

## Health Information Technology (HIT) Medical Report

**SSA Disclaimer:** The following displays data transmitted to the SSA from the health IT partner using standards-based computer transactions and is reformatted to assist with navigating through the clinical details of the record. Known duplicative information will be struck-through (e.g. sample).

### Summary of episode note Continuity of Care Document

**Received From: Novant Health**

MEGAHIT sent a request for electronic medical records from the following claimant-provided source(s):

Source Type: Doctor/Therapist  
Source Name: PRESBYTERIAN HOSPITAL INC  
Address: 200 HAWTHORNE LN  
CHARLOTTE, NC 28231

Creation Date:	Date Range Requested:	Type of Request:
07/01/2021	04/21/2018 - 07/01/2021	MEGAHIT Triggered

**Leonard Clinton Williams III**

**DOB:** 11/01/1980

**Gender:** Male

#### Partner Medical Record Demographics:

**Name:** Leonard Clinton Williams, III  
**DOB:** 11/01/1980

**Gender:** Male

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# PROV LIST

## Healthcare Providers

### Novant Health (03/26/2021 - No Date Available)

<u>Provider Name</u>	<u>Address</u>	<u>Telecom</u>	<u>MRN</u>
Jacobus P Blik, PA	1900 Randolph Road Suite 800 CHARLOTTE, NC 28207-1110	tel:+1-704-384-1246, fax:+1-704-384-6072	
Meredith Snapp, MD	1918 Randolph Road Suite 400 Charlotte, NC 28207	tel:+1-704-384-9437, fax:+1-704-384-9440	

# PROB LIST

## Problems

<u>Problem [Code]</u>	<u>Occurrences</u>	<u>First Date</u>	<u>Last Date</u>	<u>Associated Types</u>
Amphetamine delusional disorder [32358001] Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions [F15.950] Drug psych disor w delus [292.11] Amphetamine delusional disorder [14851]	1	10/02/2020	-	Disease
Attention deficit hyperactivity disorder, predominantly inattentive type [35253001] Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence [F98.8] Attn defic nonhyperact [314.00] ADD (attention deficit disorder) [193725]	1	10/01/2020	-	Disease
Bipolar I disorder [371596008] Bipolar disorder, unspecified [F31.9] Bipolar I current NOS [296.7] Bipolar 1 disorder [1714776]	1	10/01/2020	-	Disease
Bipolar disorder [13746004] Bipolar disorder, unspecified [F31.9] Bipolar disorder NOS [296.80] Bipolar disorder, unspecified [512407]	1	10/01/2020	-	Disease
Delusional disorder [48500005] Delusional disorders [F22] Delusional disorder [297.1]	1	10/02/2020	-	Disease

Delusional disorder [51736]				
Posttraumatic stress disorder [47505003]	1	10/01/2020	-	Disease
Post-traumatic stress disorder, unspecified [F43.10]				
Posttraumatic stress dis [309.81]				
PTSD (post-traumatic stress disorder) [332083]				
Suicidal thoughts [6471006]	1	10/02/2020	-	Disease
Suicidal ideations [R45.851]				
Suicidal ideation [V62.84]				
Suicidal ideations [1002401]				

### Narrative Text

Problem	Noted Date
<u>Suicidal</u> ideations	10/02/2020
Delusional disorder	10/02/2020
Amphetamine delusional disorder	10/02/2020
PTSD (post-traumatic stress disorder)	10/01/2020
Bipolar disorder, unspecified	10/01/2020
ADD (attention deficit disorder)	10/01/2020
Bipolar 1 disorder	10/01/2020

# ENC

### Encounters

Date	Type	Specialty	Care Team	Description
06/23/2021	Emergency		Gardner, Christopher A, MD	Palpitations (Primary Dx); Weakness

### NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER 06/23/2021

ED Provider Notes - Gardner, Christopher A, MD - 06/23/2021 10:57 PM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

ED Provider Note

Leonard Clinton Williams III 40 y.o. male DOB: 11/1/1980 MRN: 73503481  
History

### Chief Complaint

Patient presents with

- Shortness of Breath

says couple days

- Chest Pain

plus left arm pain, x2+ days

• Manic Behavior  
hyperv verbal, hx bipolar, autism

40-year-old male with history of PTSD, ADHD presents to ED for evaluation of shortness of breath, chest pain. Onset over the last 3 days. Intermittent. Associated with feeling of "I am about to die", exacerbated by stressors from his PTSD which she is vague about and does not wish to go into further details. Chest pain is sharp and nonradiating. Has self diagnosed a "stress related cardiac injury", I have "broken heart syndrome". Not associated with fevers or chills. Denies symptoms of goiter. Not associated with diaphoresis. Does note generalized weakness during these events that are transient in nature. Does have a remote history of panic attacks but "these feel different". Endorses compliance with Adderall denies recreational drug use. Denies SI, HI, AVH. Some paranoid behaviors were described by EMS.

Past Medical History:

**Diagnosis** Date

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

History reviewed. No pertinent surgical history.

Social History

Substance and Sexual Activity

Alcohol Use Yes

- Alcohol/week: 1.0 standard drinks
- Types: 1 Cans of beer per week

Social History

Tobacco Use

Smoking Status Never Smoker

Smokeless Tobacco Never Used

E-Cigarettes

- Vaping Use Never User
- Start Date
- Cartridges/Day
- Quit Date

Social History

Substance and Sexual Activity

Drug Use Never

No Known Allergies

Discharge Medication List as of 6/23/2021 10:50 PM

CONTINUE these medications which have NOT CHANGED

Details

amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet Take 40 mg by mouth daily., Historical Med

diphenhydramine (BANOPHEN) 25 mg tablet Take 25 mg by mouth every 6 (six) hours as needed for itching., Historical Med

OLANZapine (ZYPREXA) 5 mg tablet 5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s), Pharmacy: Atrium Health Pharmacy Billingsley, Height, 181.61, cm, 04/29/20 9:24:00 EDT, Weight, 98.6, kg, 04/29/20 9:24:00 EDT, Historical Med

traZODone (DESYREL) 50 MG tablet Take 50 mg by mouth at bedtime., Historical Med

## **Review of Systems**

### **Review of Systems**

All other systems reviewed and are negative.

#### Physical Exam

##### ED Triage Vitals

BP 06/23/21 2002 138/79

Heart Rate 06/23/21 2002 90

Resp 06/23/21 2002 17

SpO2 06/23/21 2004 99 %

Temp 06/23/21 2004 98.4 °F (36.9 °C)

#### Physical Exam

Constitutional: He appears well-developed and well-nourished. He does not appear distressed.

HENT:

Head: Normocephalic and atraumatic.

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

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm and intact distal pulses.

Pulmonary/Chest: Respiratory effort normal and breath sounds normal.

Abdominal: Soft. There is no abdominal tenderness. Abdomen not distended.

Musculoskeletal: Normal range of motion. No obvious deformity noted to extremities.

Cervical back: Normal range of motion and neck supple.

Neurological: He is alert and oriented to person, place, and time. He has normal speech.

Skin: Skin is warm. Skin is dry.

Psychiatric:

Anxious, no SI, HI, or AVH

#### ED Course

#### Lab **results**:

##### CBC AND DIFFERENTIAL - Abnormal

##### **Result** Value

WBC 5.7

RBC 5.22

HGB 16.1

HCT 46.7

MCV 90

MCH 30.8

MCHC 34.5

Plt **Ct** 308

RDW SD 39.9

MPV 10.0

NRBC% 0.0

NRBC 0.000

NEUTROPHIL % 33.4 (\*)  
LYMPHOCYTE % 45.9 (\*)  
MONOCYTE % 11.7  
Eosinophil % 7.6 (\*)  
BASOPHIL % 1.2  
IG% 0.200  
ABSOLUTE NEUTROPHIL COUNT 1.89  
ABSOLUTE LYMPHOCYTE COUNT 2.6  
MONO ABSOLUTE 0.7  
EOS ABSOLUTE 0.4  
BASO ABSOLUTE 0.1  
IG ABSOLUTE 0.010  
COMPREHENSIVE METABOLIC PANEL - Abnormal

Na 139  
Potassium 4.3  
Cl 106  
CO2 20  
AGAP 13  
Glucose 155 (\*)  
BUN 14  
Creatinine 0.64 (\*)  
Ca 9.9  
ALK PHOS 79  
T Bili 1.16  
Total Protein 7.8  
Alb 4.1  
GLOBULIN 3.7  
ALBUMIN/GLOBULIN RATIO 1.1  
BUN/CREAT RATIO 21.9  
ALT 25  
AST 24  
GFR AFRICAN AMERICAN 142

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 122

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

GEN5 CARDIAC TROPONIN T (TNT5) BASELINE - Normal

TnT-Gen5 (0hr) 7

Comment: An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.

MAGNESIUM - Normal

Mg 1.9

GEN5 CARDIAC TROPONIN T(TNT5) 1 HOUR - Normal

TnT-Gen5 (1hr) 5

Comment: An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.

Assay **results** < 6 ng/L and > 10,000 ng/L are reported as 5 ng/L and 10,001 ng/L respectively to reflect

the absolute reportable range of TnTGen5.

Delta 1 Hour -2

TSH - Normal

TSH 1.07

URINE DRUGS OF ABUSE SCRIN

**Imaging:**

XR CHEST AP PORTABLE

Narrative:

SINGLE CHEST RADIOGRAPH:

PROVIDED CLINICAL INDICATION: Chest Pain

ADDITIONAL CLINICAL INDICATION: None available

COMPARISON: None available

**FINDINGS:**

The cardiac silhouette is unremarkable.

Pulmonary vasculature is normal.

