Scr	Negative	Negative
Cannab Scr	Negative	Negative
Cocaine Scr	Negative	Negative
Opiates Scr	Negative	Negative
Meth Scr	Negative	Negative
Oxyco Scr	Negative	Negative

POCT Glucose ACHS

Collection Time: 10/01/20 9:06 AM

Result	Value	Ref Range
Glucose, POC	130 (H)	70 - 99 mg/dL
OPERATOR ID	119220	
INSTRUMENT ID	KDAZ093-A0247	

POCT Glucose ACHS

Collection Time: 10/01/20 12:31 PM

Result	Value	Ref Range
Glucose, POC	127 (H)	70 - 99 mg/dL
OPERATOR ID	175950	
INSTRUMENT ID	KDAZ093-A0247	

Mental Status Evaluation

Constitutional:

General Appearance In a hospital gown
General Behavior Defensive and Guarded

Musculoskeletal:

Gait and Station No gait abnormalities
Strength and tone Normal

Psychiatric:

Psychomotor Activity Restless and Pacing
Speech Fast and Hyper verbal
Mood Concerned, Irritable and Hostile
Affect Irritable and Reactive

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

Clinical Notes Acute (continued)

Thought Process	Tangential and future and goal oriented
Associations	Intact association
Thought Content/Perceptual Disturbances	Patient denies suicidal/homicidal ideation; No evidence of auditory/visual hallucinations or delusions;
Cognition/Sensorium	AAOx4; Memory, attention, language, and fund of knowledge intact
Insight	Poor
Judgment	Poor

I have discussed the care of this patient with Dr. Barksdale, he has assisted in the formulation of the Assessment and Plan.

Electronically signed by:
Larson T Vickery, PA-C
10/1/2020 5:18 PM

Electronically signed by Larson T Vickery, PA-C at 10/1/2020 6:09 PM
Electronically signed by Vernon C Barksdale, MD at 10/2/2020 6:28 PM

ED Provider Notes

Jonathan G Sherrill, PA-C at 10/1/2020 0016

Author: Jonathan G Sherrill, PA-C	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 10/1/2020 12:21 AM	Date of Service: 10/1/2020 12:16 AM	Status: Attested
Editor: Jonathan G Sherrill, PA-C (Physician Assistant)		Cosigner: Jerry D Nix, MD at 10/1/2020 2:04 AM

Attestation signed by Jerry D Nix, MD at 10/1/2020 2:04 AM

I have reviewed and agree with the APP's findings and plan for this patient.
Jerry D Nix, MD
Emergency Department - 10/1/2020 2:04 AM

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

ED Provider Note

Leonard Williams 39 y.o. male DOB: 11/1/1980 MRN: 73503481

History

Chief Complaint

Patient presents with

- 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 denies SI here

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

Clinical Notes Acute (continued)

This is a 39-year-old male with a history of diabetes, bipolar disorder who presents under involuntary commitment papers. The papers indicate he has been overmedicating himself and that he has had suicidal thoughts and gestures. Patient states that these concerns are unfounded and that the likelihood of him obtaining a physician assisted suicide in the United States is extremely low and thus the petition is unfounded. He denies any suicidal thoughts here. He states he has PTSD and he has been stressed out. Denies any medical complaints, trauma or ingestion.

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none">Diabetes mellitus (*) type 2Nonpsychotic mental disorder ptsd, adhd, spectrum	

History reviewed. No pertinent surgical history.

Social History

Substance and Sexual Activity	
Alcohol Use	Yes

Social History

Tobacco Use	
Smoking Status	Never Smoker
Smokeless Tobacco	Never Used

E-Cigarettes

- Vaping Use
- Start Date
- Cartridges/Day
- Quit Date

Social History

Substance and Sexual Activity	
Drug Use	Never

No Known Allergies

Home Medications

No medications on file

Review of Systems

Review of Systems

Constitutional: Negative for activity change, appetite change and chills.

HENT: Negative for trouble swallowing and voice change.

Eyes: Negative for visual disturbance.

Respiratory: Negative for chest tightness and shortness of breath.

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

Clinical Notes Acute (continued)

Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, nausea and vomiting.
Genitourinary: Negative for dysuria.
Musculoskeletal: Negative for arthralgias, back pain, neck pain and neck stiffness.
Skin: Negative for rash.
Neurological: Negative for weakness and headaches.
Psychiatric/Behavioral: Positive for **agitation**. Negative for sleep disturbance.

Physical Exam

ED Triage Vitals [09/30/20 2208]

BP	142/85
Heart Rate	103
Resp	20
SpO2	95 %
Temp	98.1 °F (36.7 °C)

Physical Exam

Nursing note and vitals reviewed.

Constitutional: He appears well-developed and well-nourished. He does not appear distressed and no respiratory distress.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Voice normal.

Eyes: EOM are intact. Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion and voice normal. Neck supple.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

No audible murmur. No friction rub and gallop.

Pulmonary/Chest: No respiratory distress. Respiratory effort normal and breath sounds normal. No chest wall tenderness.

Abdominal: Soft. There is no abdominal tenderness. There is no guarding and no rebound. Bowel sounds are normal. There is no CVA tenderness.

Musculoskeletal: no edema.

Neurological: He is alert and oriented to person, place, and time. Moves all extremities equally. Gait normal. He has normal speech. Cranial nerves intact II through XII.

Skin: Skin is warm. Skin is dry. No rash noted.

Psychiatric: Speech is **rapid and/or pressured**. He is **agitated**. His affect is **blunt**. He expresses no homicidal and no suicidal ideation.

ED Course

Lab results:

No data to display

Imaging:

No data to display

ECG:

ECG Results

None

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

Clinical Notes Acute (continued)

Pre-Sedation
Procedures

MDM

Number of Diagnoses or Management Options

Diagnosis management comments: The patient was evaluated for the symptoms described in the history of present illness. The patient was evaluated in the context of the global COVID-19 pandemic, which necessitated consideration that the patient might be at risk for infection with the SARS-CoV-2 virus that causes COVID-19. Institutional protocols and algorithms that pertain to the evaluation of patients at risk for COVID-19 are in a state of rapid change based on information released by regulatory bodies including the CDC and federal and state organizations. These policies and algorithms were followed during the patient's care in the ED.

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

Tests in the medicine section of CPT®: ordered and reviewed

Decide to obtain previous medical records or to obtain history from someone other than the patient: yes

Review and summarize past medical records: yes

Discuss the patient with other providers: yes

Coding

Provider Communication

New Prescriptions

No medications on file

Modified Medications

No medications on file

Discontinued Medications

No medications on file

Clinical Impression

Final diagnoses:

Involuntary commitment

Suicidal ideation

ED Disposition

ED Disposition	Comment
----------------	---------

Behavioral
Health

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

Clinical Notes Acute (continued)

Electronically signed by:

Jonathan G Sherrill, PA-C
10/01/20 0018

Jonathan G Sherrill, PA-C
10/01/20 0021

Electronically signed by Jonathan G Sherrill, PA-C at 10/1/2020 12:21 AM
Electronically signed by Jerry D Nix, MD at 10/1/2020 2:04 AM

Labs

CBC And Differential (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320**

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274H0588	Blood	—	Tammie Byrd, CNA 10/01/20 0026

CBC And Differential (Abnormal)

Resulted: 10/01/20 0035, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Filed by: Background User Lab 10/01/20 0035

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Order status: Completed

Collected by: Tammie Byrd, CNA 10/01/20 0026

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.8	5.1 - 10.8 thou/mcL	—	PMC
RBC	5.42	4.05 - 5.64 million/mcL	—	PMC
HGB	16.5	13.5 - 17.5 gm/dL	—	PMC
HCT	49.1	40.5 - 52.5 %	—	PMC
MCV	91	83 - 97 fL	—	PMC
MCH	30.4	28.0 - 33.0 pg	—	PMC
MCHC	33.6	32.0 - 36.0 gm/dL	—	PMC
Plt Ct	337	150 - 400	—	PMC

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

Labs (continued)

		thou/mcL		
RDW SD	40.0	36.0 - 47.0 fL	—	PMC
MPV	9.9	8.9 - 11.0 fL	—	PMC
NRBC%	0.0	0 /100WBC	—	PMC
NRBC	0.000	0 thou/mcL	—	PMC
NEUTROPHIL %	45.1	50.0 - 70.0 %	L ▼	PMC
LYMPHOCYTE %	35.2	25.0 - 40.0 %	—	PMC
MONOCYTE %	14.4	4.0 - 12.0 %	H ▲	PMC
Eosinophil %	4.1	1.0 - 6.0 %	—	PMC
BASOPHIL %	0.8	0.0 - 2.0 %	—	PMC
IG%	0.400	0.001 - 0.429 %	—	PMC
ABSOLUTE NEUTROPHIL COUNT	3.54	1.50 - 7.50 thou/mcL	—	PMC
ABSOLUTE LYMPHOCYTE COUNT	2.8	1.0 - 4.5 thou/mcL	—	PMC
MONO ABSOLUTE	1.1	0.1 - 0.8 thou/mcL	H ▲	PMC
EOS ABSOLUTE	0.3	0.0 - 0.5 thou/mcL	—	PMC
BASO ABSOLUTE	0.1	0.0 - 0.2 thou/mcL	—	PMC
IG ABSOLUTE	0.030	0.001 - 0.031 thou/mcL	—	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Comprehensive metabolic panel (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320**

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC- 274C1013	Blood	—	Tammie Byrd, CNA 10/01/20 0026

Comprehensive metabolic panel (Abnormal)

Resulted: 10/01/20 0110, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Filed by: Tamiya Wilson 10/01/20 0110

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Order status: Completed

Collected by: Tammie Byrd, CNA 10/01/20 0026

Components

Component	Value	Reference Range	Flag	Lab
Na	136	136 - 146 mmol/L	—	PMC
Potassium	4.4	3.7 - 5.4 mmol/L	—	PMC
Cl	100	97 - 108 mmol/L	—	PMC
CO2	24	20 - 32 mmol/L	—	PMC

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

Labs (continued)

Glucose	231	65 - 99 mg/dL	H ^	PMC
BUN	21	6 - 20 mg/dL	H ^	PMC
Creatinine	0.76	0.76 - 1.27 mg/dL	—	PMC
Ca	9.2	8.7 - 10.2 mg/dL	—	PMC
ALK PHOS	95	25 - 150 U/L	—	PMC
T Bili	0.96	0.00 - 1.20 mg/dL	—	PMC
Total Protein	8.0	6.0 - 8.5 gm/dL	—	PMC
Alb	4.7	3.5 - 5.5 gm/dL	—	PMC
GLOBULIN	3.3	1.5 - 4.5 gm/dL	—	PMC
ALBUMIN/GLOBULIN RATIO	1.4	1.1 - 2.5	—	PMC
BUN/CREAT RATIO	27.6	11.0 - 26.0	H ^	PMC
ALT	52	0 - 55 U/L	—	PMC
AST	32	0 - 40 U/L	—	PMC
Comment: Slight hemolysis present, results may be adversely affected. Please interpret results with caution.				
GFR AFRICAN AMERICAN	133	mL/min/1.73m2	—	PMC
Comment: 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	—	PMC
Comment: 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	7 - 16 mmol/L	—	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Ethanol level (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320**

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274C1013	Blood	—	Tammie Byrd, CNA 10/01/20 0026

Ethanol level (Normal)

Resulted: 10/01/20 0108, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Order status: Completed

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

Labs (continued)

Filed by: Background User Lab 10/01/20 0108
Resulting lab: PRESBYTERIAN MEDICAL CENTER

Collected by: Tammie Byrd, CNA 10/01/20 0026

Components

Component	Value	Reference Range	Flag	Lab
Ethanol	<10	0 mg/dL	—	PMC

Comment: Blood Alcohol Level is for Medical Purposes Only.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Salicylate level (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320**

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274C1013	Blood	—	Tammie Byrd, CNA 10/01/20 0026

Salicylate level (Abnormal)

Resulted: 10/01/20 0108, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Order status: **Completed**

Filed by: Background User Lab 10/01/20 0108

Collected by: Tammie Byrd, CNA 10/01/20 0026

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Salicylate	18.5	30.0 - 250.0 mcg/mL	L	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Acetaminophen level (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320**

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

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

Labs (continued)

Quantity: 1 Lab status: Final result
Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274C1013	Blood	—	Tammie Byrd, CNA 10/01/20 0026

Acetaminophen level (Abnormal)

Resulted: 10/01/20 0108, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249 Order status: Completed
Filed by: Background User Lab 10/01/20 0108 Collected by: Tammie Byrd, CNA 10/01/20 0026
Resulting lab: PRESBYTERIAN MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Acetaminophen	<5.0	10.0 - 25.0 mcg/mL	L ▼	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Rainbow / Extra tubes (Final result)

Electronically signed by: **Andrew Moczula, MD on 09/30/20 2320** Status: **Completed**
Mode: Ordering in Per NH Standing order mode
Ordering user: Tyler M Powers, RN 09/30/20 2249 Communicated by: Tyler M Powers, RN
Authorized by: Andrew Moczula, MD Ordering provider: Andrew Moczula, MD
Frequency: STAT STAT 09/30/20 2249 - 1 occurrence Ordering mode: Per NH Standing order
Quantity: 1 Class: Lab Collect
Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM Lab status: Final result

Questionnaire

Question	Answer
Light Blue Top	Yes
Gold SST	Yes
Lavender Top	No
Mint Green-Top Tube	No
SST	No
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274A0115	Blood	—	10/01/20 0026