There is no evidence of pneumothorax or pleural effusion.

The lungs are clear without evidence of focal consolidation.

The osseous structures are age-appropriate without acute abnormality.

**Impression:**

**IMPRESSION:**

No evidence of active disease.

Electronically Signed by: Shawn Quillin, MD

ECG:

ECG **Results**

ECG 12 lead (Final **result**) **Result** time 06/23/21 23:06:38

Final **result**

Narrative:

**Diagnosis** Class Borderline Normal

Acquisition Device MAC55

Ventricular Rate 80

Atrial Rate 80

P-R Interval 152

QRS Duration 98

Q-T Interval 346

QTC Calculation(Bazett) 399

Calculated P **Axis** 25

Calculated R **Axis** -29

Calculated T **Axis** -6

**Diagnosis** Normal sinus rhythm

Moderate voltage criteria for LVH, may be normal variant

When compared with ECG of 23-JUN-2021 20:26,



No significant change was found

Gardner, Christopher (1888) on 6/23/2021 11:06:24 PM certifies that he/she has reviewed the ECG tracing and confirms the independent interpretation is correct.

ECG 12 lead (Final **result**) **Result** time 06/23/21 22:21:03

Final **result**

Narrative:

**Diagnosis** Class Abnormal

Acquisition Device MAC55

Ventricular Rate 77

Atrial Rate 77

P-R Interval 158

QRS Duration 96

Q-T Interval 350

QTC Calculation(Bazett) 396

Calculated P **Axis** 29

Calculated R **Axis** -24

Calculated T **Axis** 11

**Diagnosis** Normal sinus rhythm

Normal ECG

When compared with ECG of 01-OCT-2020 18:26,

Left anterior fascicular block is no longer present

Gardner, Christopher (1888) on 6/23/2021 10:20:51 PM certifies that he/she has reviewed the ECG tracing and confirms the independent interpretation is correct.

HEAR Score

History: Mostly low risk features

ECG: Normal

Age: Less than 45 yrs

Risk Factors: No risk factors known

HEAR Score Total: 0

Pre-Sedation

Procedures

MDM

Number of **Diagnoses** or Management Options

Palpitations

Weakness

**Diagnosis** management comments: 40-year-old male presents as above, afebrile, stable vital signs.

EKGs demonstrate normal sinus rhythm, serial troponins suggestive against acute myocardial injury. Chest **x-ray** is clear, labs do not suggest metabolic derangement or thyroid disease. Do not suspect PE. PERC negative. Suspect panic disorder. Discussed this with patient but he refutes this **diagnosis**. Given his severe **anxiety** and paranoid thoughts for EMS, did offer psychiatry evaluation in ED but patient politely declines, he has no evidence of severe paranoid delusions, plans for self-harm or harm towards others, and is goal oriented, does not meet criteria for involuntary psychiatric **assessment**. Reviewed **findings** with patient, encouraged outpatient follow-up with **PCP** and cardiology for consideration of Holter monitor. Return precautions discussed.

#### Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

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

Independent visualization of images, tracings, or specimens: yes

#### Coding

#### Provider Communication

Discharge Medication List as of 6/23/2021 10:50 PM

Discharge Medication List as of 6/23/2021 10:50 PM

Discharge Medication List as of 6/23/2021 10:50 PM

#### Clinical **Impression**

#### Final **diagnoses**:

Palpitations

Weakness

#### ED Disposition

ED Disposition Comment

Discharge

#### Follow-up Information

Schedule an appointment as soon as possible for a visit with Care Connections (**PCP** Request).

Specialty: Care Coordination

Comments: Call this number to get set up with a primary care provider.

Contact information:

855-814-7409

Schedule an appointment as soon as possible for a visit with Robert S Iwaoka, MD.

Specialties: Cardiology, Interventional Cardiology, Internal Medicine, Cardiovascular Disease

Contact information:

125 Queens Road

Suite 200

Charlotte NC 28204

704-343-9800

Electronically signed by:

Electronically signed by Christopher A Gardner, MD at 06/24/2021 12:06 AM EDT

06/23/2021 Travel  
06/08/2021 Travel  
03/26/2021 Telemedicine

Snapp, Meredith, MD

Cognitive complaints  
(Primary Dx);  
PTSD (post-traumatic stress  
disorder);  
Bipolar affective disorder,  
remission status unspecified  
(\*);  
Delusional disorder (\*)

## Novant Health Neurology And Sleep 03/26/2021

**Progress Notes** - Snapp, Meredith, MD - 03/26/2021 11:14 AM EDT

Formatting of this note might be different from the original.

### Video Visit Note

I performed this clinical encounter by utilizing a real time telehealth video connection between my location and the patient's location. The patient's location was confirmed during this visit. I obtained verbal consent from the patient to perform this clinical encounter utilizing video and prepared the patient by answering any questions they had about the telehealth interaction.

This was a video visit performed during the COVID-19 pandemic.

NOVANT HEALTH NEUROLOGY AND SLEEP SPECIALISTS  
1918 Randolph Rd Suite 400 Charlotte NC 28207

### Impression

1. Cognitive/mood complaints in the setting of multiple active psychiatric disorders including Bipolar disorder, PTSD, ADD, Delusional Disorder, **Autism**. Differential includes schizophrenia, Adderall induced psychosis.

### Plan

- Brain **MRI** with and without contrast. He requests brain **imaging** to document "traumatic brain damage" related to PTSD (no prior **traumatic brain injury**). I advised that brain **imaging** abnormalities are not required nor expected for PTSD **diagnosis**, but it is reasonable as a test to rule out organic brain disease, such as brain tumor or inflammatory/demyelinating disease, in setting of psychiatric instability.
- If Brain **MRI** is normal, then no further neuro work up is needed at this time.
- Encouraged that he continue to close work with psychiatry and psychology for **diagnosis** and treatment.

We discussed the potential side effects, risks and benefits of these and other evaluation/treatment options, and the patient/family expressed understanding. The patient/family will contact us with any questions regarding side effects or other concerns, and seek emergent attention for any acute medical or neurological decline.

Documentation for time-based billing: Total time spent of date of service was 60 minutes. Patient care activities included preparing to see the patient such as reviewing the patient record, obtaining and/or reviewing separately obtained history, performing a medically appropriate **history and physical** examination, counseling and educating the patient, family, and/or caregiver, ordering prescription medications, tests, or procedures, referring and communicating with other health care providers when not

separately reported during the visit, documenting clinical information in the electronic or other health record and independently interpreting **results** when not separately reported.

Orders Placed This Encounter

Procedures

- **MRI** Head WO W IV Contrast

Subjective

Leonard Williams is a 40 y.o. (DOB 11/1/1980) male who was self-referred for neurology **consultation**.

### **Chief Complaint**

Patient presents with

- Traumatic Brain Injury

Has terrible PTSD.

HPI:

03/26/2021: See extensive patient documentation sent via MyChart before our visit of his symptoms and life events. He reports PTSD onset in August 2019 after "massive criminal activity against me and I was kidnapped under the guise of civil commitment" in April of 2019. He discusses leaving the mountains to live in Charlotte in 2011, because there were terrible rumors about his mental health, people there wanted to kill him, and he had to escape there. At his first job at Wells Fargo, he reports employees there looked into his past. He reports being in severe emotional pain about privacy violations, and endorsed **suicidal** ideation to a woman. A police officer then showed up at his home and he was handcuffed and committed to Billingsley Behavioral Health for **suicidal** plans and paranoid delusions, which he denies. He reports this process was traumatic and he has severe mistrust against Atrium and health care workers who are out to get him.

Records also show involuntary commitment to behavioral health Sept 2020 for Bipolar d/o and amphetamine delusional disorder.

He has episodes of sudden waves of feelings of hostility, and references within his documents are examples of hostile conversations with coworkers.

He reports that he tells stories in excessive detail due to h/o **autism**. He reports conduct disorder in childhood.

He works with Atrium Health psychiatry. In last visit Feb 2021 with Dr Phillip Murray, he was treated for **diagnoses** of bipolar disorder, ADD, PTSD. He continued Adderall, discontinued citalopram, and olanzapine was increased to 5mg bid. He reports Dr Murray just left, so he is working with a new doctor. He notes that Adderall helps his PTSD symptoms so much that he regularly asks for increased dose or self-escalates dose, and rejects doctors' concerns of side effects on his mood.

He notes short term memory loss, poor attention/focus. He recalls cognitive impairment onset in late 20's, worsened by start of olanzapine in 2018 after which he underwent neurology evaluation with Dr Mandel at Metrolina, completed **MRI** brain, **EEG**, neuropsych testing which he recalls was normal.

No prior **traumatic brain injury**, outside of hit head on bed post at age 7. He requests brain **imaging** to evaluate for brain damage from PTSD.

He was denied disability once due to late application, but continues to seek SSI disability.

Reviewed and updated this visit by provider:

Tobacco | Allergies | Meds | Problems | Med Hx | Surg Hx | Fam Hx |

**Review of Systems** is complete and negative except as noted in HPI

Past Medical History

Past Medical History:

**Diagnosis** Date

- Diabetes mellitus (\*)

type 2

- Nonpsychotic mental disorder

ptsd, adhd, spectrum

Past Surgical History  
has no past surgical history on file.

Family History  
family history is not on file.

Social History  
reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use of about 1.0 standard drinks of alcohol per week. He reports that he does not use drugs.

#### Current Medications

##### Current Medications

##### Medication Sig

amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet Take 40 mg by mouth daily.

diphenhydramine (BANOPHEN) 25 mg tablet Take 25 mg by mouth every 6 (six) hours as needed for itching.

OLANzapine (ZYPREXA) 5 mg tablet 5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s), Pharmacy: Atrium Health Pharmacy Billingsley, Height, 181.61, cm, 04/29/20 9:24:00 EDT, Weight, 98.6, kg, 04/29/20 9:24:00 EDT

traZODone (DESYREL) 50 MG tablet Take 50 mg by mouth at bedtime.

#### **Objective**

Ht 5' 11.5" (1.816 m) | Wt 222 lb (100.7 kg) | BMI 30.53 kg/m<sup>2</sup>

Exam is limited to what is visible by video.

#### Nose Mouth Eyes

Normal: ☒ ☒ ☒

Abnormal: ☐ ☐ ☐

Comment:

☐ congestion ☐ large tongue

☐ dev septum ☐ dental issue

Mallampati:

#### Respiratory Skin Constitutional

Normal: ☒ ☒ ☐

Abnormal: ☐ ☐ ☒

Comment: No visible or audible respiratory distress

☐ Overweight

☒ Obese

#### Psych Neuro

Attention Affect Lang/devel CN's

Normal: ☐ ☐ ☒ ☒

Abnormal: ☒ ☒ ☐ ☐

Comment: Tangential flight of ideas, pressured speech Agitated,

No eye contact Intermittent stuttering

#### Muscle

Tone Strength Movement

Normal: ☐ ☐ ☒

Abnormal: ☐ ☐ ☐

Comment:

#### Ancillary Studies:

Reviewed in Epic all pertinent records including labs, study **results**, and office/hospital visit notes.

03/26/2021 Travel

10/02/2020 Plan of Care

Documentation

## NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

**10/02/2020**

BH Treatment Plan Note - Laplanche, Carole M, MSW - 10/03/2020 8:30 AM EDT

Patient Needs: all treatment modalities, medication management

Care Recommendations: appointment with providers, group participation

Care Plan Reviewed: yes

Patient/Family Goals: FS, **crisis** stabilization

Discharge Disposition Goals: Home

Progressing as Anticipated: yes

Barriers to Goals: safe discharge planning

Other Goal Discussion: NA

Electronically Signed:

Carole Laplanche, MSW

10/2/2020 9:20 AM

Electronically signed by Carole M Laplanche, MSW at 10/03/2020 8:30 AM EDT

10/01/2020 Hospital

- Encounter

10/06/2020

McGrath, Jacob M, MD

Carter, Nathan M, MD

Malhotra, Kaaya, DO

Barksdale, Vernon C, MD

Bipolar 1 disorder (\*);  
Amphetamine delusional  
disorder (\*);  
Attention deficit hyperactivity  
disorder (ADHD), combined  
type;  
PTSD (post-traumatic stress  
disorder);  
**Suicidal** ideations

## NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

**10/01/2020**

Plan of Care - Hathcock, Jennifer L, RN - 10/01/2020 11:52 PM EDT

Pt is a new admit from ED under IVC by mother due to pt experiencing SI. Pt denies AH/VH/SI and HI. Pt is upset that his mother can not handle him having PTSD and that she overreacts. Pt and belongings searched, no contraband found. Pt is manic and hyper verbal during admission. Pt already medicated in ED. Orders received and verified.

Electronically signed by Jennifer L Hathcock, RN at 10/01/2020 11:55 PM EDT

H&P - Carter, Nathan M, MD - 10/02/2020 8:01 AM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER  
Novant Health Psychiatry - H&P

Date of Admission: 10/1/2020

Attending Provider: Nathan M Carter, MD

Code Status: No Order

History Source: patient, parent, EMS personnel, past medical records and law enforcement

Record Review: extensive

**Assessment**

Hospital **Diagnoses**:

Principal Problem:

Bipolar 1 disorder (\*)

Active Problems:

PTSD (post-traumatic stress disorder)

ADD (attention deficit disorder)

**Suicidal** ideations

Amphetamine delusional disorder (\*)

Leonard Williams is a 39 y.o. male with a history of Bipolar, PTSD, ADD who presented to the ED IV'd by mother due to him making SI statements and sending text messages demonstrating paranoia. Patient admitted to the inpatient psychiatric service for safety and stabilization.

Reason(s) for Admission: disordered/bizarre behavior that interferes with **ADLs** to such a degree that the individual cannot survive outside the hospital setting and psychomotor dysfunction (agitation or retardation) that interferes with **ADLs** to such a degree that the individual cannot survive outside the hospital setting.

Based on risk **assessment** and clinical exam, patient is at risk for: acute **suicide** or self-harm risk (High ), acute self-care deficit risk (High and substance abuse risk; (High ). Individualized risk factors include: has severe agitation, impulsiveness, high risk **diagnoses** and social isolation. Individualized protective factors include: patient has treatable psychiatric disorders and symptoms, moving patient to higher level of care and feels supported.

Patient's strengths include: stable housing and involved family members.

Treatment Plan

- Disposition:

- continued psychiatric hospitalization justified due to continued danger to self, continued danger to others and high probability of danger if discharged with imminent rehospitalization likely.

- Precautions:

- **suicide**

- Goals and Interventions:

- Group and milieu **therapy** with family/outpatient support meeting as tolerated. Treatment plan focuses on modifiable risk factors and includes: level of care coordination and recommendations, risks/benefits/alternatives to treatment including common side effects and black box warnings on medication, risk factor reduction, safety goals/plan, importance of compliance with chosen treatment and firearms access reduction plan.

- Medications:

-

• paliperidone 6 mg Oral Daily

- Pertinent Labs:

- UDS Negative; Patient takes amphetamines which were not detected

Ref. Range 10/1/2020 20:27

- Consults:
- SW
- Estimated duration of hospitalization:
- 7 days
- I certify that the patient does need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel. For inpatient care, physician will direct treatment team plan within three days of admission and at least weekly thereafter.

## CC & HPI

CC: "I was kidnapped by the police"

Leonard Williams is a 39 y.o. male with a history of Bipolar, PTSD, ADD who presented to the ED IVC'd by mother due to him making SI statements and sending text messages demonstrating paranoia. Patient admitted to the inpatient psychiatric service for safety and stabilization. EMR reviewed and patient assessed by writer. Writer discussed indication for inpatient psychiatric admission. Leonard reports that he believes his mother petitioned him because of the passive suicidal ideations he frequently reports to her. He stated, "I have PTSD and I am disabled". "It is Wells Fargo's fault, they broke the law". He reports disdain for Atrium Health due to them, "illegally providing my medical information". Additionally he is upset due to his outpatient psychiatrist not increasing his Adderall dose. He admits he does not work, but feels that Adderall is helpful for his PTSD. Patient pressured in speech, circumstantial, with him often being tangential. Excessive information provided. There are two instances where patient suddenly stopped speaking, closed his eyes, became tearful, then restarting speaking in similar, pressured fashion. Writer informed patient that he would need to remain on the inpatient unit, as he is IVC'd and he warrants further assessment before he is deemed safe for discharge.

Per Kathlenn Peniston Atrium Health: Patient clearly anxious at times during the evaluation. Some deep breaths at times to calm himself down. I did feel the need to reiterate the expectations of behavior for all patients and asked that he be respectful of the staff. I empathized that I realize he reports this verbal aggression is secondary to his PTSD. Patient became very angry and his demeanor changed. He raised his voice and said that if they could not deal with the symptoms of mental health patients, they should get another job. I allowed him to express self but as he started posturing in a way that indicated he was getting physically agitated I ended the session expressing that I was not comfortable with him yelling at me and I asked him to leave the office.

Following highlighted information obtained from EMR review of initial consult

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 her 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 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.

Collateral information 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: Passive SI

Current auditory/visual **hallucinations**: Denies; Persecutory delusions

#### 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

#### Substance Use History (Over the past 12 months)

Marijuana: Denies

Cocaine: Denies

Opiates: Denies

Stimulants: Denies

Benzodiazepine: Denies

Tobacco: Denies

Alcohol: Denies

Other illicit drug usage: Denies

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

History of substance/alcohol abuse treatment: No

The patient was not counseled on the dangers of alcohol/substance use and practical counseling included:: N/A.

See BH staff evaluations & assessments for further details. **Findings** to be discussed by team and integrated into treatment plan as indicated.

#### Tobacco Use Screening and Recommendation

Tobacco use 30 days prior to admission? Denies

The patient was not counseled on the dangers of tobacco use and practical counseling included: N/A.  
Reviewed strategies to maximize success, including N/A.

FDA-approved cessation medication offered/received: N/A

#### Social and Family 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

- Alcohol use: Yes

Alcohol/week: 1.0 standard drinks

Types: 1 Cans of beer per week

- 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 Concern

- Not on file

Social History Narrative

- Not on file

History reviewed. No pertinent family history.

## Evaluation

### Medications:

- paliperidone 6 mg Oral Daily

diphenhydrAMINE \*\*OR\*\* diphenhydrAMINE, fluPHENAZine HCl, hydrOXYzine pamoate

### Allergies:

No Known Allergies

### Vitals:

Vitals:

10/02/20 1201

BP: 124/73

Pulse: 90

Resp: 18

Temp: 97.8 °F (36.6 °C)

SpO2: 95%

All labs obtained and reviewed from the current EHR, unless otherwise stated:

### Lab **Results**

Component Value Date

WBC 7.8 10/01/2020

HGB 16.5 10/01/2020

HCT 49.1 10/01/2020

Plt **Ct** 337 10/01/2020

ALT 52 10/01/2020

AST 32 10/01/2020

Na 136 10/01/2020

Potassium 4.4 10/01/2020

Cl 100 10/01/2020

Creatinine 0.76 10/01/2020

BUN 21 (H) 10/01/2020

CO2 24 10/01/2020

Glucose, POC 93 10/01/2020

Hemoglobin A1c 6.2 (H) 10/01/2020

No **results** found for: PHENYTOIN, PHENOBARB, VALPROATE, CBMZ, LITHIUM

No **results** found for: VITAMINB12, FOLATE, RPR, HEPCAB

Recent **Results** (from the past 168 hour(s))

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

Reviewed Last EKG on File

Ecg 12-lead

**Result** Date: 10/1/2020

**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

**Imaging** on File (last 24 hours)

No **results** found.