Rainbow / Extra tubes

Light Blue Top Result status: No result
Ordering provider: Andrew Moczula, MD 09/30/20 2249 Order status: Canceled
Discontinued by: Lisa S Tate 10/01/20 0032 [Quantity Not Sufficient] Filed on: 10/01/20 0032

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

Labs (continued)

Collected by: Tammie Byrd, CNA 10/01/20 0026

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Gold SST

Resulted: 10/01/20 0700, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Order status: Completed

Filed by: Background User Lab 10/01/20 0700

Collected by: Tammie Byrd, CNA 10/01/20 0026

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Light Blue Top (Discontinued)

Status: Discontinued

Order placed as a reflex to Rainbow / Extra tubes ordered on 09/30/20 at 2249

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: Timed Once 09/30/20 2249 - 1 occurrence

Quantity: 1

Ordering provider: Andrew Moczula, MD

Ordering mode: Standard

Class: Lab Collect

Instance released by: Tyler M Powers, RN (auto-released)

9/30/2020 10:49 PM

Discontinued by: Lisa S Tate 10/01/20 0032 [Quantity Not Sufficient]

Specimen Information

ID	Type	Source	Collected By
20PMC-274A0115	Blood	—	Tammie Byrd, CNA 10/01/20 0026

Light Blue Top

Result status: In process

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Order status: Canceled

Discontinued by: Lisa S Tate 10/01/20 0032 [Quantity Not Sufficient]

Filed by: Lisa S Tate 10/01/20 0032

Collected by: Tammie Byrd, CNA 10/01/20 0026

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

Gold SST (Final result)

Status: Completed

Order placed as a reflex to Rainbow / Extra tubes ordered on 09/30/20 at 2249

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: Timed Once 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Ordering provider: Andrew Moczula, MD

Ordering mode: Standard

Class: Lab Collect

Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
20PMC-	Blood	—	Tammie Byrd, CNA 10/01/20 0026

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

Labs (continued)

274A0116

Gold SST

Resulted: 10/01/20 0700, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249
Filed by: Background User Lab 10/01/20 0700
Resulting lab: PRESBYTERIAN MEDICAL CENTER

Order status: Completed
Collected by: Tammie Byrd, CNA 10/01/20 0026

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

UR Drugs of Abuse Screen (Final result)

Electronically signed by: Andrew Moczula, MD on 09/30/20 2320

Status: Completed

Mode: Ordering in Per NH Standing order mode

Ordering user: Tyler M Powers, RN 09/30/20 2249

Authorized by: Andrew Moczula, MD

Frequency: STAT STAT 09/30/20 2249 - 1 occurrence

Quantity: 1

Instance released by: Tyler M Powers, RN (auto-released) 9/30/2020 10:49 PM

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

ID	Type	Source	Collected By
20PMC-274C1014	Urine	Urine, Clean Catch	Tammie Byrd, CNA 10/01/20 0306

UR Drugs of Abuse Screen (Normal)

Resulted: 10/01/20 0335, Result status: Final result

Ordering provider: Andrew Moczula, MD 09/30/20 2249

Filed by: Background User Lab 10/01/20 0335

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Narrative:

Please Note Detection Levels Below:

Amphetamines 1000 ng/mL

Barbiturates 200 ng/mL

Benzodiazepines 200 ng/mL

Cannabinoids (Marijuana, THC) 50 ng/mL

Cocaine 300 ng/mL

Opiates 300 ng/mL

Methadone 300 ng/mL

Oxycodone 100 ng/mL

This test is a screening test and results are only to be used for medical purposes. If confirmation of positive results are needed, please order confirmation by GC/MS for each drug that needs confirmation. Urine specimens are retained for 5 days.

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

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Ur PH DOA Scr	5.5	4.5 - 9.0	—	PMC
Amphet Scr	Negative	Negative	—	PMC
Barb Scr	Negative	Negative	—	PMC
Benzo Scr	Negative	Negative	—	PMC
Cannab Scr	Negative	Negative	—	PMC
Cocaine Scr	Negative	Negative	—	PMC
Opiates Scr	Negative	Negative	—	PMC
Meth Scr	Negative	Negative	—	PMC
Oxyco Scr	Negative	Negative	—	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

POCT Glucose ACHS (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 2330**

Status: **Discontinued**

Mode: Ordering in Telephone with read back mode

Ordering user: Michele M Derricott, RN BSN 10/01/20 0644

Authorized by: Jonathan G Sherrill, PA-C

Frequency: Routine ACHS 10/01/20 0730 - Until Specified

Quantity: 1

Communicated by: Michele M Derricott, RN BSN

Ordering provider: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

Class: Point Of Care

Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 6:44 AM

Discontinued by: Automatic Discharge Provider 10/02/20 0045 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 2330**

Status: **Discontinued**

Mode: Ordering in Telephone with read back mode

Ordering user: Michele M Derricott, RN BSN 10/01/20 0644

Authorized by: Jonathan G Sherrill, PA-C

Frequency: Routine ACHS 10/01/20 0730 - Until Specified

Quantity: 1

Communicated by: Michele M Derricott, RN BSN

Ordering provider: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

Class: Point Of Care

Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 7:30 AM

Discontinued by: Automatic Discharge Provider 10/02/20 0045 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Final result)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 2330**

Status: **Completed**

Mode: Ordering in Telephone with read back mode

Ordering user: Michele M Derricott, RN BSN 10/01/20 0644

Authorized by: Jonathan G Sherrill, PA-C

Frequency: Routine ACHS 10/01/20 0730 - Until Specified

Quantity: 1

Instance released by: Michele M Derricott, RN BSN (auto-released) 10/1/2020 6:44 AM

Communicated by: Michele M Derricott, RN BSN

Ordering provider: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

Class: Point Of Care

Lab status: Final result

Specimen Information

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

Labs (continued)

ID	Type	Source	Collected By
20PMP- 275P0375	Blood	—	10/01/20 0906

POCT Glucose ACHS (Abnormal)

Resulted: 10/01/20 0916, Result status: Final result

Ordering provider: Jonathan G Sherrill, PA-C 10/01/20 0644
Filed by: Background User Lab 10/01/20 0916
Resulting lab: PMC POINT OF CARE

Order status: Completed
Collected by: 10/01/20 0906

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	130	70 - 99 mg/dL	H ^	PMCP
OPERATOR ID	119220	—	—	PMCP
INSTRUMENT ID	KDAZ093-A0247	—	—	PMCP

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
511 - PMCP	PMC POINT OF CARE	W Franklin Ingram, MD	200 Hawthorne Lane Charlotte, NC Charlotte NC 28204	12/10/19 1353 - Present

POCT Glucose ACHS (Discontinued)

Electronically signed by: Jonathan G Sherrill, PA-C on 10/01/20 2330

Status: Discontinued

Mode: Ordering in Telephone with read back mode
Ordering user: Michele M Derricott, RN BSN 10/01/20 0644
Authorized by: Jonathan G Sherrill, PA-C
Frequency: Routine ACHS 10/01/20 0730 - Until Specified
Quantity: 1

Communicated by: Michele M Derricott, RN BSN
Ordering provider: Jonathan G Sherrill, PA-C
Ordering mode: Telephone with read back
Class: Point Of Care
Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 11:30 AM

Discontinued by: Automatic Discharge Provider 10/02/20 0045 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Final result)

Electronically signed by: Jonathan G Sherrill, PA-C on 10/01/20 2330

Status: Completed

Mode: Ordering in Telephone with read back mode
Ordering user: Michele M Derricott, RN BSN 10/01/20 0644
Authorized by: Jonathan G Sherrill, PA-C
Frequency: Routine ACHS 10/01/20 0730 - Until Specified
Quantity: 1

Communicated by: Michele M Derricott, RN BSN
Ordering provider: Jonathan G Sherrill, PA-C
Ordering mode: Telephone with read back
Class: Point Of Care
Lab status: Final result

Instance released by: Michele M Derricott, RN BSN (auto-released) 10/1/2020 6:44 AM

Specimen Information

ID	Type	Source	Collected By
20PMP- 275P0554	Blood	—	10/01/20 1231

POCT Glucose ACHS (Abnormal)

Resulted: 10/01/20 1234, Result status: Final result

Ordering provider: Jonathan G Sherrill, PA-C 10/01/20 0644
Filed by: Background User Lab 10/01/20 1234
Resulting lab: PMC POINT OF CARE

Order status: Completed
Collected by: 10/01/20 1231

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

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	127	70 - 99 mg/dL	H ^	PMCP
OPERATOR ID	175950	—	—	PMCP
INSTRUMENT ID	KDAZ093-A0247	—	—	PMCP

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
511 - PMCP	PMC POINT OF CARE	W Franklin Ingram, MD	200 Hawthorne Lane Charlotte, NC Charlotte NC 28204	12/10/19 1353 - Present

POCT Glucose ACHS (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 2330**

Status: **Discontinued**

Mode: Ordering in Telephone with read back mode

Ordering user: Michele M Derricott, RN BSN 10/01/20 0644

Authorized by: Jonathan G Sherrill, PA-C

Frequency: Routine ACHS 10/01/20 0730 - Until Specified

Quantity: 1

Communicated by: Michele M Derricott, RN BSN

Ordering provider: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

Class: Point Of Care

Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 4:30 PM

Discontinued by: Automatic Discharge Provider 10/02/20 0045 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Lipid Panel (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Larson T Vickery, PA-C 10/01/20 1652

Authorized by: Vernon C Barksdale, MD

Frequency: Routine AM Draw 10/02/20 0200 - 1 occurrence

Quantity: 1

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Lab Collect

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

RPR (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Larson T Vickery, PA-C 10/01/20 1652

Authorized by: Vernon C Barksdale, MD

Frequency: Routine AM Draw 10/02/20 0200 - 1 occurrence

Quantity: 1

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Lab Collect

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

TSH (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

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

Labs (continued)

Ordering user: Larson T Vickery, PA-C 10/01/20 1652
Authorized by: Vernon C Barksdale, MD
Frequency: Routine AM Draw 10/02/20 0200 - 1 occurrence
Quantity: 1

Ordering provider: Vernon C Barksdale, MD
Ordering mode: Standard
Class: Lab Collect

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Hemoglobin A1c (Final result)

Electronically signed by: **Rebecca D Lee, PA-C on 10/01/20 1645**
Ordering user: Rebecca D Lee, PA-C 10/01/20 1645
Authorized by: Rebecca D Lee, PA-C
Frequency: Routine Once (Routine) 10/01/20 1646 - 1 occurrence
Quantity: 1
Instance released by: Rebecca D Lee, PA-C (auto-released) 10/1/2020 4:45 PM

Status: **Completed**

Ordering provider: Rebecca D Lee, PA-C
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
20PMC-275C0926	Blood	—	Michele M Derricott, RN BSN 10/01/20 2027

Hemoglobin A1c (Abnormal)

Resulted: 10/01/20 2053, Result status: Final result

Ordering provider: Rebecca D Lee, PA-C 10/01/20 1645
Filed by: Background User Lab 10/01/20 2053
Resulting lab: PRESBYTERIAN MEDICAL CENTER
Narrative:
Reference Interval: 4.8 - 5.6%
Increased Risk for Diabetes: 5.7 - 6.4%
Diabetes: >=6.5%
Glycemic Control for Adults with Diabetes: <7.0%

Order status: Completed
Collected by: Michele M Derricott, RN BSN 10/01/20 2027

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1c	6.2	4.8 - 5.6 %	H ^	PMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
280 - PMC	PRESBYTERIAN MEDICAL CENTER	Patrick A Wilson, MD	200 Hawthorne Lane Charlotte NC 28204	12/10/19 1319 - Present

POCT Glucose ACHS (Final result)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 2330**
Mode: Ordering in Telephone with read back mode
Ordering user: Michele M Derricott, RN BSN 10/01/20 0644
Authorized by: Jonathan G Sherrill, PA-C
Frequency: Routine ACHS 10/01/20 0730 - Until Specified
Quantity: 1
Instance released by: Michele M Derricott, RN BSN (auto-released) 10/1/2020 6:44 AM

Status: **Completed**

Communicated by: Michele M Derricott, RN BSN
Ordering provider: Jonathan G Sherrill, PA-C
Ordering mode: Telephone with read back
Class: Point Of Care
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
20PMP-275P0999	Blood	—	10/01/20 2030

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

Labs (continued)

POCT Glucose ACHS

Resulted: 10/01/20 2035, Result status: Final result

Ordering provider: Jonathan G Sherrill, PA-C 10/01/20 0644
Filed by: Background User Lab 10/01/20 2035
Resulting lab: PMC POINT OF CARE

Order status: Completed
Collected by: 10/01/20 2030

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	93	70 - 99 mg/dL	—	PMCP
OPERATOR ID	188614	—	—	PMCP
INSTRUMENT ID	KDAZ093-A0247	—	—	PMCP

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
511 - PMCP	PMC POINT OF CARE	W Franklin Ingram, MD	200 Hawthorne Lane Charlotte, NC Charlotte NC 28204	12/10/19 1353 - Present

POCT Glucose ACHS (Discontinued)

Electronically signed by: Jonathan G Sherrill, PA-C on 10/01/20 2330

Status: Discontinued

Mode: Ordering in Telephone with read back mode
Ordering user: Michele M Derricott, RN BSN 10/01/20 0644
Authorized by: Jonathan G Sherrill, PA-C
Frequency: Routine ACHS 10/01/20 0730 - Until Specified
Quantity: 1

Communicated by: Michele M Derricott, RN BSN
Ordering provider: Jonathan G Sherrill, PA-C
Ordering mode: Telephone with read back
Class: Point Of Care
Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 9:00 PM

Discontinued by: Automatic Discharge Provider 10/02/20 0045 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Procedures