Metabolic Screening:

Team to review **results** with patient prior to discharge as applicable (e.g. if patient on antipsychotics at discharge)

Metabolic screening labs have not been completed within the past 12 months and will be performed today as necessary and documented accordingly.

BMI: Estimated body mass index is 32.94 kg/m<sup>2</sup> as calculated from the following:

Height as of this encounter: 1.77 m (5' 9.69").

Weight as of this encounter: 103.2 kg (227 lb 8 oz).

Hemoglobin A1c

Date Value Ref Range Status

10/01/2020 6.2 (H) 4.8 - 5.6 % Final

### **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.

Physical Exam:

General: NAD. VSS

HEENT: Normocephalic/atraumatic, hearing Intact

Lungs: Without labored breathing

Cardiovascular: Without gross cyanosis

Skin: Intact without acute changes

Neurological Exam: Patient ambulated without any difficulties. Demonstrated steady **gait** and station. No abnormal motor movements noticed. CN 2-12 Grossly Intact.

Mental Status Evaluation

General: well-nourished, well-developed, eye contact is fair  
Speech: Pressured speech  
Language: Coherent  
Mood: Agitated and Anxious  
Affect: Restricted, anxious  
Thought Process: Tangential, circumstantial, flight of ideas  
Associations: Illogical and Disorganized  
Abnormal/Psychotic Thoughts: Paranoid ideations and **Hallucinations**: visual, denies active **suicidal** ideations however endorsed passive SI, with No specific plan to harm self, denies **homicidal** ideations  
Orientation to: oriented to person and place  
Attention Span & Concentration: attention span and concentration were age appropriate  
Recent & Remote Memory: adequate/intact  
Fund of Knowledge: adequate/intact  
Judgment: limited  
Insight: limited  
Muscle Strength & Tone: grossly normal  
**Gait** & Station: normal **gait** and station  
Tremor: no tremors noted

#### Measurement Based Care Review

Independently review/perform testing/interpretation: Reviewed  
Current PHQ2(9)/CWA/AUDIT/COWS

CWA-Ar

BP: 124/73 (10/02/20 1201)

Heart Rate: 90 (10/02/20 1201)AUDIT Tool

#1. How often do you have a drink containing alcohol?: Never (10/02/20 1057)

#9 Have you or someone else been injured as a **result** of your drinking?: No (10/02/20 1057)

#10 Has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down?: No (10/02/20 1057)

#### Measurement Based Care Review:

PHQ9

**Depression** Screen 10/1/2020 9/30/2020 9/29/2020

Wish to be Dead: No No No

**Suicidal** Thoughts: No No No

**Suicide** Behavior Question: No No No

C-SSRS Screening **Result** No Risk No Risk No Risk

#### GAD7 Review

There is no flowsheet data to display.

Electronically signed by:

Nathan M Carter, MD

10/2/2020 12:51 PM

Electronically signed by Nathan M Carter, MD at 10/02/2020 12:51 PM EDT

Ancillary Note - Sedgley, Kayla, LRT CTRS - 10/02/2020 10:50 AM EDT

Formatting of this note might be different from the original.

10/02/20 1035

Therapeutic Recreation

Source of Information Patient

Reason for Hospitalization per the Patient. When asked about reason for admission pt states "my mother".  
Pt lacks insight into illness and need for treatment. Per chart pt was IV'd by mother for SI and overtaking medications. Pt denies SI/HI at time of **assessment**  
Patient's ability to answer questions Independently  
Current Living Arrangements Alone  
(pt reports he lives alone in apartment)  
Transportation Drives Independently  
Current City/County Living In Charlotte, NC  
Work/School Unemployed  
Highest Level Education College  
(bachelors degree)  
Physical  
Is the patient able to complete ADL's and household tasks independently? Yes  
Social Leisure  
Does the patient have a positive support system? Yes  
Who is the Support? mother, friends, psychologist  
How many times does the patient get out of the house a week? daily  
Does the patient have any knowledge of community resources? No  
The Patient is Comfortable in: Small Groups;Alone  
Has the patient's daily routine changed since not feeling well? Yes  
How has the routine changed? poor sleep  
Does the patient have any cultural beliefs/activities that would impact care? No  
How does the patient spend Cognitive leisure / free time? Reading  
How does the patient spend Passive leisure / free time? Computer/internet;Music;Other:  
(website programming)  
How does the patient spend Active leisure / free time? Other:  
(swimming)  
How does the patient spend Creative leisure / free time? Other:  
(none identified)  
How does the patient spend Social leisure / free time? Other;;Friend/family gatherings  
(going to the pool)  
Does the patient prefer to spend leisure/free time Both  
Has the patient been active in leisure activities Yes  
Barriers to participating in leisure activities? Other:  
(n/q)  
Describe Barriers: pt denies current barriers to leisure  
Does the patient have any coping skills? Yes  
Healthy coping skills Meditation;Talk to people  
Unhealthy coping skills Self injury  
Cognitive  
Does the patient have issues or difficulty with memory? No  
Orientation To: Person (Yes);Place (Yes);Situation (Yes);Date (Yes)  
**Hallucinations?** No  
Delusions? No  
Paranoia Evidenced by: no paranoia noted at time of **assessment**  
Does the patient have difficulty with time management skills? Needs Assistance  
Does the patient have difficulty with their ability to concentrate or focus? Needs Assistance  
Does the patient have difficulty with problem solving skills? No  
Emotional  
Is there concern about patient's self esteem? No  
(pt denies)  
Is there concern about patient's motivation/energy level? No  
Does the patient have life stresses? Yes  
Life Stresses Identified Medical Issues  
(PTSD)  
Is there concern about patient's anger management? No  
Is the patient comfortable talking about his/her feelings and concerns? No

(guarded, pressured speech)

History of Abuse? Yes;Physical;Emotional;Sexual

Describe History of Abuse per chart

Substance Abuse Questions

Does the patient abuse Drugs and Alcohol? No

(UDS negative)

Patient Perspective

What else should we know about you in order to help you best while you are here? pt enjoys reading, website programming, listening to music, going to the pool, spending time with family and friends

How do you feel staff can help you most? "I don't know"

What would you like to change about your daily routine? "I can't worry about that right now because I am just exhausted and am only worried about getting sleep"

Therapist Summary

Patient's behaviors impacting **Therapy**: Resistance to care;Withdrawn

Patient's Strengths: Physical abilities;Cognitive abilities;Support system;Transportation

Patient's Weaknesses: Motivation;Leisure skills;Communication;Poor judgement;Coping skills;Leisure involvement

Suggested Interventions: Exercise;Relaxation techniques;Leisure skill development;Leisure education;Community awareness;**Pet Therapy**;Self awareness

Patient Education Stress management;Self esteem;Coping skills;Wellness education;Goal setting

Goals for RT treatment during this hospitalization: See Care Plan for Goals

Rec Therapist Comments: Recreational Therapist met with pt to complete RT **assessment**. Pt was presents with pressured speech and is minimally cooperative towards **assessment** stating, "I am just so exhausted right now it is hard for me to focus on this conversation". When asked about reason for admission pt states "my mother". Pt lacks insight into illness and need for treatment. Per chart pt was IV'd by mother for SI and overtaking medications. Pt denies SI/HI at time of **assessment**. Pt denies AVH, delusions and paranoia. Pt denies use of drugs and alcohol; UDS was negative. Pt identifies main stressor to be PTSD and associated symptoms and "episodes". Pt was guarded towards discussion of goals. Pt could benefit from med stabilization, leisure planning, enhanced coping and participation in therapeutic milieu. Kayla Sedgley LRT/CTRS 10/2/20 10:35

Electronically signed by Kayla Sedgley, LRT CTRS at 10/02/2020 10:50 AM EDT

Nursing Note - Ruiz, Christine A, LPN - 10/02/2020 11:00 AM EDT

Pt reports he has some chaffing to area inside R inner thigh. Pt report area opened up. Redness noted to R inner thigh. This nurse unable to visualize area to inner thigh ( open area)Pt would only show this nurse top of his thigh. Will have MD follow up tomorrow. Area to be monitored.

Electronically signed by Christine A Ruiz, LPN at 10/02/2020 2:49 PM EDT

Consults - Seth, Brahmi H, MD - 10/02/2020 11:25 AM EDT

Formatting of this note might be different from the original.

### **Assessment** and Plan

39 year old male admitted to BHU for SI.

NICS consulted to address need of metformin.

SI

H/o borderline DM

-His A1c is 6.2. Patient states he was on metformin quite some time ago but is not now. He was unable to get it from his doctor as he was unable to follow up with him regularly. He does not check his sugar at home. He has been diet controlled. He was told he has borderline diabetes.

-Do not continue metformin.

-Consistent carbohydrate diet

-Glucosurveillance for now, if stable will discontinue

## History

Requesting Physician: Dr. Carter

Reason for **Consult**: Request input regarding resumption of metformin

CC: No complaints

HPI: Leonard Williams is a 39 y.o. male who is admitted to BHU for **suicidal** ideation.

Patient has been on metformin in remote past and NICS has been consulted regarding it's resumption.

Past Medical History:

**Diagnosis** Date

- Diabetes mellitus (\*)

type 2

- Nonpsychotic mental disorder

ptsd, adhd, spectrum

History reviewed. No pertinent surgical history.

I personally reviewed past medical and surgical history.

Prior to Admission medications

Medication Sig Start Date End Date Taking? Authorizing Provider

ADDERALL XR 20 MG 24 hr capsule Take 2 capsules by mouth every morning. 9/8/20 Historical Provider, MD

Aspirin-Acetaminophen-Caffeine (GOODY'S EXTRA STRENGTH) 520-260-32.5 MG PACK Take 1-2 packets by mouth daily as needed (headaches). Historical Provider, MD

citalopram hydrobromide (CELEXA) 20 mg tablet Take 20 mg by mouth daily. 9/8/20 Historical Provider, MD

OLANzapine (ZYPREXA) 5 mg tablet Take 1-2 tablets by mouth at bedtime. 9/8/20 Historical Provider, MD

Allergies: I reviewed patient allergy list.

## Social History

Tobacco Use

- Smoking status: Never Smoker

- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Yes

Alcohol/week: 1.0 standard drinks

Types: 1 Cans of beer per week

- Drug use: Never

No Order

History reviewed. No pertinent family history.

## Exam

Temp: [97.6 °F (36.4 °C)-98.3 °F (36.8 °C)] 97.6 °F (36.4 °C)

Heart Rate: [77-97] 87

Resp: [18] 18

BP: (115-134)/(72-82) 115/72



SpO2: [94 %-99 %] 99 %

Physical Exam:

Vitals: reviewed; see above

General: no acute distress, no diaphoresis

Head: normocephalic, atraumatic

Eyes: sclera non-icteric

Heart: regular rate

Lungs: normal effort no wheezes, rhonchi, rales

Abdomen: soft, non-tender

Extremities: no edema or erythema

Neurological: alert and oriented

Skin: warm, dry, no rash

## **Results**

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

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

Hemoglobin A1c

Collection Time: 10/01/20 8:27 PM

**Result** Value Ref Range

Hemoglobin A1c 6.2 (H) 4.8 - 5.6 %

POCT Glucose ACHS

Collection Time: 10/01/20 8:30 PM

**Result** Value Ref Range

Glucose, POC 93 70 - 99 mg/dL

OPERATOR ID 188614

INSTRUMENT ID KDAZ093-A0247

## **Imaging:**

No **results** found.

Electronically signed by Brahmi H Seth, MD at 10/02/2020 11:36 AM EDT

Ancillary Note - Laplanche, Carole M, MSW - 10/02/2020 11:29 AM EDT

Formatting of this note might be different from the original.

10/02/20 1057

Psychosocial **Assessment**

Source of Information Patient

Presenting Problem/**Chief Complaint** (Include patient's own words) "I have PTSD and my mom doesn't know how to respond to it". Per ED "Leonard Williams is a 39 y.o. male with a history of Bipolar, PTSD, ADD who presented to the ED IV'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 IV 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."

Symptoms "PTSD"

Duration unknown

Living Arrangement Alone

Marital Status Single

Number of Children 0

Girl(s) Ages

(NA)

Boy(s) Ages

(NA)

Briefly describe marriage(s)

(NA)

Adult Abuse? No

Potential Risk to Self

**Suicidal** threats/behaviors in past 6 months? Yes

**Suicidal** Ideation or **Suicide** Threats No

Recent attempt to Harm Self? No

Intent for above No

Currently engaging in self-injurious behavior? No

History of **Suicidal**/Self-Injuring behaviors? Yes

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

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

Access to firearms? No

Other means of Harm? Yes

(pills)

Potential Risk to Others

**Homicidal** threats/behaviors in past 6 months? No

**Homicidal** Ideation or **Homicidal** Threats? No

Named Individual No

Recent attempt to Harm Another? No

Intent for above No

Patient currently assaultive or combative? No

History of **Homicidal** Acts/Assaultive behaviors? No

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

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

Access to firearms? No

Other means of Harm? No

Patient able to reliably contract for safety? Yes

Domestic Safety

Does a family member, caregiver, or household member lose their temper easily and unpredictably say things that hurt and put you down? No

Does this happen more than once a week? No

Have you ever been hit, punched, kicked, or hurt physically by anyone recently? No

Have you been forced to engage unwillingly in sexual activity with anyone recently? No

Are you afraid to be in your home environment with this person? No

Do you feel your personal funds, assets or property is not safe and secure? No

Are you worried that your caregiver or family member does not provide adequate medical and emotional support for you? No

Support Systems

Support Systems (check all that apply) Two or more close Friends

Spirituality- If applicable to the belief system of the individual served, the individual's perception of the role of spirituality or religion in his or her life and recovery refused to answer

Employment

Current Employment unknown

Employment History "work from home"

What is your job situation right now? Unemployed/Not Seeking Work

Military History

Have you ever been in the Service? No

Legal Issues

Legal None

Probation Officer? No

Substance Use/Addictive Behaviors History

Substance use in past 12 months? No

Drug Screen Negative

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

Tobacco/Nicotine Use? No

Other non-substance addictive behaviors: NA

Alcohol Use/Abuse

Alcohol abuse in past 12 months? No

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

Patient refused/unable to complete alcohol screen

(NA)

AUDIT Tool

#1. How often do you have a drink containing alcohol? 0

#9 Have you or someone else been injured as a **result** of your drinking? 0

#10 Has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down? 0

Psychosocial Drug Alcohol **Assessment**

Do you currently use drugs or alcohol? No

Have drugs or alcohol caused any problems in your life? No

Are you concerned about your excess substance use? No

Has your family / friends expressed concern about your alcohol / drug use? No

Are you interested in receiving treatment for substance abuse issues? No

Psychosocial Historical Information

Where were you born? TN

Primary Childhood Caregiver(s) parents

Siblings: Number of Brothers 0

Siblings: Number of Sisters 1

Birth Order Oldest

Completed High School? Yes

Any Special Education? No

Highest Level of Education BS/BA

Treatment History

Prior Mental Health / substance Abuse Treatment? 3rd hospitalization on BH unit/noSA treatment

Do you have and assigned ACTT or CST worker? No

Have you been admitted to an inpatient unit in the last 30 days? No

Have you kept your appointments? Yes

Have you taken your medications as prescribed? Yes

Patient View of Mental Illness

How do you view your mental illness? Related to life stressors;Chemical imbalance

Discharge Planning/ **Assessment** Info

Living Arrangements Home

Continued Care Services Community MHC;Individual **Therapy**;Psychiatrist

Will you be able to buy your medications? Yes

Concerns for your finances? Yes

Will you continue to see your therapist, psychiatrist, **PCP** after discharge? Yes

Do you maintain preventative health practices (routine physicals, etc.)? Yes

Do you resolve/accept support for health maintenance activities (transportation, meals on wheels, etc.)? Yes

How will you get home at discharge? self

Is Someone picking you up? No

Do you plan to return to work or school after discharge? Yes

Do you have adequate transportation to get to your aftercare appointments and treatment programs? Yes

If you need help at home, is there someone there who can and will help you? No

Do you have a health care power of attorney? No

Do you have a legal guardian? No

Barriers to Discharge Emotional State;Lack of insight

Patient's Strengths Strong family ties;Ambulatory;Usable job skills;Cooperative;Meets basic needs

Patient's Needs (Liabilities) Poor judgement

Patient & Family / Significant Other Identified Needs / Plans Use of Community Resources;Support Groups;Psychiatric Medications

Clinical Summary 39 y o W male stated no current S/H ideatio and no V/A halucinations reported. Pt stated that mother and several friends are supportive of pt. Pt stated never married and has no children. Pt stated that he has a BA/BS, and sometimes can work from home. Pt was guarded and thought that SW asked to many questions and did not find relavance to these questions. Pt would benifit from theraputic milieu and medication management. Per ED "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."

Electronically signed by Carole M Laplanche, MSW at 10/02/2020 11:29 AM EDT

Plan of Care - Laplanche, Carole M, MSW - 10/02/2020 11:32 AM EDT

SW completed CD, trauma, and psychosocial **assessment**. DC options form discussed. ROI for **therapy** John Monguillot [REDACTED] obtained. Pt refused ROI for mother and Psychiatrist.

Electronically signed by Carole M Laplanche, MSW at 10/02/2020 11:32 AM EDT

Ancillary Note - Sedgley, Kayla, LRT CTRS - 10/02/2020 12:36 PM EDT

Formatting of this note might be different from the original.

10/02/20 1100

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Did not Attend Group Type Recreation **Therapy**

Reason for Not Attending Group Patient Refused

Follow-up for Not Attending Group Recreation Therapist will follow up with pt to encourage participation in future groups.

Electronically signed by Kayla Sedgley, LRT CTRS at 10/02/2020 12:36 PM EDT

Plan of Care - Ruiz, Christine A, LPN - 10/02/2020 1:51 PM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Pt denies SI, HI, and AVH. Pt has no complaints of pain/discomfort. Pt reports he is here because his mom over reacted. He agrees that he said he was going to kill himself. Pt reports it was my way of telling her I felt bad. Pt advised that these statements are taken very seriously. Pt reports it is still an exaggeration. Pt states he has been in hospital for days not receiving his Adderall. Pt reports he spoke with MD about this morning. Pt advises MD said, " no he was not going to order Adderall. " Pt asdvise he really needs his Adderall. Pt reports he has been on it for years. Pt does admit at times he took more then what was ordered. Pt acknowledges then I would run out. Advised pt we can only administer what MD orders. Reviewed with pt his Invega order. Pt verbalizes that he does better on Zyprexa. Pt requesting to speak with MD. Pt reports he was ok taking Invega today. Pt wants to be put back on Zyprexa tomorrow. Advised pt that is a conversation to have with MD. Pt reports intellectual games, reading, chess, and working on computer. These are all things that help him deal with stress. Pt advised to attend groups to work on coping skills. Pt did attend the gym today.