Recreational Therapy Referral (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.
Ordering user: Larson T Vickery, PA-C 10/01/20 1652
Authorized by: Vernon C Barksdale, MD
Frequency: Routine Once (Routine) 10/01/20 1650 - 1 occurrence
Quantity: 1

Ordering provider: Vernon C Barksdale, MD
Ordering mode: Standard
Class: Hospital Performed

ECG 12-Lead (Final result)

Status: Completed

Electronically signed by: Larson T Vickery, PA-C on 10/01/20 1721
Ordering user: Larson T Vickery, PA-C 10/01/20 1721
Authorized by: Larson T Vickery, PA-C
Frequency: Routine Once (Routine) 10/01/20 1722 - 1 occurrence
Quantity: 1
Instance released by: Larson T Vickery, PA-C (auto-released) 10/1/2020 5:21 PM

Ordering provider: Larson T Vickery, PA-C
Ordering mode: Standard
Class: Hospital Performed
Lab status: Final result

Questionnaire

Question	Answer
Reason for exam?	Other Comment - QTc

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

Procedures (continued)

Specimen Information

ID	Type	Source	Collected By
SP00022224754	—	—	10/01/20 1826

ECG 12-Lead

Resulted: 10/03/20 1905, Result status: Final result

Ordering provider: Larson T Vickery, PA-C 10/01/20 1721

Order status: Completed

Filed by: Acute Interface, Incoming Ekg Results 10/03/20 1905

Collected by: 10/01/20 1826

Resulting lab: NH MUSE

Lab Technician: BB0094

Narrative:

Diagnosis Class Abnormal

Acquisition Device MAC55

Ventricular Rate 87

Atrial Rate 87

P-R Interval 154

QRS Duration 100

Q-T Interval 346

QTC Calculation(Bazett) 416

Calculated P Axis 31

Calculated R Axis -53

Calculated T Axis 19

Diagnosis Normal sinus rhythm

Left anterior fascicular block

Cannot rule out Inferior infarct (masked by fascicular block?) , age undetermined

Abnormal ECG

No previous ECGs available

Hsu, Kevin (243) on 10/3/2020 7:05:45 PM certifies that he/she has reviewed the ECG tracing and confirms the independent interpretation is correct.

Medication Administrations

acetaminophen (TYLENOL) tablet 650 mg [808312063]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 650 mg (—/—)

Route: Oral

Frequency: Every 6 hours as needed

Rate/Duration: — / —

Admin Instructions: Maximum dose of acetaminophen is 3000 mg from all sources in 24 hours.

Timestamps	Action	Dose	Route	Other Information
Performed 10/01/20 2023	Given	650 mg	Oral	Performed by: Michele M Derricott, RN BSN
Documented: 10/01/20 2023				Scanned Package: 50580-600-02, 50580-600-02

aluminum & magnesium hydroxide-simethicone (MAALOX,MYLANTA,ANTACID ANTI-GAS) 200-200-20 mg/5 mL oral suspension 30 mL [808312066]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 30 mL (—/—)

Route: Oral

Frequency: 2 times a day as needed

Rate/Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

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

Medication Administrations (continued)

LORazepam (ATIVAN) tablet 1 mg [808312059]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 1 mg (—/—)

Route: Oral

Frequency: 3 times a day as needed

Rate/Duration: — / —

Admin Instructions: Maximum dose of lorazepam (ATIVAN) is 16 mg from all sources in 24 hours. Infusion and PCA Lorazepam (ATIVAN) formulations are excluded from this maximum dosing.

(No admins scheduled or recorded for this medication in the specified date/time range)

magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL oral suspension 15 mL [808312067]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 15 mL (—/—)

Route: Oral

Frequency: 2 times a day as needed

Rate/Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

OLANzapine (ZYPREXA) injection 10 mg [808312061]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 10 mg (—/—)

Route: Intramuscular

Frequency: Every 8 hours as needed

Rate/Duration: — / —

Admin Instructions: Do not administer intramuscular OLANzapine (Zyprexa) within 1 hour of administering intramuscular benzodiazepines.

Maximum dose of 20 mg per 24 hours.

and if oral route ordered, if cannot tolerate oral medications

Dissolve the contents of the vial using 2.1 mL of Sterile Water for Injection to provide a solution containing approximately 5 mg/mL of olanzapine.

(No admins scheduled or recorded for this medication in the specified date/time range)

OLANzapine (ZYPREXA) tablet 5 mg [808363650]

Ordering Provider: Larson T Vickery, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 10/01/20 1652

Starts/Ends: 10/01/20 2100 - 10/01/20 2242

Dose (Remaining/Total): 5 mg (13/14)

Route: Oral

Frequency: At bedtime

Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 10/01/2023 Documented: 10/01/2023	Given	5 mg	Oral	Performed by: Michele M Derricott, RN BSN Scanned Package: 69543-381-90

09/30/2020 - ED in NHPMC Emergency Department (continued)**Medication Administrations (continued)****OLANzapine zydis (ZYPREXA) disintegrating tablet 10 mg [808312060]**

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient
Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 10 mg (—/—)

Route: Oral

Frequency: Every 8 hours as needed

Rate/Duration: — / —

Admin Instructions: Maximum dose of 20 mg per 24 hours.

(No admins scheduled or recorded for this medication in the specified date/time range)

ondansetron (ZOFTRAN) injection 4 mg [808312065]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient
Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 4 mg (—/—)

Route: Intramuscular

Frequency: Every 4 hours as needed

Rate/Duration: — / —

Admin Instructions: If oral route is ordered, if cannot tolerate oral medications

(No admins scheduled or recorded for this medication in the specified date/time range)

ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg [808312064]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient
Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 4 mg (—/—)

Route: Oral

Frequency: Every 4 hours as needed

Rate/Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

zolpidem (AMBIEN) tablet 5 mg [808312062]

Ordering Provider: Jonathan G Sherrill, PA-C

Status: Discontinued (Past End Date/Time), Reason: Patient
Discharge

Ordered On: 10/01/20 0005

Starts/Ends: 10/01/20 0005 - 10/01/20 2242

Dose (Remaining/Total): 5 mg (—/—)

Route: Oral

Frequency: At bedtime as needed

Rate/Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

09/30/2020 - ED in NHPMC Emergency Department (continued)**Other Orders****Medications****LORazepam (ATIVAN) tablet 1 mg (Discontinued)**

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Anxiety
Frequency: STAT TID PRN 10/01/20 0005 - 10/01/20 2242 Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Admin instructions: Maximum dose of lorazepam (ATIVAN) is 16 mg from all sources in 24 hours.
Infusion and PCA Lorazepam (ATIVAN) formulations are excluded from this maximum dosing.
Package: 0603-4247-21

OLANzapine zydis (ZYPREXA) disintegrating tablet 10 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Other
PRN Comment: psychosis/psychotic agitation
Frequency: STAT Q8H PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Admin instructions: Maximum dose of 20 mg per 24 hours.
Package: 13668-088-30

OLANzapine (ZYPREXA) injection 10 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN Comment: psychosis/psychotic agitation and if oral route ordered, if cannot tolerate oral medications
Frequency: STAT Q8H PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Admin instructions: Do not administer intramuscular OLANzapine (Zyprexa) within 1 hour of administering intramuscular benzodiazepines.
Maximum dose of 20 mg per 24 hours.

and if oral route ordered, if cannot tolerate oral medications
Dissolve the contents of the vial using 2.1 mL of Sterile Water for Injection to provide a solution containing approximately 5 mg/mL of olanzapine.

Package: 0517-0955-01

zolpidem (AMBIEN) tablet 5 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Sleep
PRN Comment: for insomnia
Frequency: STAT HS PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Package: 0093-0073-01

acetaminophen (TYLENOL) tablet 650 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard

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

PRN reasons: Pain
PRN Comment: or temperature greater than or equal to 100.4 degrees F
Frequency: STAT Q6H PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Admin instructions: Maximum dose of acetaminophen is 3000 mg from all sources in 24 hours.
Package: 50580-600-02

ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Nausea Vomiting
Frequency: STAT Q4H PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Package: 0378-7732-93

ondansetron (ZOFTRAN) injection 4 mg (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Nausea Vomiting
PRN Comment: and if oral route is ordered, if cannot tolerate oral medications
Frequency: STAT Q4H PRN 10/01/20 0005 - 14 days Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Admin instructions: If oral route is ordered, if cannot tolerate oral medications
Package: 55150-125-02

aluminum & magnesium hydroxide-simethicone (MAALOX,MYLANTA,ANTACID ANTI-GAS) 200-200-20 mg/5 mL oral suspension 30 mL (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Indigestion
Frequency: STAT BID PRN 10/01/20 0005 - 10/01/20 2242 Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Package: 0121-1761-30

magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL oral suspension 15 mL (Discontinued)

Electronically signed by: **Jonathan G Sherrill, PA-C on 10/01/20 0005** Status: **Discontinued**
Ordering user: Jonathan G Sherrill, PA-C 10/01/20 0005 Ordering provider: Jonathan G Sherrill, PA-C
Authorized by: Jonathan G Sherrill, PA-C Ordering mode: Standard
PRN reasons: Constipation
Frequency: STAT BID PRN 10/01/20 0005 - 10/01/20 2242 Class: Normal
Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]
Acknowledged: Michele M Derricott, RN BSN 10/01/20 0008 for Placing Order
Package: 0121-0431-30

hydrOXYzine pamoate (VISTARIL) capsule 50 mg (Cancel Held)

This order may be acted on in another encounter. Status: **Cancel Held**
Ordering user: Larson T Vickery, PA-C 10/01/20 1652 Ordering provider: Vernon C Barksdale, MD
Authorized by: Vernon C Barksdale, MD Ordering mode: Standard
PRN reasons: Anxiety
Frequency: Routine Q4H PRN 10/01/20 1650 - 14 days Class: Normal
Discontinued by: Valerie E Dine, LPN 10/01/20 2243

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

Other Orders (continued)

diphenhydramine (BANOPHEN,BENADRYL) capsule 50 mg (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Larson T Vickery, PA-C 10/01/20 1652

Authorized by: Vernon C Barksdale, MD

PRN Comment: extrapyramidal symptoms

Frequency: Routine Q6H PRN 10/01/20 1650 - 14 days

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Normal

Discontinued by: Valerie E Dine, LPN 10/01/20 2243

diphenhydramine (BENADRYL) injection 50 mg (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

Ordering user: Larson T Vickery, PA-C 10/01/20 1652

Authorized by: Vernon C Barksdale, MD

PRN Comment: extrapyramidal symptoms - and if oral route ordered, if cannot tolerate oral medications

Frequency: Routine Q6H PRN 10/01/20 1650 - 14 days

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Normal

Discontinued by: Valerie E Dine, LPN 10/01/20 2243

OLANzapine (ZYPREXA) tablet 5 mg (Discontinued)

Status: **Discontinued**

Electronically signed by: **Larson T Vickery, PA-C on 10/01/20 1652**

Ordering user: Larson T Vickery, PA-C 10/01/20 1652

Authorized by: Larson T Vickery, PA-C

Frequency: STAT HS 10/01/20 2100 - 14 days

Discontinued by: Automatic Discharge Provider 10/01/20 2242 [Patient Discharge]

Acknowledged: Michele M Derricott, RN BSN 10/01/20 2017 for Placing Order

Package: 69543-381-90

Ordering provider: Larson T Vickery, PA-C

Ordering mode: Standard

Class: Normal

Flowsheets

15 Minute Safety Check

Row Name	10/01/20 2215	10/01/20 2200	10/01/20 2145	10/01/20 2130	10/01/20 2115
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Sleeping	Sleeping	Sleeping	Sleeping	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 2047	10/01/20 1946	10/01/20 1930	10/01/20 1915	10/01/20 1900
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	BH - Day Area
Row Name	10/01/20 1739	10/01/20 1659	10/01/20 1615	10/01/20 1600	10/01/20 1545
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 1522	10/01/20 1335	10/01/20 1317	10/01/20 1218	10/01/20 1205
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 1045	10/01/20 1004	10/01/20 0934	10/01/20 0802	10/01/20 0750

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

Flowsheets (continued)

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0734	10/01/20 0719	10/01/20 0646	10/01/20 0636	10/01/20 0618

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0603	10/01/20 0547	10/01/20 0532	10/01/20 0515	10/01/20 0500

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Sleeping	Sleeping	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room

Sleep (Behavioral Health unit patients only)

Calculate Sleep?	Yes	—	—	—	—
Click Yes once per 24 hr at 0600					
Row Name	10/01/20 0446	10/01/20 0431	10/01/20 0416	10/01/20 0400	10/01/20 0347

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0328	10/01/20 0318	10/01/20 0245	10/01/20 0233	10/01/20 0221

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0203	10/01/20 0144	10/01/20 0132	10/01/20 0115	10/01/20 0059

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0031	10/01/20 0015	09/30/20 2345	09/30/20 2333	

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	
Patient Status	Awake	Awake	Awake	Awake	
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	

Acuity/Destination

Row Name	09/30/20 2210
Acuity/Destination	
Patient Acuity	2
ED Destination	Waiting room
Triage Complete	Triage complete

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

Flowsheets (continued)

Alcohol screen/AUDIT tool

Row Name	10/01/20 0226
Alcohol Use/Abuse	
Alcohol abuse in past 12 months?	No
History of Alcohol Use/Abuse:	Patient Denies any history or Current Use

Anthropometrics

Row Name	09/30/20 2208
Anthropometrics	
Weight Change	0

Cardiac/Telemetry

Row Name	10/01/20 2000	10/01/20 0827	09/30/20 2300
Cardiac			
Cardiac (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits
Cap Refill	—	<3 Sec	—
Chest Pain Present	No	No	No
Pain Score	0-No pain	—	—