Electronically signed by Christine A Ruiz, LPN at 10/02/2020 4:03 PM EDT

Ancillary Note - Brunnick, Vicki, LCMHC - 10/02/2020 2:28 PM EDT

Formatting of this note might be different from the original.

10/02/20 1428

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Reason for Not Attending Group Patient Refused  
Follow-up for Not Attending Group Therapist will encourage attendance in group

Electronically signed by Vicki Brunnick, LCMHC at 10/02/2020 2:28 PM EDT

Group Note - Sedgley, Kayla, LRT CTRS - 10/02/2020 3:04 PM EDT

Group **Therapy** Note

Group Date/Time: 10/2/2020 1345 - 1415

Group Topic: BH Rec **Therapy**

Group Department: NHPMC Inpatient 7E

Group Facilitator: Kayla Sedgley, LRT CTRS

Group Subtopic :Exercise

Patient Problem or Treatment Goal Addressed: Ineffective Coping

Teaching Methods/Interventions: Encouraged

Audio Visual Played (if applicable):

Written Material Given (if applicable):

Behavior: Sociable

Affect/Mood: Euthymic

Thoughts: Clear

Readiness to Learn/Patient Participation Level: Active

Attention Span: Alert

Barriers to Learning: None=no barriers

Patient/Family Response: Return Demonstration

Care Plan Updated? No

Pt attended and actively participated in afternoon gym activity. Pt was engaged in various leisure activities including walking laps and playing ping pong with peers. Pt was cooperative and social with peers and staff throughout gym group.

Electronically signed:  
Kayla Sedgley, LRT CTRS  
10/2/2020 / 3:04 PM

Electronically signed by Kayla Sedgley, LRT CTRS at 10/02/2020 3:04 PM EDT

Plan of Care - Alama, Dorene Renee, RN - 10/02/2020 6:33 PM EDT

3p-7p: Pt has been anxious this afternoon and has been perseverating on how many steps he has been pacing in the hallway. He states he is autistic and this is part of routine to pace. Pt. Received Vistaril prn at 1800. He also reports he suffers from stress. He denies any SI or **hallucinations**. He ate dinner and has

not interacted with other patients.

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Electronically signed by Dorene Renee Alama, RN at 10/02/2020 6:36 PM EDT

Nursing Note - Cunningham, Monique, RN MSN - 10/02/2020 8:29 PM EDT

Patient in room cooperative, but anxious and hyperverbal during **assessment**. Denies SI, AVH, HI, stating his mother got scared when he kept repeating he was going to die multiple times. He also report he has PTSD, worked at wells fargo on a computer all day and it caused him to have back pain from bending over. Patient compliant with medication. Complaint of headache pain 8/10, PRN Tylenol given, will continue to monitor.

Electronically signed by Monique Cunningham, RN MSN at 10/03/2020 2:07 AM EDT

Plan of Care - Cunningham, Monique, RN MSN - 10/02/2020 8:29 PM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Electronically signed by Monique Cunningham, RN MSN at 10/03/2020 2:09 AM EDT

**Progress Notes** - Bliet, Jacobus P, PA - 10/03/2020 9:04 AM EDT

Formatting of this note might be different from the original.

Date of Service: 10/3/2020  
Length of stay: Hospital Day: 3

**Assessment**

Hospital **Diagnoses**:

Principal Problem:

Bipolar 1 disorder (\*)

Active Problems:

PTSD (post-traumatic stress disorder)

ADD (attention deficit disorder)

**Suicidal** ideations

Amphetamine delusional disorder (\*)

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

Psychosocial concerns/strengths include: Individualized risk factors include: has severe agitation, impulsiveness, high risk **diagnoses** and social isolation. Individualized protective factors include: patient has treatable psychiatric disorders and symptoms, moving patient to higher level of care and feels supported.

Need for continued hospitalization: The patient requires continued inpatient care secondary to need for medication adjustments and disposition finalization.

Treatment Plan

- Disposition:
- continued psychiatric hospitalization justified due to high probability of danger if discharged with imminent rehospitalization likely
- Commitment Status: Involuntary
- Estimated length of stay:
- 10 days
- Precautions:
- fall
- Pertinent Labs:
- Were reviewed
- EKG NSR; QTC 416 on 10/1/2020
- No new labs ordered

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

Ref. Range 10/3/2020 08:06

Cholesterol Latest Ref Range: 100 - 199 mg/dL 164

HDL Latest Ref Range:  $\geq 39$  mg/dL 32 (L)

Triglycerides Latest Ref Range: 0 - 149 mg/dL 216 (H)

Total Chol/HDL Ratio Latest Ref Range: 0 - 5 5

LDL-C Latest Ref Range: 0 - 99 mg/dL 89

VLDL Latest Ref Range: 5 - 40 mg/dl 43 (H)

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

Ref. Range 10/1/2020 20:27

Hgb A1C Diabetic **Assessment** Latest Ref Range: 4.8 - 5.6 % 6.2 (H)

- Psych Meds:
- Continue Invega 6mg daily re: mood/psychosis
- Medical Recs:



- None current

I have discussed the case with Nathan M Carter, MD, who has assisted in the formulation of the **assessment** and plan.

## **Chief Complaint**

Follow Up re: Bipolar Disorder

Interval History

Patient was seen today for re-evaluation.

Nursing reports:

Patient in room cooperative, but anxious and hyperverbal during **assessment**. Denies SI, AVH, HI, stating his mother got scared when he kept repeating he was going to die multiple times. He also report he has PTSD, worked at wells fargo on a computer all day and it caused him to have back pain from bending over. Patient compliant with medication. Complaint of headache pain 8/10, PRN Tylenol given, will continue to monitor.

The patient reports no issues with performing **ADLs**. Patient has been medication compliant. The patient reports no side effects from medications. Current symptoms being addressed include: mood stabilization and ptsd. Since last **assessment**, patient reports symptoms have stayed the same.

On **assessment**:

The writer met with the patient in follow up today. The patient is AAOX3, calm, cooperative, and controlled at this time. This is the writer's first visit with the patient. We discussed the reason for admission. The patient states that he is doing "bad, but that is good for me" today. He states that he is suffering from symptoms of PTSD, for which he reports he takes Adderall at home. He states that his Adderall helps with the "traumatic stress episodes" and that his outpatient physician supplies him with extra Adderall for when his symptoms become severe. He does acknowledge overusing his Adderall due to a recent increase in PTSD related symptoms which he reports are from a series of missed treatments by Wells Fargo. He continues to exhibit tangential, pressured speech. He requires redirection at certain times but is also able to redirect himself at other times. He states he feels that pacing around the unit has been helpful for his PTSD. Staff reports he has not been a behavioral disturbance and has not required any peer medications. The patient reports feeling safe on the psychiatric unit, and stated the ability to inform staff if unable to contract for safety at any time.

SW Update 10/2/2020:

39 y o W male stated no current S/H ideatio and no V/A halucinations reported. Pt stated that mother and several friends are supportive of pt. Pt stated never married and has no children. Pt stated that he has a BA/BS, and sometimes can work from home. Pt was guarded and thought that SW asked to many questions and did not find relavance to these questions. Pt would benifit from theraputic milieu and medication management. Per ED "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,

spacing, 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."

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.

Documented Sleep Last 24 Hours (hours): 6.25

### Past History

Past Medical History, Past Surgery History, Allergies, Social History, and Family History were reviewed and updated as appropriate.

### Social History:

#### 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

- Alcohol use: Yes

Alcohol/week: 1.0 standard drinks

Types: 1 Cans of beer per week

- 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 Concern

- Not on file

Social History Narrative

- Not on file

## Evaluation

Vitals:

Vitals:

10/02/20 1959

BP: 125/84

Pulse: 105

Resp: 20

Temp: 97.8 °F (36.6 °C)

SpO2:

Medications:

- paliperidone 6 mg Oral Daily

acetaminophen, diphenhydramine \*\*OR\*\* diphenhydramine, fluPHENAZine HCl, hydrOXYzine pamoate

Labs:

**Results** for orders placed or performed during the hospital encounter of 10/01/20 (from the past 72 hour(s))

POCT Glucose ACHS

Collection Time: 10/03/20 8:01 AM

**Result** Value Ref Range

Glucose, POC 117 (H) 70 - 99 mg/dL

OPERATOR ID 166005

INSTRUMENT ID KDAZ093-A0416

**Results** for orders placed or performed during the hospital encounter of 09/30/20 (from the past 72 hour(s))

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  
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  
Hemoglobin A1c  
Collection Time: 10/01/20 8:27 PM  
**Result** Value Ref Range  
Hemoglobin A1c 6.2 (H) 4.8 - 5.6 %  
POCT Glucose ACHS  
Collection Time: 10/01/20 8:30 PM  
**Result** Value Ref Range  
Glucose, POC 93 70 - 99 mg/dL  
OPERATOR ID 188614  
INSTRUMENT ID KDAZ093-A0247

**Imaging Results:**

No **results** found.

No **results** found for this visit on 10/01/20.

Anticonvulsant Drug Levels:

No **results** found for this or any previous visit (from the past 12096 hour(s)).