Care Handoff

Row Name	10/01/20 2214
Care Handoff	
Report Given to	Given to floor Report given to Jennifer RN

Child/Adolescent

Row Name	10/01/20 0230
Child/Adolescent Assessment	
Child / Adolescent?	No

Columbia Suicide Severity Rating Scale

Row Name	10/01/20 2210	10/01/20 1853	10/01/20 0826	09/30/20 2300
Suicide Shift Reassessment				
1. Have you actually had thoughts about killing yourself?	No	No	No	No
5. Have you done anything, started to do anything, or prepared to do anything to end your life?	No	No	No	No

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

Flowsheets (continued)

Search (select all that apply)	Visual Scan Only	Visual Scan Only	—	Visual Scan Only; Manual Search; Patient Search
Reason for Search	Precautions	Precautions	—	Precautions
Search Outcome?	Contraband Not Found	Contraband Not Found	—	Contraband Not Found
Additional Team Member(s) Present During Search	—	—	—	PSO
Suicide Screen Reassessment				
Complete Reassessment?	Yes	—	—	Yes

Custom Formula Data

Row Name	10/01/20 2215	10/01/20 2200	10/01/20 2145	10/01/20 2132	10/01/20 2130
OTHER					
Systolic	—	—	—	131	—
Systolic BP Average Last 24 Hours	—	—	—	134	—
Diastolic	—	—	—	74	—
Diastolic BP Average Last 24 Hours	—	—	—	84	—
BP Average (24 hours)	—	—	—	134/84	—
NCHES Temp Source Mapping	—	—	—	1	—
Sleeping	1	1	1	—	1
Relevant Labs and Vitals					
Temp (in Celsius)	—	—	—	36.7	—
Row Name	10/01/20 2115	10/01/20 2047	10/01/20 1946	10/01/20 1930	10/01/20 1915
OTHER					
Sleeping	0	0	0	0	0
Row Name	10/01/20 1900	10/01/20 1805	10/01/20 1739	10/01/20 1659	10/01/20 1615
OTHER					
Systolic	—	133	—	—	—
Systolic BP Average Last 24 Hours	—	135	—	—	—
Diastolic	—	82	—	—	—
Diastolic BP Average Last 24 Hours	—	85	—	—	—
BP Average (24 hours)	—	135/85	—	—	—
NCHES Temp Source Mapping	—	1	—	—	—
Sleeping	0	—	0	0	0
Relevant Labs and Vitals					
Temp (in Celsius)	—	36.8	—	—	—
Row Name	10/01/20 1600	10/01/20 1545	10/01/20 1522	10/01/20 1335	10/01/20 1317

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

Flowsheets (continued)

OTHER					
Sleeping	0	0	0	0	0
Row Name	10/01/20 1218	10/01/20 1205	10/01/20 1045	10/01/20 1004	10/01/20 0934
OTHER					
Sleeping	0	0	0	0	0
Row Name	10/01/20 0817	10/01/20 0802	10/01/20 0750	10/01/20 0734	10/01/20 0719
OTHER					
Systolic	128	—	—	—	—
Systolic BP Average Last 24 Hours	135	—	—	—	—
Diastolic	90	—	—	—	—
Diastolic BP Average Last 24 Hours	86	—	—	—	—
BP Average (24 hours)	135/86	—	—	—	—
NCHES Temp Source Mapping	1	—	—	—	—
Sleeping	—	0	0	0	0
Relevant Labs and Vitals					
Temp (in Celsius)	36.8	—	—	—	—
Row Name	10/01/20 0646	10/01/20 0636	10/01/20 0618	10/01/20 0603	10/01/20 0547
OTHER					
Sleeping	0	0	0	0	0
Documented Sleep Last 24 Hours (hours)	—	—	—	.5	—
Row Name	10/01/20 0532	10/01/20 0515	10/01/20 0500	10/01/20 0446	10/01/20 0431
OTHER					
Sleeping	1	1	0	0	0
Row Name	10/01/20 0416	10/01/20 0407	10/01/20 0400	10/01/20 0347	10/01/20 0328
OTHER					
Systolic	—	132	—	—	—
Systolic BP Average Last 24 Hours	—	138	—	—	—
Diastolic	—	91	—	—	—
Diastolic BP Average Last 24 Hours	—	85	—	—	—
BP Average (24 hours)	—	138/85	—	—	—
NCHES Temp Source Mapping	—	1	—	—	—
Sleeping	0	—	0	0	0
Relevant Labs and Vitals					
Temp (in Celsius)	—	36.7	—	—	—
Row Name	10/01/20 0318	10/01/20 0245	10/01/20 0233	10/01/20 0221	10/01/20 0203
OTHER					
Sleeping	0	0	0	0	0
Row Name	10/01/20 0144	10/01/20 0132	10/01/20 0115	10/01/20 0111	10/01/20 0059
OTHER					
Systolic	—	—	—	139	—
Systolic BP	—	—	—	141	—

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

Flowsheets (continued)

Average Last 24 Hours					
Diastolic	—	—	—	79	—
Diastolic BP	—	—	—	82	—
Average Last 24 Hours					
BP Average (24 hours)	—	—	—	141/82	—
NCHES Temp Source Mapping	—	—	—	1	—
Sleeping	0	0	0	—	0
Relevant Labs and Vitals					
Temp (in Celsius)	—	—	—	36.7	—
Row Name	10/01/20 0031	10/01/20 0015	09/30/20 2345	09/30/20 2333	09/30/20 2208
OTHER					
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	—	—	—	—	142
Average Last 24 Hours					
Diastolic	—	—	—	—	85
Diastolic BP	—	—	—	—	85
Average Last 24 Hours					
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
NCHES Temp Source Mapping	—	—	—	—	1
Weight in (lb) to have BMI = 25	—	—	—	—	178.9
% Weight Change Since Birth	—	—	—	—	0
Sleeping	0	0	0	0	—
Action Zones					
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

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

Flowsheets (continued)

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
Anthropometrics					
Adjusted Body weight Male	—	—	—	—	85.64 kg
REE Calculations					
W.H.O. REE (kcal/day)	—	—	—	—	0.00
Schofield REE (kcal/day)	—	—	—	—	0.00
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
Holliday Segar Method					
mL/d	—	—	—	—	0.00
tPA Dosing Calculations					
Calculated Total tPA dose (mg)	—	—	—	—	(!) 91.04 mg
Calculated tPA Bolus (mL)	—	—	—	—	(!) 9.1 mL
Calculated Infusion Dose (mg)	—	—	—	—	(!) 81.9 mg
Calculated Infusion Rate (mg/hr)	—	—	—	—	(!) 81.9 mg/hr
100 mg Vial Discard Dose tPA - not for infusion (mL)	—	—	—	—	9 mL
50 mg Vial Discard Dose tPA - not for infusion (mL)	—	—	—	—	-41 mL
Kcentra Dose					
Calculated Dose of Kcentra for INR 4-6	—	—	—	—	(!) 3540 units
Calculated Dose of Kcentra for INR >6	—	—	—	—	(!) 5058 units
Relevant Labs and Vitals					
Temp (in Celsius)	—	—	—	—	36.7
IBW/VT Calculations					

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

Flowsheets (continued)

IBW/kg (Calculated)	—	—	—	—	75.3
------------------------	---	---	---	---	------

Data

Row Name	10/01/20 2023
OTHER	
Pain Score	4
Pain Assessment	
Pain Assessment Scale	0-10
Pain	
Pain Location	Head

Departure Condition

Row Name	10/01/20 2239
Departure Condition	
Departure Condition	Stable
Mobility at Departure	Wheelchair
Transfer With	Belongings;Security cna
Oxygen Therapy	
O2 Device	None (Room air)
Pain Assessment	
Pain Score	0-No pain

Disposition

Row Name	10/01/20 1114
Expected Disposition	
Expected Disposition	— IM

Disposition Recommendation

Row Name	10/01/20 1614	10/01/20 1113	10/01/20 0235	10/01/20 0025
Disposition				
MD Contact Name	Dr. Barksdale [N1]	—	—	—
MD Contact Date	10/01/20 [N1]	—	—	—
MD Contact Time	1614 [N1]	—	—	—
Disposition Recommendation	Inpatient Admission [N1]	Inpatient Admission	Further Eval Needed	— Called in at 00:20
Admission Type	Arrived to the Facility on Commitment Papers [N1]	Arrived to the Facility on Commitment Papers	—	—
Psychiatrist Name	Dr. McGrath [N1]	—	—	—
Room #	737-01 [N1]	—	—	—
Admitted to	No [N1]	—	—	—

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

Flowsheets (continued)

Medical Unit?

Disposition call report into 704-

Comments

384-7345 [N1]

Domestic Violence

Row Name 09/30/20 2209

Domestic Abuse Assessment

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

Functioning

Row Name 10/01/20 0226

Functioning

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 Yes

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

Flowsheets (continued)

Arrangements?

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

History

Row Name 10/01/20 0229

BH History (Employment / Work / History of Abuse / Trauma)

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

Kcentra Dose Calculator

Row Name 09/30/20 2208

Kcentra Dose

Calculated Dose of Kcentra for
INR 2 - <4 (!) 2529 units

Legal Issues

Row Name 10/01/20 0230

Legal Issues

Legal: No

Probation Officer? No

LOS Charges

ED from 9/30/2020
in NHPMC
Emergency
Department

Row Name

LOS Charges

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

Flowsheets (continued)

Mode of Arrival	Police
Nursing Assessments	6+ assessments
Assisted ED Consult	Assisted consult in ED (Psych/Social/Ancillary)
Modifier 25	
Modifier 25 Procedure Performed	Yes

MD Request of Therapist/Access

Row Name	10/01/20 1340	10/01/20 1114
MD Follow up Request of Therapist/Access		
MD Request of Therapist/Access	None	Prepare ERIC

Mental Status

Row Name	10/01/20 0230
Mental Status	
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)

Pain Assessment

Row Name	10/01/20 0827
Pain Timer	
Restart Pain Timer	Yes
Pain Assessment	
Assessment or Reassessment	Reassessment
Assessment Type	During activity

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

Flowsheets (continued)

Respiratory Normal
Quality

Patient's Stated No pain
Pain Goal

Pain Management Follow Up

Patient/Caregiver Yes
Educated on Pain
Management and
Follow Up

Patient Informed Yes
to Make Nurse
Aware of Change
in Pain

Pain Reassessment

Row Name	10/01/20 2239	10/01/20 2023	10/01/20 2000
Pain Timer			
Automatic Restart Pain Timer	Yes	Yes	Yes

Potential Risks

Row Name	10/01/20 0217
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

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

Flowsheets (continued)

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

Precautions

Row Name 10/01/20 0828	
Precautions	
Precautions	Fall Risk;Suicide;Legal Hold
Weight Bearing Status	Total
Fall Risk Precautions	Completed
Suicide Precautions	Continues
Legal Hold Precautions	Continues

Protective Factors

Row Name 10/01/20 0225	
Protective Factors - Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors).	

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

Flowsheets (continued)

External Protective Factors	Supportive social network of family or friends
-----------------------------------	--

Provisional Diagnosis

Row Name	10/01/20 0233
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

Psychosis

Row Name	10/01/20 0222
Psychosis / Thought Content	
Delusions	Persecution
Hallucinations	None
Ambivalence	No (Comment)
Confusion	No (Comment)
Disorganization	No (Comment)

Psychosocial

Row Name	10/01/20 2000	10/01/20 1853	10/01/20 0823	09/30/20 2300
Psychosocial				
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Patient Behaviors/Mood/ Affect	ANXIOUS*;Calm;Co operative;Rambling; Hyper-Verbal	DULL*;FLAT/BLUN TED AFFECT*;Calm;Coo perative;Hyper- Verbal;Rambling;Pr essured Speech	ANXIOUS*;Coopera tive;Elevated;Guard ed;Hyper- Verbal;Paranoid;Pre ssured Speech;Irritable;Lou d Speech;Depressed; DULL*	Calm;Cooperative;F LAT AFFECT*;RESTLE SS/FIDGETY*
Were 5 or more STARRED* answers selected in the question above?	No	—	No	No
Support Person/Visitor Behaviors	Unable to assess	—	— Mother	Unable to assess
Needs Expressed	—	Physical;Emotional; Dietary	Denies	Denies
Reassurance given to	Patient	Patient	Patient	Patient

General Appearance

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

Flowsheets (continued)

Motor Activity	Mobile;Steady	Mobile	Mobile;Steady	Mobile;Steady
Speech Pattern	Hyperv verbal;Rapid;Stuttering	Hyperv verbal;Pressured;Rapid;Repetitive;Stuttering	Appropriate for circumstances	Appropriate for circumstances
Appearance/Hygiene	Appropriate for circumstances	Appropriate for circumstances	Appropriate for circumstances	Appropriate for circumstances
Thought Process				
Coherency	Appropriate for circumstances	Circumstantial;Appropriate for circumstances	Circumstantial;Blocking	Blocking
Content	Blaming others	Blaming others	Blaming others;Preoccupation;Delusions	Preoccupation
Delusions	Unable to assess	Persecutory	Paranoid;Persecutory	Appropriate for circumstances
Perception	Derealization	Derealization	Derealization	Unable to assess
Hallucination	None	None	None	None
Sleep Pattern				
Sleep Pattern	Unable to assess	Unable to assess	Disturbed/interrupted sleep;Early awakening	Difficulty falling asleep

Purposeful Rounding

Row Name	10/01/20 2130	10/01/20 2030	10/01/20 1935	10/01/20 1850	10/01/20 1754
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	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	ID	—
Side Rails/Bed Safety	1/2	1/2	1/2	1/2	—
Updates	—	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably;Yes;Pat	Patient is resting comfortably

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

Flowsheets (continued)

				ient identified;Patient denies pain	
Safety Attendant	Video monitoring	Video monitoring	Video monitoring	Video monitoring	Video monitoring
Row Name	10/01/20 1650	10/01/20 1555	10/01/20 1520	10/01/20 1339	10/01/20 1242
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	Yes
Arm Bands On	—	—	—	—	ID
Side Rails/Bed Safety	—	—	1/2	—	1/2
Updates	Patient is resting comfortably	Patient is resting comfortably	Yes	Yes	Yes;Provider at bedside
Updates - Free Text	—	—	Patient has been calm and watching TV. Is now speaking to L Vickery PA	Patient having lunch	in hall talking to staff
Safety Attendant	Video monitoring	Video monitoring	15 min rounding	15 min rounding	15 min rounding
Row Name	10/01/20 1152	10/01/20 1024	10/01/20 0926	10/01/20 0918	10/01/20 0822
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	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

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

Flowsheets (continued)

					appropriate to the patient
Arm Bands On	ID	—	ID	—	ID
Side Rails/Bed Safety	1/2	1/2	—	1/2	1/2
Updates	Yes	Yes	Yes;Provider at bedside	Yes	Yes;Provider at bedside;Patient identified
Updates - Free Text	Patient has had snack, pleasant cooperative	Patient calm watching TV has used phone, observed to be dosing on and off, no discomfort distress noted	Patient speaking to L Vicery PA	Patient having breakfast, visible on unit, restless, and using phone	—
Safety Attendant	15 min rounding	15 min rounding	15 min rounding	15 min rounding	15 min rounding
Row Name	10/01/20 0617	10/01/20 0530	10/01/20 0430	10/01/20 0330	10/01/20 0230
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	Yes
Side Rails/Bed Safety	1/2	1/2	1/2	1/2	1/2
Updates	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably
Safety Attendant	Video monitoring	Video monitoring	Video monitoring	Video monitoring	Video monitoring
Row Name	10/01/20 0130	10/01/20 0030	09/30/20 2300		
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes		
Restart Pain Timer	Yes	Yes	Yes		
Purposeful Rounding	Yes	Yes	—		
Arm Bands On	—	ID	—		
Side Rails/Bed Safety	1/2	1/2	—		
Updates	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably		
Safety Attendant	Video monitoring	Video monitoring	Video monitoring		

Respiratory

Row Name	10/01/20 2000	10/01/20 0827	09/30/20 2300
Respiratory			
Respiratory (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits
Airway obstructed?	—	Patent	—
Respiratory Additional Assessments	—	No	—
Respiratory	Regular		Regular

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

Flowsheets (continued)

Pattern		Regular;Unlabored; Even	
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical
O2 Device	None (Room air)	None (Room air)	None (Room air)
Cough			
Cough Present?	No	No	No

Safety Search

Row Name	10/01/20 0822
Safety Search	
Search (select all that apply)	Room Search;Visual Scan Only
Reason for Search	Precautions
Search Outcome?	Contraband Not Found

Screening

Row Name	10/01/20 0212
ED 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.
BH Access Screening	
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	
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

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

Flowsheets (continued)

	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

Screenings

Row Name	10/01/20 2000	10/01/20 1853	10/01/20 0227	09/30/20 2300	09/30/20 2209
Kinder Fall Risk Assessment (Adult patients 18 yrs and older)					
Presented to emergency department because of falls:	No	No	—	No	No
Age > 70	No	No	—	No	No
Altered Mental Status	No	No	—	No	No
Intoxication with alcohol or substance abuse:					
Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.	No	No	—	No	No
Nurse Judgement:	No	No	—	No	No
Fall Risk Assessment	Low Risk	Low Risk	—	Low Risk	Low Risk

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

Flowsheets (continued)

Score					
Fall Interventions					
Fall Interventions Low Risk	5. Utilize non-skid footwear for patient;3. Bed in low position with brakes locked, 1 side rail raised	—	—	3. Bed in low position with brakes locked, 1 side rail raised;5. Utilize non-skid footwear for patient	—
Advance Directive					
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	—	—
Court Appointed Guardian					
Court Appointed Guardian	—	—	No	—	—
Portable Medical Orders					
Portable Medical Orders	—	—	None	—	—
Fall Interventions/Purposeful Rounding					
Arm Bands On	ID	—	—	ID	—
Side Rails/Bed Safety	1/2	—	—	1/2	—

Self Pay Questionnaire

Row Name	10/01/20 0226
Acute Self Pay Questionnaire	
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	No

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

Flowsheets (continued)

been declared
legally blind?

Is the patient
pregnant? No

Is the patient a
victim of a crime? No

Sepsis Predictive Analytics

Row Name	10/01/20 2000	10/01/20 1600	10/01/20 1200	10/01/20 0800	10/01/20 0401
OTHER					
Sepsis Predictive Analytics Score	1	0.4	0.4	0.4	0.4
Row Name	10/01/20 0000				
OTHER					
Sepsis Predictive Analytics Score	1.7				

Skin Color/Condition

Row Name	10/01/20 2000	10/01/20 0827	09/30/20 2300
Skin Assessment			
Integumentary (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
Skin Condition/Temp	—	Dry;Warm	—
Skin Turgor	—	Elastic	—
Skin Integrity	Intact	Intact	Intact

SOFA

Row Name	10/01/20 2200	10/01/20 2100	10/01/20 2000	10/01/20 1900	10/01/20 1800
SOFA Scoring System					
SOFA Score (Do Not Edit)	0	0	0	0	0
Row Name	10/01/20 1700	10/01/20 1600	10/01/20 1500	10/01/20 1400	10/01/20 1300
SOFA Scoring System					
SOFA Score (Do Not Edit)	0	0	0	0	0
Row Name	10/01/20 1200	10/01/20 1100	10/01/20 1000	10/01/20 0900	10/01/20 0800
SOFA Scoring System					
SOFA Score (Do Not Edit)	0	0	0	0	0
Row Name	10/01/20 0700	10/01/20 0600	10/01/20 0500	10/01/20 0401	10/01/20 0301
SOFA Scoring System					
SOFA Score (Do Not Edit)	0	0	0	0	0
Row Name	10/01/20 0217	10/01/20 0100	10/01/20 0000	09/30/20 2300	
SOFA Scoring System					
SOFA Score (Do Not Edit)	0	0	0	0	

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

Flowsheets (continued)

Strengths/Limitations

Row Name	10/01/20 0228
Strengths	
Strength 1	Able to verbalize feelings
Strength 2	has a psychologist and psychiatrist

Substance Abuse

Row Name	10/01/20 0225
Substance Use/Addictive Behaviors History	
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

Suicide Screening-Admission

Row Name	09/30/20 2209
Columbia-Suicide Severity Rating Scale	
Wish to be Dead:	No
Suicidal Thoughts:	No
Suicide Behavior Question:	No
C-SSRS Screening Result	No Risk
OTHER	
C-SSRS Screening Result	No Risk

Suicide Shift Reassessment

Row Name	10/01/20 2210	10/01/20 1853	10/01/20 0826	09/30/20 2300
Suicide Shift Reassessment				
Shift Reassessment Risk Score:	No Risk	No Risk	No Risk	No Risk

Symptoms

Row Name	10/01/20 0220
Sleep	
Sleep pattern changed	No
Sleeping increased	No
Sleeping	No

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

Flowsheets (continued)

decreased	
Problems	No
Use sleep aid	Yes
Type of Sleep Aid	zyprexa
Appetite	
Appetite change	No
Weight change	No
Appetite Problems:	No
Depression	
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
Mania	
Rapid pressured speech	Yes
Increase in impulsivity	No
Increase in energy	No
Flight of ideas/loose association	No
Anxiety	
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	
Additional Symptom Information	Pt is a 39 y/o male who presented to PMC as stated above. The petition

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

Flowsheets (continued)

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 hyperverbal 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

Tele-ICU Scoring System

Row Name	10/01/20 2200	10/01/20 2100	10/01/20 2000	10/01/20 1900	10/01/20 1800
OTHER					

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

Flowsheets (continued)

Tele-ICU Score	4	4	4	4	4
Row Name	10/01/20 1700	10/01/20 1600	10/01/20 1500	10/01/20 1400	10/01/20 1300
OTHER					
Tele-ICU Score	4	4	4	4	4
Row Name	10/01/20 1200	10/01/20 1100	10/01/20 1000	10/01/20 0900	10/01/20 0800
OTHER					
Tele-ICU Score	4	4	4	4	4
Row Name	10/01/20 0700	10/01/20 0600	10/01/20 0500	10/01/20 0401	10/01/20 0301
OTHER					
Tele-ICU Score	4	4	4	4	4
Row Name	10/01/20 0217	10/01/20 0100	10/01/20 0000	09/30/20 2300	
OTHER					
Tele-ICU Score	4	4	4	4	

Treatments

Row Name	10/01/20 0222
Current/Prev BH Chemical Dependency Treatments	
Treatments?	Yes
Treatment Date	— July 2020
Treatment	Kathleen Peniston-
Provider/Location	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

Vital Signs

Row Name	10/01/20 2030	10/01/20 1231	10/01/20 0906	09/30/20 2203
Blood Glucose				

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

Flowsheets (continued)

BG (pulls from glucometer)	93 mg/dl	(!) 127 mg/dl	(!) 130 mg/dl	—
OTHER				
Narcotics	—	—	—	0
Stimulants	—	—	—	261
Sedatives	—	—	—	0
Overdose	—	—	—	0 NARxCHECK scores

Vital Signs

Row Name	10/01/20 2132	10/01/20 1805	10/01/20 1351	10/01/20 0817	10/01/20 0407
Vitals Timer					
Restart Vitals Timer	Yes	Yes	Yes pt refused vitals	Yes	Yes
Vital Signs					
Temp	98 °F (36.7 °C)	98.3 °F (36.8 °C)	—	98.2 °F (36.8 °C)	98.1 °F (36.7 °C)
Temp src	Oral	Oral	—	Oral	Oral
Pulse	89	97	—	99	98
Heart Rate Source	Brachial	Monitor	—	Monitor	Brachial
Resp	18	18	—	18	18
BP	131/74	133/82	—	128/90	(!) 132/91
MAP (mmHg)	93	99	—	102.67	104.67
BP Location	Right arm	Right arm	—	Right arm	Right arm
BP Method	Automatic	Automatic	—	Automatic	Automatic
Patient Position	Lying	Sitting	—	Sitting	Lying
Oxygen Therapy					
SpO2	94 %	94 %	—	94 %	94 %
O2 Device	None (Room air)	None (Room air)	—	None (Room air)	None (Room air)
Pulse Oximetry Type	—	Intermittent	—	Intermittent	—
Row Name	10/01/20 0111	09/30/20 2208			
Vitals Timer					
Restart Vitals Timer	Yes	Yes			
Vital Signs					
Temp	98.1 °F (36.7 °C)	98.1 °F (36.7 °C)			
Temp src	Oral	Oral			
Pulse	89	103			
Heart Rate Source	Brachial	Monitor			
Resp	18	20			
BP	139/79	142/85			
MAP (mmHg)	99	104			
BP Location	Right arm	Left arm			
BP Method	Automatic	Automatic			
Patient Position	Lying	Sitting			
Oxygen Therapy					
SpO2	100 %	95 %			
O2 Device	None (Room air)	None (Room air)			
Height and Weight					
Height	—	5' 11" (1.803 m)			
Height Method	—	Stated			
Weight	—	223 lb (101.2 kg)			
Weight Method	—	Stated			

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

Flowsheets (continued)

Vital Signs

Row Name	09/30/20 2210
Pain Assessment	
Assessment or Reassessment	Assessment
Assessment Type	Resting
Respiratory Quality	Normal
Pain Assessment Scale	No/denies pain
Pain Timer	
Restart Pain Timer	Yes

Vitals Reassessment

Row Name	10/01/20 2132	10/01/20 1805	10/01/20 0817	10/01/20 0407	10/01/20 0111
Vitals Timer					
Automatic Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	09/30/20 2208				
Vitals Timer					
Automatic Restart Vitals Timer	Yes				

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Dabney E Hayes, LCMHC Note Text	Access Coordinator	BH Access	Ancillary Note	Signed	10/01/20 1614

	10/01/20 1614
Disposition	
MD Contact Name	Dr. Barksdale
MD Contact Date	10/01/20
MD Contact Time	1614
Disposition Recommendation	1