Mental Status Evaluation

Constitutional:

General Appearance Wearing hospital scrubs and normal appearance

General Behavior Defensive

Musculoskeletal:

**Gait** and Station No **gait** abnormalities

Strength and tone Normal

Psychiatric:

Psychomotor Activity No motor abnormalities

Speech Pressured and Hyper verbal

Mood Agitated

Affect Restricted

Thought Process Illogical, Tangential, Flight of ideas, Disorganized and Perseveration

Associations Loose association

Thought Content/Perceptual Disturbances No Evidence of: **Hallucinations**, **Suicidal** ideation and

**Homicidal** ideation

Evidence of: Paranoid ideations

Cognition/Sensorium AAOx4; Memory, attention, language, and fund of knowledge intact

Insight Poor

Judgment Poor

- Total time spent with patient face-to-face was 25 minutes of which 20 minutes (>50% of total time) was spent on counseling and/or coordinating care regarding: Risks and benefits of treatment options, instructions for treatment and/or follow-up, importance of adherence to chosen treatment and Risk factor reduction.

Electronically signed by:  
Jacobus P Bliek, PA  
10/3/2020 9:04 AM

Electronically signed by Jacobus P Bliek, PA at 10/03/2020 11:54 AM EDT

Group Note - Neal, Malika D, LCSW - 10/03/2020 2:38 PM EDT

Group **Therapy** Note

Group Date/Time: 10/3/2020 1400 - 1425  
Group Topic: BH Psychotherapy

Group Department: NHPMC Inpatient 7E

Group Facilitator: Malika D Neal, LCSW

Group Subtopic :Positive Thinking

Patient Problem or Treatment Goal Addressed: Ineffective Coping

Teaching Methods/Interventions: Group Discussion and Written Material Given

Audio Visual Played (if applicable): none

Written Material Given (if applicable): worksheet

Behavior: Sociable

Affect/Mood: Euthymic

Thoughts: Clear

Readiness to Learn/Patient Participation Level: Active

Attention Span: Alert

Barriers to Learning: None=no barriers

Patient/Family Response: Verbalizes Understanding of Information

Care Plan Updated? Pt participated in group discussion of values.

Electronically signed:  
Malika D Neal, LCSW  
10/3/2020 / 2:38 PM

Electronically signed by Malika D Neal, LCSW at 10/03/2020 2:39 PM EDT

Ancillary Note - Fitzpatrick, Molly B, LRT CTRS - 10/03/2020 2:41 PM EDT

Formatting of this note might be different from the original.

10/03/20 1400

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Did not Attend Group Type Recreation **Therapy** Gym

Reason for Not Attending Group Other (comment)

(Unable to offer gym due to lack of staff per lead RN)

Follow-up for Not Attending Group Unable to offer gym due to lack of staff per lead RN

Electronically signed by Molly B Fitzpatrick, LRT CTRS at 10/03/2020 2:41 PM EDT

Plan of Care - Chambers, Lolene Green, RN - 10/03/2020 6:40 PM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Patient continues to report worsening **anxiety** and symptoms of PTSD. He frequents the nurses station asking for medications including Adderall. He made phone calls telling support system that we had not been medicating him today when he knowingly was given Prolixin 2.5 IM and two dosages of Vistaril PO all for **anxiety**. He states it is helpful to pace on the unit and did not want to rest, he refused to use any coping skill such as deep breathing that was suggested by RN. Overall he had not been a management concern however he was demanding that nurse call the MD and have the MD to come to the unit and speak to him immediately. He does not respond well to redirection and limit setting.

Electronically signed by Lolene Green Chambers, RN at 10/03/2020 6:46 PM EDT

Plan of Care - Moore-Black, Deborah A, RN - 10/03/2020 9:55 PM EDT

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Progressing

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Patient in day area. Pacing. Very anxious. States he is having severe PTSD symptoms. Very manic. Benadryl 50 mg IM. Approx one hour later, patient states he is not better and needs a trazodone and/or Invega. MD notified for more meds and trazodone 100 mg po ordered as a one time order. Patient compliant with scheduled medications. Contracts for safety. Denies AVH. Denies **suicidal** ideations. 2158 patient is now in his room, in bed.

Electronically signed by Deborah A Moore-Black, RN at 10/03/2020 9:58 PM EDT

**Progress Notes** - Carter, Nathan M, MD - 10/04/2020 9:36 AM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - Inpatient Progress Note

Date of Service: 10/4/2020

Length of stay: Hospital Day: 4

### **Assessment**

Hospital **Diagnoses**:

Principal Problem:

Bipolar 1 disorder (\*)

Active Problems:

PTSD (post-traumatic stress disorder)

ADD (attention deficit disorder)

**Suicidal** ideations

Amphetamine delusional disorder (\*)

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

Psychosocial concerns/strengths include: Individualized risk factors include: has severe agitation, impulsiveness, high risk **diagnoses** and social isolation. Individualized protective factors include: patient has treatable psychiatric disorders and symptoms, moving patient to higher level of care and feels supported.

Need for continued hospitalization: The patient requires continued inpatient care secondary to need for medication adjustments and disposition finalization.

Treatment Plan

- Disposition:

- continued psychiatric hospitalization justified due to high probability of danger if discharged with imminent rehospitalization likely

- Commitment Status: Involuntary

- Estimated length of stay:

- 10 days

- Precautions:



- fall
- Pertinent Labs:
- Were reviewed
- EKG NSR; QTC 416 on 10/1/2020
- No new labs ordered

Ref. Range 10/3/2020 08:06

Cholesterol Latest Ref Range: 100 - 199 mg/dL 164

HDL Latest Ref Range:  $\geq 39$  mg/dL 32 (L)

Triglycerides Latest Ref Range: 0 - 149 mg/dL 216 (H)

Total Chol/HDL Ratio Latest Ref Range: 0 - 5 5

LDL-C Latest Ref Range: 0 - 99 mg/dL 89

VLDL Latest Ref Range: 5 - 40 mg/dl 43 (H)

Ref. Range 10/1/2020 20:27

Hgb A1C Diabetic **Assessment** Latest Ref Range: 4.8 - 5.6 % 6.2 (H)

- Psych Meds: Lithium 300 mg BID 10/4/20
- lithium carbonate 300 mg Oral Q12H SCH
- paliperidone 6 mg Oral Daily

- Continue Invega 6mg daily re: mood/psychosis
- Medical Recs:
- None current

## **Chief Complaint**

"Frothing at the mouth evil"

## **Interval History**

Patient was seen today for re-evaluation.

Nursing reports: Patient in day area. Pacing. Very anxious. States he is having severe PTSD symptoms. Very manic. Benadryl 50 mg IM. Approx one hour later, patient states he is not better and needs a trazodone and/or Invega. MD notified for more meds and trazodone 100 mg po ordered as a one time order. Patient compliant with scheduled medications. Contracts for safety. Denies AVH. Denies **suicidal** ideations.

The patient reports no issues with performing **ADLs**. Patient has been medication compliant. The patient reports no side effects from medications. Current symptoms being addressed include: mood stabilization and ptsd. Since last **assessment**, patient reports symptoms have stayed the same.

Patient discussed in multidisciplinary treatment team meeting and EMR reviewed. Patient assessed by writer. Writer inquired about his psychomotor activity, apparently increased yesterday and today, per nursing report. Leonard reports, "it's my PTSD, not mania", with writer inquiring in regard to prior trauma. He reports PTSD is from his experience of being IVC, with prior admission to Atrium. He stated, "it's like involuntary acts when I get re-experiences", with writer counseling him that psychostimulants are relatively contraindicated with increased impulsivity, psychomotor agitation, or in behavior which may be driven by psychosis.

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.

Documented Sleep Last 24 Hours (hours): 6.25

## Past History

Past Medical History, Past Surgery History, Allergies, Social History, and Family History were reviewed and updated as appropriate.

## Social History:

### 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

- Alcohol use: Yes

Alcohol/week: 1.0 standard drinks

Types: 1 Cans of beer per week

- 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 Concern

- Not on file

#### Social History Narrative

- Not on file

## Evaluation

Vitals:

Vitals:

10/04/20 0814

BP: 135/71

Pulse: 112

Resp: 18

Temp: 97.6 °F (36.4 °C)

SpO2: 96%

Medications:

- lithium carbonate 300 mg Oral Q12H SCH
- paliperidone 6 mg Oral Daily

acetaminophen, diphenhydrAMINE \*\*OR\*\* diphenhydrAMINE, fluPHENAZine HCl, hydrOXYzine pamoate

Labs:

**Results** for orders placed or performed during the hospital encounter of 10/01/20 (from the past 72 hour(s))

POCT Glucose ACHS

Collection Time: 10/03/20 8:01 AM

**Result** Value Ref Range

Glucose, POC 117 (H) 70 - 99 mg/dL

OPERATOR ID 166005

INSTRUMENT ID KDAZ093-A0416

Lipid Panel

Collection Time: 10/03/20 8:06 AM

**Result** Value Ref Range

CHOLESTEROL TOTAL 164 100 - 199 mg/dL

Trig 216 (H) 0 - 149 mg/dL

HDL 32 (L)  $\geq$ 39 mg/dL

LDL 89 0 - 99 mg/dL

VLDL 43 (H) 5 - 40 mg/dl

CHOL/HDL 5 0 - 5

RPR

Collection Time: 10/03/20 8:06 AM

**Result** Value Ref Range

RPR QUALITATIVE Non-Reactive Non-Reactive

TSH

Collection Time: 10/03/20 8:06 AM

**Result** Value Ref Range

TSH 1.75 0.45 - 4.50 mIU/mL

POCT Glucose ACHS

Collection Time: 10/03/20 12:05 PM

**Result** Value Ref Range

Glucose, POC 103 (H) 70 - 99 mg/dL

OPERATOR ID 190270

INSTRUMENT ID KDAZ093-A0416

POCT Glucose ACHS

Collection Time: 10/03/20 5:03 PM

**Result** Value Ref Range

Glucose, POC 147 (H) 70 - 99 mg/dL

OPERATOR ID 130101

INSTRUMENT ID KDAZ093-A0416

POCT Glucose ACHS

Collection Time: 10/03/20 7:50 PM

**Result** Value Ref Range

Glucose, POC 84 70 - 99 mg/dL

OPERATOR ID 166367

INSTRUMENT ID KDAZ093-A0416

POCT Glucose ACHS

Collection Time: 10/04/20 8:21 AM

**Result** Value Ref Range

Glucose, POC 99 70 - 99 mg/dL

OPERATOR ID 190270

INSTRUMENT ID KDAZ093-A0416

**Results** for orders placed or performed during the hospital encounter of 09/30/20 (from the past 72 hour(s))

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

Hemoglobin A1c

Collection Time: 10/01/20 8:27 PM

**Result** Value Ref Range

Hemoglobin A1c 6.2 (H) 4.8 - 5.6 %

POCT Glucose ACHS

Collection Time: 10/01/20 8:30 PM

**Result** Value Ref Range

Glucose, POC 93 70 - 99 mg/dL

OPERATOR ID 188614

INSTRUMENT ID KDAZ093-A0247

### **Imaging Results:**

No **results** found.