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

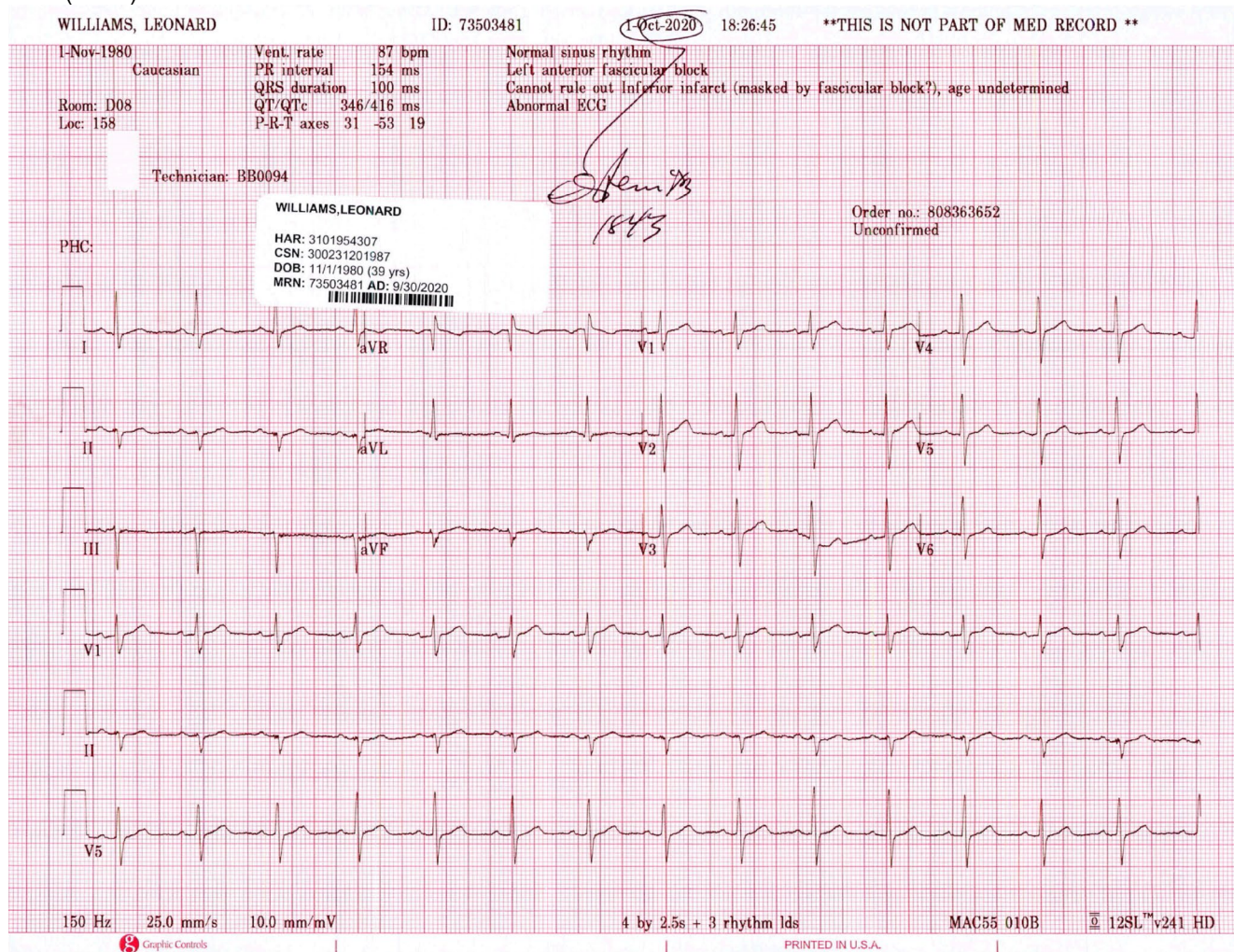
Flowsheets (continued)

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

Documents Abstract

Diagnostic Reports - Scan on 10/4/2020: CONFIRMED ECG/EKG

Scan (below)



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

Documents Abstract (continued)

Admin - General Encounter - Scan on 10/9/2020

Scan (below)

PATIENT VALUABLES ENVELOPE		154516
<p>DISCLAIMER</p> <p>THIS FACILITY CANNOT ASSUME RESPONSIBILITY FOR ITEMS RETAINED IN YOUR POSSESSION. PATIENT UNDERSTANDS THAT BY SIGNING BELOW, HE/SHE IS AWARE OF THIS POLICY AND VERIFIES THAT THE ITEMS LISTED BELOW AS INVENTORY ARE CORRECT AND THAT THE ENVELOPE HAS BEEN SEALED IN HIS/HER PRESENCE.</p> <p><input type="checkbox"/> PATIENT UNABLE TO SIGN</p>		<p>Patient: _____</p> <p>DOB: WILLIAMS, LEONARD # _____</p> <p>Address: HAR: 3101954307</p> <p>CSN: 300231201987</p> <p>Patient: DOB: 11/1/1980 (39 yrs)</p> <p>MRN: 73503481 AD: 9/30/2020</p>
<p>SIGNATURE OF PATIENT / AUTHORIZED PERSON: _____ DATE: 10/1/2020 TIME: 0100</p> <p>ACCEPTED BY: _____ DATE: _____ TIME: _____</p>		<p><input type="checkbox"/> Valuables safe Location: _____</p> <p><input type="checkbox"/> Medications Stored in Pharmacy: _____</p>
CASH		
<p>CURRENCY: \$1 \$10 OTHER <input type="checkbox"/> CHECKBOOK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX</p> <p>\$5 \$20 TOTAL AMOUNT: \$ _____ <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> OTHER</p>		
NO.	VALUABLES (DESCRIPTION)	CHECK LIST (✓)
1.	Cellphone & case	
2.	Cellphone Charger	
	14 Keys	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
REPOSSESSION OF VALUABLES — PATIENT ACKNOWLEDGEMENT OF RECEIPT IN ENTIRETY		
PATIENT/RELATIVE/OTHER	DATE	TIME
	STAFF	DATE
		TIME

3165

MEDICAL RECORDS

Visit Account Information

Hospital Account



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

Williams, Leonard
MRN: 73503481, DOB: 11/1/1980, Sex: M
Adm: 9/30/2020, D/C: 10/1/2020

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

Visit Account Information (continued)

Name	Acct ID	Class	Status	Primary Coverage
Williams, Leonard	3101954307	Emergency	Billed	None

Guarantor Account (for Hospital Account #3101954307)

Name	Relation to Pt	Service Area	Active?	Acct Type
Williams, Leonard	Self	NH	Yes	Personal/Family
Address	Phone			

CHARLOTTE, NC

Coverage Information (for Hospital Account #3101954307)

Not on file

09/29/2020 - ED in NHPMC Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	09/29/2020 2:37 PM	Admit Date/Time:	09/29/2020 2:37 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Ambulance	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
09/29/2020 2:59 PM	Home Or Self Care	None	None	NHPMC Emergency Department

Reason for Visit

Chief Complaint

- Medical Problem (patient has bipolar and is on the spectrum, ADHD, patient states that he is out of his adderall and cant get it filled until next week. patient stated to medic that he has been taking more than he is supposed. patient needs adderal rx. denies SI/HI, no mental health issues whatever. patient states that he usually goes to billingsly.)

Patient Summary as-of Visit

Problem List as of 9/29/2020

No documentation.

Allergies as of 9/29/2020

Allergies last reviewed by Panagiotis Koulouris, RN on 9/29/2020 1451 - Review Complete
No Known Allergies

Immunization History as of 9/29/2020

No documentation.

History as of 9/29/2020

Medical History as of 9/29/2020

Medical last reviewed by Panagiotis Koulouris, RN on 9/29/2020

Past Medical History

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

Surgical History as of 9/29/2020

Surgical last reviewed by Panagiotis Koulouris, RN on 9/29/2020
None

09/29/2020 - ED in NHPMC Emergency Department (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.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

ED Notes

ED Notes by Panagiotis Koulouris, RN at 9/29/2020 1457

Author: Panagiotis Koulouris, RN	Service: Nursing	Author Type: Registered Nurse
Filed: 9/29/2020 2:58 PM	Date of Service: 9/29/2020 2:57 PM	Status: Signed
Editor: Panagiotis Koulouris, RN (Registered Nurse)		

Patient requesting to leave. Patient states that the only reason he is here is for an adderall rx.. Patient is not having any SI/HI and is alert and oriented x 4. Patient is not in any distress and is ambulating with an upright steady gait. Patient informed rentz, md. Patient able to leave

Electronically signed by Panagiotis Koulouris, RN at 9/29/2020 2:58 PM

ED Care Timeline

Patient Care Timeline (9/29/2020 14:37 to 9/29/2020 14:59)

9/29/2020	Event	Details	User
14:37	Vital Signs	Other flowsheet entries Stimulants: 261 Sedatives: 0 Narcotics: 0 Overdose: 0 (NARxCHECK scores)	Acute Interface, Incoming Flowsheet Results
14:37	Patient arrived in ED		Sherrie S Howard
14:37:06	Emergency encounter created		Sherrie S Howard
14:37:25	Arrival Complaint	mental health eval	

09/29/2020 - ED in NHPMC Emergency Department (continued)

ED Care Timeline (continued)

14:45	Arrival Documentation	Prehospital Treatment Prehospital Notification?: Yes Prehospital Treatment: EMS Vitals Pulse: 110 Resp: 20 BP: 128/100 SpO2: 97 % Temp: 97.9 °F (36.6 °C) Temp src: Temporal GCS: 15	Panagiotis Koulouris, RN
14:45:51	Trigger for Triage Start		Panagiotis Koulouris, RN
14:45:51	Triage Started		Panagiotis Koulouris, RN
14:45:51	Chief Complaints Updated	Medical Problem (patient has bipolar and is on the spectrum, ADHD, patient states that he is out of his adderall and cant get it filled until next week. patient stated to medic that he has been taking more than he is supposed. patient needs adderal rx)	Panagiotis Koulouris, RN
14:46:49	History Reviewed	Sections Reviewed: Medical	Panagiotis Koulouris, RN
14:48:53	Chief Complaints Updated	Medical Problem (patient has bipolar and is on the spectrum, ADHD, patient states that he is out of his adderall and cant get it filled until next week. patient stated to medic that he has been taking more than he is supposed. patient needs adderal rx. denies SI/HI, no mental health issues whatever. patient states that he usually goes to billingsly.)	Panagiotis Koulouris, RN
14:49	Vitals Reassessment	Vitals Timer Automatic Restart Vitals Timer: Yes	Panagiotis Koulouris, RN
14:49	Anthropometrics	Anthropometrics Weight Change: 0	Panagiotis Koulouris, RN
14:49	Kcentra Dose Calculator	Kcentra Dose Calculated Dose of Kcentra for INR 2 - <4: 2529 units †	Panagiotis Koulouris, RN

09/29/2020 - ED in NHPMC Emergency Department (continued)

ED Care Timeline (continued)

14:49

Vital Signs

Vitals Timer

Restart Vitals Timer: Yes



Vital Signs

Temp: 99 °F (37.2 °C)

Temp src: Oral

Heart Rate: 114

Heart Rate Source: Monitor

Resp: 22

BP: 135/92

MAP (mmHg): 106.33

BP Location: Left arm

BP Method: Automatic

Oxygen Therapy

SpO2: 97 %

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

Pain Assessment

Assessment or Reassessment: Assessment

Assessment Type: Resting

Respiratory Quality: Normal

Pain Assessment Scale: No/denies pain

Pain Timer

Restart Pain Timer: Yes

Panagiotis

Koulouris, RN

09/29/2020 - ED in NHPMC Emergency Department (continued)

ED Care Timeline (continued)

14:49

Custom Formula Data

Action Zones

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

Anthropometrics

Adjusted Body weight Male: 85.64 kg

Holliday Segar Method

mL/d: 0.00

REE Calculations

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

tPA Dosing Calculations

Calculated Total tPA dose (mg): **91.04 mg** †
Calculated tPA Bolus (mL): **9.1 mL** †
100 mg Vial Discard Dose tPA - not for infusion (mL): 9 mL
Calculated Infusion Dose (mg): **81.9 mg** †
Calculated Infusion Rate (mg/hr): **81.9 mg/hr** †
50 mg Vial Discard Dose tPA - not for infusion (mL): -41 mL

Kcentra Dose

Calculated Dose of Kcentra for INR 4-6: **3540 units** †
Calculated Dose of Kcentra for INR >6: **5058 units** †

Relevant Labs and Vitals

Temp (in Celsius): 37.2

IBW/VT Calculations

IBW/kg (Calculated): 75.3

Other flowsheet entries

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: 135
Systolic BP Average Last 24 Hours: 135
Diastolic: 92
Diastolic BP Average Last 24 Hours: 92
BP Average (24 hours): 135/92
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

Panagiotis
Koulouris, RN

09/29/2020 - ED in NHPMC Emergency Department (continued)

ED Care Timeline (continued)

14:50	Domestic Violence	Domestic Abuse Assessment 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	Panagiotis Koulouris, RN
14:50	Fall Risk Assessment	Kinder Fall Risk Assessment (Adult patients 18 yrs and older) 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 Fall Interventions Arm Bands On: ID	Panagiotis Koulouris, RN
14:50	Suicide Screening-Admission	Columbia-Suicide Severity Rating Scale Wish to be Dead:: No Suicidal Thoughts:: No Suicide Behavior Question:: No C-SSRS Screening Result: No Risk Other flowsheet entries C-SSRS Screening Result: No Risk	Panagiotis Koulouris, RN
14:51	Vital Signs	Other flowsheet entries Stimulants: 261 Sedatives: 0 Narcotics: 0 Overdose: 0 (NARxCHECK scores)	Acute Interface, Incoming Flowsheet Results
14:51:05	Allergies Reviewed - Review Complete		Panagiotis Koulouris, RN
14:51:28	History Reviewed	Sections Reviewed: Medical	Panagiotis Koulouris, RN
14:51:32	History Reviewed	Sections Reviewed: Surgical	Panagiotis Koulouris, RN
14:56	Acuity/Destination	Acuity/Destination Patient Acuity: 5 ED Destination: Waiting room Triage Complete: Triage complete	Panagiotis Koulouris, RN
14:56:55	Triage Completed		Panagiotis Koulouris, RN
14:57	ED Notes	Patient requesting to leave. Patient states that the only reason he is here is for an adderall rx.. Patient is not having any SI/HI and is alert and oriented x 4. Patient is not in any distress and is ambulating with an upright steady gait. Patient informed rentz, md. Patient able to leave	Panagiotis Koulouris, RN
14:59	Patient dismissed		Alexandria M Sossamon, RN, BSN
14:59:07	NH ED AMA/LWBS IB MESSAGE		Alexandria M Sossamon, RN, BSN

09/29/2020 - ED in NHPMC Emergency Department (continued)

ED Care Timeline (continued)

14:59:07	Disposition Selected		Alexandria M Sossamon, RN, BSN
14:59:07	ED AMA/LWBS Disposition Select	ED Disposition set to Left Without Being Seen	Alexandria M Sossamon, RN, BSN
14:59:27	NH ED PSX GENERATED - MEMA		Alexandria M Sossamon, RN, BSN

Flowsheets

Acuity/Destination

Row Name	09/29/20 1456
Acuity/Destination	
Patient Acuity	5
ED Destination	Waiting room
Triage Complete	Triage complete

Anthropometrics

Row Name	09/29/20 1449
Anthropometrics	
Weight Change	0

Arrival Documentation

Row Name	09/29/20 1445
Prehospital Treatment	
Prehospital Notification?	Yes
Prehospital Treatment	EMS
Vitals	
Pulse	110
Resp	20
BP	128/100
SpO2	97 %
Temp	97.9 °F (36.6 °C)
Temp src	Temporal
GCS	15

Custom Formula Data

Row Name	09/29/20 1449
OTHER	
Systolic	135
Systolic BP Average Last 24 Hours	135
Diastolic	92
Diastolic BP Average Last 24 Hours	92
BP Average (24	135/92

09/29/2020 - ED in NHPMC Emergency Department (continued)

Flowsheets (continued)

hours)	
NCHES Temp	1
Source Mapping	
Age (yrs)	39
PEFR (child)	502
PEFR (adult)	592
PEFR (adult F)	467
Green Low	469
(L/min)	
PEFR	592
Green Low	469
(L/min)	
BSA (Calculated	2.25 sq meters
- sq m)	
BMI (Calculated)	31.1
IBW/kg	75.3 kg
(Calculated) Male	
IBW/kg	70.8 kg
(Calculated)	
FEMALE	
Weight in (lb) to	178.9
have BMI = 25	
% Weight	0
Change Since	
Birth	

Relevant Labs and Vitals

Temp (in Celsius)	37.2
-------------------	------

Action Zones

Yellow High	468 l/min
(l/min)	
Yellow Low	297 l/min
(L/min)	
Red High (l/min)	296 l/min
Yellow High	369 l/min
(l/min)	
Yellow Low	238 l/min
(L/min)	
Yellow High	468 l/min
(l/min)	
Yellow Low	297 l/min
(L/min)	
Red High (l/min)	296 l/min

Anthropometrics

Adjusted Body	85.64 kg
weight Male	

REE Calculations

W.H.O. REE	0.00
(kcal/day)	
Schofield REE	0.00
(kcal/day)	
Male, 0-3 Years	6106.21 kcal/day
(kcal/day)	
Female, 0-3	6119.32 kcal/day
Years (kcal/day)	
Male, 3-10 Years	2791.17 kcal/day
(kcal/day)	
Female, 3-10	2774.94 kcal/day
Years (kcal/day)	

09/29/2020 - ED in NHPMC Emergency Department (continued)

Flowsheets (continued)

Male, 10-18 2421.17 kcal/day
Years (kcal/day)

Female, 10-18 1980.06 kcal/day
Years (kcal/day)

Holliday Segar Method

mL/d 0.00

tPA Dosing Calculations

Calculated Total (!) 91.04 mg
tPA dose (mg)

Calculated tPA (!) 9.1 mL
Bolus (mL)

Calculated (!) 81.9 mg
Infusion Dose (mg)

Calculated (!) 81.9 mg/hr
Infusion Rate (mg/hr)

100 mg Vial 9 mL
Discard Dose tPA
- not for infusion (mL)

50 mg Vial -41 mL
Discard Dose tPA
- not for infusion (mL)

Kcentra Dose

Calculated Dose (!) 3540 units
of Kcentra for
INR 4-6

Calculated Dose (!) 5058 units
of Kcentra for
INR >6

IBW/VT Calculations

IBW/kg 75.3
(Calculated)

Domestic Violence

Row Name 09/29/20 1450

Domestic Abuse Assessment

Do you feel safe Yes
in your living
environment?

In the last year, No
has anyone
forced you to
have sexual
activity?

In the last year, No
have you been
hit/slapped/kicke
d/harmed by your
partner/caregiver
?

Are you ever No
afraid of your
partner/caregiver
?

09/29/2020 - ED in NHPMC Emergency Department (continued)

Flowsheets (continued)

Are there
persons in your
life that
consistently
control your
actions/put you
down?

No

Kcentra Dose Calculator

Row Name	09/29/20 1449
Kcentra Dose	
Calculated Dose of Kcentra for INR 2 - <4	(!) 2529 units

LOS Charges

Row Name	ED from 9/29/2020 in NHPMC Emergency Department
LOS Charges	
Mode of Arrival	BLS
Nursing Assessments	Triage

Screenings

Row Name	09/29/20 1450
Kinder Fall Risk Assessment (Adult patients 18 yrs and older)	
Presented to emergency department because of falls:	No
Age > 70	No
Altered Mental Status	No
Intoxication with alcohol or substance abuse:	
Impaired Mobility:	No
Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.	
Nurse Judgement:	No
Fall Risk Assessment Score	Low Risk
Fall Interventions/Purposeful Rounding	
Arm Bands On	ID

09/29/2020 - ED in NHPMC Emergency Department (continued)

Flowsheets (continued)

Suicide Screening-Admission

Row Name	09/29/20 1450
Columbia-Suicide Severity Rating Scale	
Wish to be Dead:	No
Suicidal Thoughts:	No
Suicide Behavior Question:	No
C-SSRS Screening Result	No Risk
OTHER	
C-SSRS Screening Result	No Risk

Vital Signs

Row Name	09/29/20 1451	09/29/20 1437
OTHER		
Narcotics	0	0
Stimulants	261	261
Sedatives	0	0
Overdose	0 NARxCHECK scores	0 NARxCHECK scores

Vital Signs

Row Name	09/29/20 1449
Vitals Timer	
Restart Vitals Timer	Yes
Vital Signs	
Temp	99 °F (37.2 °C)
Temp src	Oral
Pulse	114
Heart Rate Source	Monitor
Resp	22
BP	(!) 135/92
MAP (mmHg)	106.33
BP Location	Left arm
BP Method	Automatic
Oxygen Therapy	
SpO2	97 %
O2 Device	None (Room air)
Height and Weight	
Height	5' 11" (1.803 m)
Height Method	Stated
Weight	223 lb (101.2 kg)
Weight Method	Stated
Pain Assessment	
Assessment or Reassessment	Assessment
Assessment Type	Resting
Respiratory	Normal



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

Williams, Leonard
MRN: 73503481, DOB: 11/1/1980, Sex: M
Adm: —, D/C: 9/29/2020

09/29/2020 - ED in NHPMC Emergency Department (continued)

Flowsheets (continued)

Quality

Pain Assessment Scale No/denies pain

Pain Timer

Restart Pain Timer Yes

Vitals Reassessment

Row Name 09/29/20 1449

Vitals Timer

Automatic Restart Vitals Timer Yes

Documents Abstract

ED/Pre Admission Records - Scan on 10/1/2020: EMS TRANSPORT DOCUMENTATION

Scan (below)

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Page 1 of 3



PATIENT

Williams, Leonard 39 Years (Actual) Male Date of Birth: 11/1/1980

Race / Ethnicity: White / Caucasian

Address 2: 214 City: Charlotte State: North Carolina

COMMENTS

Pt ambulatory outside of residence CA&O with CFD on scene on our arrival. Pt reports having a psychiatric episode d/t being out of adderall. Pt reports an extensive psychiatric Hx and has taken these medications for a "long time". Pt states he is now substituting Zyprexa for adderall with side effects. Pt is placed on cot----->unit. V/S are obtained. Transported to NPMC without incident. Full report to RN and care transferred to staff.

COMPLAINTS

Complaint	Complaint: Psychiatric; Complaint Type: Chief; Details: out of psychiatric medication
Possible Injury	Unknown

IMPRESSIONS

Item	Details
Other Behavioral / Psychiatric Disorder	Type: Primary Details: Pt is out of psychiatric medication

HISTORY OF PRESENT ILLNESS

ABCD

Primary Survey	Start time: 9/29/2020 14:08:15 Done by: Mark Kern Airway: Patent Breathing: Adequate Circulation: Pulse Present Disability: Alert to Time; Alert to Person; Alert to Situation; Alert to Place Initial Patient Acuity: Lower Acuity (Green)
----------------	---

PAST MEDICAL HISTORY

Past Medical History	Attention Deficit Disorder (ADD / ADHD): Autistic: Bipolar Disorder: Diabetes Type II: Post - Traumatic Stress Disorder (PTSD): Medical History Obtained From: Patient Pregnancy: No
----------------------	--

WILLIAMS, LEONARD

HAR: 3101953030
CSN: 300230971666
DOB: 11/1/1980 (39 yrs)
MRN: 73503481 AD: 9/29/2020

CURRENT MEDICATIONS

Item	Details
Adderall	

Created: 9/29/2020 13:50:17 (EDT)

Incident Number: 09292020-306

All charted date/time values displayed in this report are in Eastern Time (US & Canada) (EDT)

file:///C:/Program%20Files%20(x86)/Medusa/Siren/PCR.htm

9/29/2020

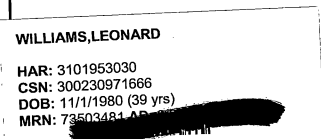
09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Page 2 of 3

Zyprexa												
ALLERGIES												
Allergies		Medication Allergies: No Known Drug Allergies										
VITAL SIGNS												
Time	GCS	HR	RR	BP - Sys	BP - Dia	MAP	SPO2	ETCO2	BGL	Temp	Other Vital Signs	Done By
M-9/29/2020 14:05:22	E 4 V 5 M 6 15	110 BPM	20 BPM	128 mmHg	100 mmHg	109.33 mmHg	96 %			97.9 Fahrenheit	Position: Sitting	Mark Kern
M-9/29/2020 14:18:12	E 4 V 5 M 6 15	114 BPM	18 BPM	126 mmHg	96 mmHg	106.00 mmHg	97 % - RA;				Position: Sitting	Mark Kern

ASSESS / PLAN					
Start Time	Stop Time	Section	Item	Description	Done By
9/29/2020 14:06:52		Exams	Airway Status	Status: Patent	Mark Kern
9/29/2020 14:06:52		Exams	Airway Signs	Airway Signs: Unremarkable on Exam	Mark Kern
9/29/2020 14:06:53		Exams	AVPU	AVPU: Alert to Person; Alert to Place; Alert to Time; Alert to Situation	Mark Kern
9/29/2020 14:06:53		Exams	Breath Sounds	Left Upper: Clear Left Lower: Clear Right Upper: Clear Right Lower: Clear	Mark Kern
9/29/2020 14:06:54		Exams	Breathing Quality	Rate Details: Normal Effort: Normal Depth: Normal	Mark Kern
9/29/2020 14:06:54		Exams	Breathing Signs	Breathing Signs: Unremarkable on Exam	Mark Kern

Times / Details	Incident Location
Incident Date / Time: 9/29/2020 13:46:04 	Address 1: 13009 Yorkridge Dr Address 2: 214 City: Charlotte County: Mecklenburg State: North Carolina Zip Code: 28273 Country: USA Longitude: -80.962312

Created: 9/29/2020 13:50:17 (EDT) Incident Number: 09292020-306
All charted date/time values displayed in this report are in Eastern Time (US & Canada) (EDT)

file:///C:/Program%20Files%20(x86)/Medusa/Siren/PCR.htm

9/29/2020

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Page 3 of 3

	Latitude: 35.118346 Master Incident Number: 09292020-147647 Location Type: Apartment
Unit Dispatched: 9/29/2020 13:49:13	Type of Service Requested: 911 Response (Scene) Problem: Overdose / Ingestion / Poison
Enroute: 9/29/2020 13:49:44	Incident Number: 09292020-306 Dispatch Level of Service: ALS
Arrive Scene: 9/29/2020 14:00:38	
Arrive Patient:	
On Scene Transfer:	
Depart Scene: 9/29/2020 14:07:58	Transport Priority: Priority 3
Arrive Destination: 9/29/2020 14:40:51	Destination Type: Hospital Address 1: 200 Hawthorne Ln City: Charlotte County: Mecklenburg State: North Carolina Zip Code: 28204 Country: USA Receiving Facility: NOVANT HEALTH PRESBYTERIAN MED Reason for Choosing Destination: Patient's Choice
Available:	

CREW MEMBERS

Name	Crew Role	Crew Level	Position
Kern Mark	Non - Crew Chief	EMT Basic	Primary Crew
Glenn Jeffrey	Crew Chief	EMT Paramedic	Secondary Crew

Created: 9/29/2020 13:50:17 (EDT)

Incident Number: 09292020-306

All charted date/time values displayed in this report are in Eastern Time (US & Canada) (EDT)

WILLIAMS, LEONARD

HAR: 3101953030
CSN: 300230971666
DOB: 11/1/1980 (39 yrs)
MRN: 73503481 AD: 09/29/2020

file:///C:/Program%20Files%20(x86)/Medusa/Siren/PCR.htm

9/29/2020

Admin - Legal Encounter - Scan on 10/27/2020 10:18 AM: IVC Documentation

Scan (below)

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

STATE OF NORTH CAROLINA		File No.	
MECKLENBURG County		In The General Court Of Justice District Court Division	
IN THE MATTER OF		AFFIDAVIT AND PETITION FOR INVOLUNTARY COMMITMENT	
Name And Address Of Respondent Leonard Clinton Williams III [REDACTED] TRANSPORT TO NOVANT PRESBYTERIAN CHARLOTTE NC [REDACTED]		G.S. 122C-261, 122C-281	
Social Security No. Of Respondent (if available)	Date Of Birth 11/01/1980	Drivers License No. Of Respondent	State
<p>I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, alleges that the respondent is a resident of, or can be found in the above named county, and:</p> <p>(check all that apply)</p> <p><input checked="" type="checkbox"/> 1. has a mental illness and is dangerous to self or others or has a mental illness and is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.</p> <p><input type="checkbox"/> in addition to having a mental illness, respondent also has an intellectual disability.</p> <p><input checked="" type="checkbox"/> 2. Is a substance abuser and dangerous to self or others.</p> <p>The facts upon which this opinion is based are as follows: (State facts, not conclusions, to support ALL blocks checked.) Respondent has a history of mental illness and has been previously hospitalized. He stated to his mother that he has been overtaking his prescribed medication to help him sleep. He is unable to sleep, also has suicidal ideations by stated to his mother, once he is able to pay her back he will get medically assisted suicide.</p>			
Name And Address Of Nearest Relative Or Guardian		Name And Address Of Person Other Than Petitioner Who May Testify	
Home Telephone No.	Business Telephone No.	Home Telephone No.	Business Telephone No.
Petitioner requests the court to issue an order to a law enforcement officer to take the respondent into custody for examination by a person authorized by law to conduct the examination for the purpose of determining if the respondent should be involuntarily committed.			
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Signature Of Petitioner	
Date 09/30/2020	Signature [Signature]	Name And Address Of Petitioner (type or print) Angela Haun 300 Mountainview Lane LINVILLE NC 28646	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input checked="" type="checkbox"/> Magistrate		Relationship To Respondent Mother	
<input type="checkbox"/> Notary (use only with commitment examiner petitioner)	Date Notary Commission Expires	Home Telephone No. 4232133176	
SEAL	County Where Notarized	Business Telephone No. 8288989808	
<p>Original-File Copy-Hospital Copy-Special Counsel Copy-Attorney General (Over)</p> <p>AOC-SP-300, Rev. 10/19 © 2019 Administrative Office of the Courts</p> <p>5/6</p> <p>AOC 7046660308</p> <p>Sep/30/2020 4:29:11 PM</p>			

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

09/29/2020 07:21 AM IVU, J/00 1, 4

PETITIONER'S WAIVER OF NOTICE OF HEARING	
I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.	
Signature Of Witness	Date
	Signature Of Petitioner
<p>NOTE: "Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of [Chapter 122C] may be expunged from the files of the court." G.S. 122C-54(e).</p>	
<p>AOC-SP-300, Side Two, Rev. 10/19 © 2019 Administrative Office of the Courts</p>	

6/6 AOC 7046660308 Sep/30/2020 4:23:11 PM

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

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

County Mecklenburg

Client Record #

File #

FIRST EXAMINATION FOR INVOLUNTARY COMMITMENT

Name of Respondent Leonard Clinton Williams III		DOB 11/01/1980	Age 39	Sex Male	Race White	M.S.
Address (Street or Box Number) 13009 Yorkridge Drive Apt. 214		City Charlotte	State NC	Zip 28273	County Mecklenburg	Phone [REDACTED]
Legally Responsible Person or Next of Kin (Name) Angela Haun		Relationship Mother				
Address (Street or Box Number) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip [REDACTED]	County [REDACTED]	Phone [REDACTED]

EXAMINATION INFORMATION

The First-Level examination and evaluation for the above-named respondent: Leonard Clinton Williams III

was conducted on 10 / 1 / 2020 (MM/DD/YYYY) at 12 :00 ☐ A.M. ☒ P.M.

was conducted:

☒ In person at the following facility Novant Presbyterian Medical Center OR ☐ Via telemedicine technology

Included in the examination was an assessment of the respondent's:

☒ (1) Current and previous mental illness and intellectual disability including, if available, previous treatment history; (2) Dangerousness to self or others as defined in G.S.122C-3 (11*); (3) Ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) Capacity to make an informed decision concerning treatment.

☒ (1) Current and previous substance abuse including, if available, previous treatment history; and (2) Dangerousness to self or others as defined in G.S.122C-3 (11*).

The following findings and recommendations are made based on this examination^:

SECTION I – CRITERIA FOR COMMITMENT

It is my opinion that the respondent meets the criteria for the selected type of commitment as the respondent is:

☒ Inpatient

(1st Exam – Commitment Examiner, eligible Psychologist or Physician)

- ☒ An individual with a mental illness;
- ☒ Dangerous to:
 - ☒ Self or
 - ☐ Others;
- ☐ In addition to having a mental illness is also intellectually disabled;
- ☐ None of the above

☐ Outpatient

(1st Exam – Commitment Examiner, eligible Psychologist or Physician)

- ☐ An individual with a mental illness;
- ☐ Capable of surviving safely in the community with available supervision;
- ☐ Based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11*);
- ☐ Current mental status or the nature of his/her illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment;
- ☐ None of the above

☐ Substance Abuse

(1st Exam – LCAS CE, eligible Psychologist or Physician)

- ☐ A Substance Abuser;
- ☐ Dangerous to:
 - ☐ Self or
 - ☐ Others;
- ☐ None of the above

^For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination via telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken for a face-to-face evaluation. (*Statutory definitions begin on page 3)

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III	DOB: 11/01/1980
SECTION II – DESCRIPTION OF FINDINGS	
<p>Clear description of findings (findings for each criterion checked in Section I must be described):</p> <p>Leonard was brought in under IVC filed by his mother due to pt verbalizing to mother that he has been overtaking his medications to help him sleep and verbalized SI with a plan to participate in medical assisted suicide. Leonard reported that it would be a relief for him to die. Leonard has reportedly been a victim of workplace abuse and bullying and has been diagnosed with PTSD. Leonard meets criteria for inpt tx at this time.</p>	
<p>Impression/Diagnosis: Major Depressive D/O</p>	
HEALTH SCREENING	
<p><small>A health screening (N.C. G.S. § 122C-3(16a)) does not constitute a medical evaluation[†] and should be completed at the same location as the first examination or by utilizing telemedicine equipment and procedures (N.C.G.S. § 122C-263(a1)).</small></p>	
<p><input checked="" type="checkbox"/> Check box & sign to attest that the health screening is being replaced by a medical evaluation[†] skip to Section III</p>	
<p><i>Dabney Hayes LCMHC</i> Signature</p>	<p>Dabney Hayes, LCMHC 10/1/2020 at 1240 Printed Name, Credentials, Date & Time</p>
Vital Signs	
<p>BP _____ HR _____ RR _____ Temp _____ Date & Time _____</p> <p>If person taking vitals is different than person completing this form, sign/print name & credentials below:</p>	
<p>_____ Signature</p>	<p>_____ Printed Name, Credentials, Date & Time</p>
<p>Known/reported medical problems (diabetes, hypertension, heart attacks, sickle cell anemia, asthma, etc.):</p>	
<p>Known/reported allergies:</p>	
<p>Known/reported current medications (please list):</p>	
<p>If ANY of the below are present, check box and send respondent to an <u>Emergency Department</u> by the most appropriate means:</p> <p><input type="checkbox"/> Chest pain or shortness of breath</p> <p><input type="checkbox"/> Suspected overdose on substances or medications within the past 24 hours (including acetaminophen)</p> <p><input type="checkbox"/> Presence of severe pain (e.g. abdominal pain, head pain)</p> <p><input type="checkbox"/> Disoriented, confused, or unable to maintain balance</p> <p><input type="checkbox"/> Head trauma or recent loss of consciousness</p> <p><input type="checkbox"/> Recent physical trauma or profuse bleeding</p> <p><input type="checkbox"/> New weakness, numbness, speech difficulties or visual changes</p> <p><input type="checkbox"/> Other Rationale (including medical evaluation indicated, but not available at current location):</p> <p><input type="checkbox"/> None of the above</p>	

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III

DOB: 11/01/1980

IF ANY of the below are present, check box and consult* with medical provider† within one hour:

- ☐ Age < 12 or > 65 years old
- ☐ Systolic BP > 160 or < 100 and/or diastolic > 100 or < 60
- ☐ Heart Rate > 110 or < 55 bpm
- ☐ Respiratory Rate > 20 or < 12 breaths per minute
- ☐ Temperature > 38.0 C (100.4 F) or < 36.0 C (96.8 F)
- ☐ Known diagnosis of diabetes and not taking prescribed medications
- ☐ Recent seizure or history of seizures and not taking seizure medications
- ☐ Known diagnosis of asthma or chronic obstructive pulmonary disease and not taking prescribed medications
- ☐ Visible or reported open sores, wounds, or active bleeding
- ☐ Severe constipation or vomiting or diarrhea
- ☐ Painful urination or new onset incontinence
- ☐ Known or suspected pregnancy
- ☐ Used substances of abuse, (e.g. alcohol, opiates, benzodiazepines, cocaine, etc.) or prescription medication not prescribed to them, within the past 48 hours
- ☐ Other Rationale:

☐ None of the above

Signature of Person Completing Health Screening

Printed Name, Credentials, Date & Time

*DEFINITION OF Medical Evaluation: Medical history and physical exam performed by a medical provider

†DEFINITION OF Medical Provider: MD, DO, PA, or NP licensed in N.C.

*Consultation can be via telephone, telemedicine or in person

*STATUTORY DEFINITIONS for Form No. DMH 5-72-19

Commitment examiner. - A physician, an eligible psychologist, or any health professional or mental health professional who is certified under G.S. 122C-263.1 to perform the first examination for involuntary commitment described in G.S. 122C-263(c) or G.S. 122C-283(c).

Dangerous to others. - Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is prima facie evidence of dangerousness to others.

Dangerous to self. - Within the relevant past the individual has done any of the following: (1) acted in such a way as to show all of the following: (I) The individual would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of the individual's daily responsibilities and social relations or to satisfy the individual's need for nourishment, personal or medical care, shelter, or self-protection and safety. (II) There is a reasonable probability of the individual suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a **prima facie** inference that the individual is unable to care for himself or herself. (2) The individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given. (3) The individual has mutilated himself or herself or attempted to mutilate himself or herself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

Health screening. - An appropriate screening suitable for the symptoms presented and within the capability of the entity, including ancillary services routinely available to the entity, to determine whether or not an emergency medical condition exists. An emergency medical condition exists if an individual has acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III DOB: 11/01/1980

Local management entity/managed care organization or LME/MCO. - A local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.

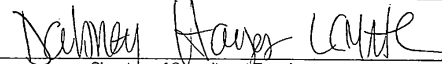
Local management entity or LME. - An area authority.

Mental illness. - When applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of the individual's affairs and social relations as to make it necessary or advisable for the individual to be under treatment, care, supervision, guidance or control. When applied to a minor, a mental condition, other than an intellectual disability alone, that so lessens or impairs the minor's capacity to exercise age adequate self-control and judgment in the conduct of the minor's activities and social relationships so that the minor is in need of treatment.

Substance abuser. - An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

SECTION III - RECOMMENDATION FOR DISPOSITION

- ☒ **Inpatient Commitment** for 7 days (respondent must have a mental illness and dangerous to self or others)
- ☐ **Outpatient Commitment** (respondent must meet ALL of the first four criteria outlined in Section I, **Outpatient**)
Proposed Outpatient Treatment Center or Physician: (Name) _____
(Address & Phone Number) _____
- ☐ **Substance Abuse Commitment** (respondent must meet both criteria outlined in Section I, **Substance Abuse**)
☐ Release respondent pending hearing - Referred to: _____
☐ Hold respondent at 24-hour facility pending hearing - Facility: _____
- ☐ Respondent or Legally Responsible Person Consented to Voluntary Treatment
- ☐ Respondent was held at first evaluation site pending placement at a 24-hour facility and no longer meets criteria for inpatient commitment:
☐ Terminate proceedings and release respondent
☐ Recommend outpatient commitment
Proposed Outpatient Treatment Center or Physician: (Name) _____
(Address & Phone Number) _____
- ☐ Release respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)


Signature of Commitment Examiner

Dabney Hayes, LCMHC

Print Name of Examiner

Credentials (check one): ☐ MD/DO ☐ Eligible Psychologist ☐ PA
☐ NP (Master's-level or Higher) ☐ LCSW ☒ LPC
☐ LCAS (Substance Abuse Evaluation Only)

Novant Health Presbyterian Medical Center

Address of Facility

200 Hawthorne Lane, Charlotte, NC 28204

City and State

704-384-0465

Telephone Number

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

Original Signature - Record Custodian

Title

Address of Facility

Date

CC: Clerk of Superior Court where petition was initiated; Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised; Respondent or Respondent's Attorney and State's Attorneys, when applicable; Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Facility/Physician (Substance Abuse Commitment). NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the examiner shall communicate his findings to the clerk by telephone.

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Williams, Leonard	3101953030	Emergency	Billed	None



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

Williams, Leonard
MRN: 73503481, DOB: 11/1/1980, Sex: M
Adm: —, D/C: 9/29/2020

09/29/2020 - ED in NHPMC Emergency Department (continued)

Visit Account Information (continued)

Guarantor Account (for Hospital Account #3101953030)

Name	Relation to Pt	Service Area	Active?	Acct Type
Williams, Leonard	Self	NH	Yes	Personal/Familv
Address	Phone			
CHARLOTTE, NC				

Coverage Information (for Hospital Account #3101953030)

Not on file