No **results** found for this visit on 10/01/20.

### Anticonvulsant Drug Levels:

No **results** found for this or any previous visit (from the past 12096 hour(s)).

### Mental Status Evaluation

Constitutional:

General Appearance Wearing hospital scrubs and normal appearance

General Behavior Defensive

Musculoskeletal:

**Gait** and Station No **gait** abnormalities

Strength and tone Normal

Psychiatric:

Psychomotor Activity No motor abnormalities

Speech Pressured and Hyper verbal

Mood Agitated

Affect Restricted

Thought Process Illogical, Tangential, Flight of ideas, Disorganized and Perseveration

Associations Loose association

Thought Content/Perceptual Disturbances No Evidence of: **Hallucinations**, **Suicidal** ideation and **Homicidal** ideation

Evidence of: Paranoid ideations

Cognition/Sensorium AAOx4; Memory, attention, language, and fund of knowledge intact  
Insight Poor  
Judgment Poor

- Total time spent with patient face-to-face was 35 minutes of which 25 minutes (>50% of total time) was spent on counseling and/or coordinating care regarding: Risks and benefits of treatment options, instructions for treatment and/or follow-up, importance of adherence to chosen treatment and Risk factor reduction.

Electronically signed by:  
Nathan M Carter, MD  
10/4/2020 9:39 AM

Electronically signed by Nathan M Carter, MD at 10/04/2020 12:42 PM EDT

Plan of Care - Chambers, Lolene Green, RN - 10/04/2020 12:32 PM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Patient remains somatic, he complained of feeling weak and said his blood sugar was dropping, he said he had a condition where this happens. Writer check blood sugar and it was 96, the patient looked surprised after the **results**. He then went to his room only to return in 30 minutes requesting to talk with the MD. His affect is blunted, he denies **suicidal** ideations and **hallucinations**. Writer discussed new medication and he refused to take the Lithium he stated the doctor was aware he does not plan to take the medication and said it will be discontinued. He has not identified any new coping skills and he focuses on his PTSD. No discharge plans discussed at this time

Electronically signed by Lolene Green Chambers, RN at 10/04/2020 12:44 PM EDT

Ancillary Note - Fitzpatrick, Molly B, LRT CTRS - 10/04/2020 2:18 PM EDT

Formatting of this note might be different from the original.

10/04/20 1400

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Did not Attend Group Type Recreation **Therapy** Gym

Reason for Not Attending Group Other (comment)

(Unable to offer gym due to lack of staff per lead RN)

Follow-up for Not Attending Group Unable to offer gym due to lack of staff per lead RN

Electronically signed by Molly B Fitzpatrick, LRT CTRS at 10/04/2020 2:18 PM EDT

Plan of Care - Moore-Black, Deborah A, RN - 10/05/2020 1:19 AM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

Outcome: Not Progressing

Patient c/o many somatic complaints. States he has severe PTSD. Patient states that his MD dc'd lithium.

Told patient that lithium is still ordered so patient refused lithium. Patient requesting trazodone and MD notified for trazodone request. MD ordered this as a one time dose. Patient denies **suicidal** ideations.

Contracts for safety. Non-compliant with scheduled medication. Patient does not express insight into medical **diagnosis**.

Electronically signed by Deborah A Moore-Black, RN at 10/05/2020 1:22 AM EDT

**Progress Notes** - Carter, Nathan M, MD - 10/05/2020 9:59 AM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - Inpatient Progress Note

Date of Service: 10/5/2020

Length of stay: Hospital Day: 5

### **Assessment**

Hospital **Diagnoses**:

Principal Problem:

Bipolar 1 disorder (\*)

Active Problems:

PTSD (post-traumatic stress disorder)

ADD (attention deficit disorder)

**Suicidal** ideations

Amphetamine delusional disorder (\*)

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

Psychosocial concerns/strengths include: Individualized risk factors include: has severe agitation, impulsiveness, high risk **diagnoses** and social isolation. Individualized protective factors include: patient has treatable psychiatric disorders and symptoms, moving patient to higher level of care and feels supported.

Need for continued hospitalization: The patient requires continued inpatient care secondary to need for medication adjustments and disposition finalization.

#### Treatment Plan

- Disposition:
- continued psychiatric hospitalization justified due to high probability of danger if discharged with imminent rehospitalization likely
- Commitment Status: Involuntary
- Estimated length of stay:
- 5-7 days
- Precautions:
- fall
- Pertinent Labs:
- Were reviewed
- EKG NSR; QTC 416 on 10/1/2020
- No new labs ordered

Ref. Range 10/3/2020 08:06

Cholesterol Latest Ref Range: 100 - 199 mg/dL 164

HDL Latest Ref Range:  $\geq 39$  mg/dL 32 (L)

Triglycerides Latest Ref Range: 0 - 149 mg/dL 216 (H)

Total Chol/HDL Ratio Latest Ref Range: 0 - 5 5

LDL-C Latest Ref Range: 0 - 99 mg/dL 89

VLDL Latest Ref Range: 5 - 40 mg/dl 43 (H)

Ref. Range 10/1/2020 20:27

Hgb A1C Diabetic **Assessment** Latest Ref Range: 4.8 - 5.6 % 6.2 (H)

- Psych Meds: Mood stabilization warranted. Refused Lithium trial.
- lithium carbonate 300 mg Oral Q12H SCH
- paliperidone 6 mg Oral Daily

- Continue Invega 6mg daily re: mood/psychosis
- Medical Recs:
- None current

#### **Chief Complaint**

"Frothing at the mouth evil"

#### Interval History

Patient was seen today for re-evaluation.

Nursing reports: Patient c/o many somatic complaints. States he has severe PTSD. Patient states that his MD dc'd lithium. Told patient that lithium is still ordered so patient refused lithium. Patient requesting trazodone and MD notified for trazodone request. MD ordered this as a one time dose. Patient denies **suicidal** ideations. Contracts for safety. Non-compliant with scheduled medication. Patient does not express insight into medical **diagnosis**.

The patient reports no issues with performing **ADLs**. Patient has been medication compliant. The patient reports no side effects from medications. Current symptoms being addressed include: mood stabilization and PTSD. Since last **assessment**, patient reports symptoms have improved significantly.

Patient discussed in multidisciplinary treatment team meeting and EMR reviewed. Patient assessed by writer. On previous day Lithium 300 mg BID was initiated as he presented with pressured speech, increased psychomotor activity, with racing thoughts; mood stabilization was the goal and he was counseled regarding. He mentioned Zyprexa, however he stated that he takes, "between 5 and 10 mg", in an as needed fashion. We discussed other mood stabilizers and there is documented trial of Depakote from his NP at Atrium.

Today we discussed his medications and he reports, "I'm so thankful for this hospital!", and writer inquired. He reports that he believes that Invega is stabilizing him and that Zyprexa which he was previously taking was not effective. He is also reporting less **anxiety**. Counseled patient that treatment team would continue to monitor his improvement and that we would use both clinical and subjective report from his mother (petitioner) to verify safety for discharge. He was amenable to plan.

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.

Documented Sleep Last 24 Hours (hours): 6.25

### **Past History**

Past Medical History, Past Surgery History, Allergies, Social History, and Family History were reviewed and updated as appropriate.

Social History:

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

- Alcohol use: Yes

Alcohol/week: 1.0 standard drinks



Types: 1 Cans of beer per week

- 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 Concern

- Not on file

#### Social History Narrative

- Not on file

#### Evaluation

Vitals:

Vitals:

10/05/20 0819

BP: 130/88

Pulse: 89

Resp: 18

Temp:

SpO2: 98%

#### Medications:

- lithium carbonate 300 mg Oral Q12H SCH

- paliperidone 6 mg Oral Daily

acetaminophen, diphenhydrAMINE \*\*OR\*\* diphenhydrAMINE, fluPHENAZine HCl, hydrOXYzine pamoate

#### Labs:

**Results** for orders placed or performed during the hospital encounter of 10/01/20 (from the past 72 hour(s))

POCT Glucose ACHS

Collection Time: 10/03/20 8:01 AM

**Result** Value Ref Range

Glucose, POC 117 (H) 70 - 99 mg/dL

OPERATOR ID 166005

INSTRUMENT ID KDAZ093-A0416

Lipid Panel

Collection Time: 10/03/20 8:06 AM

**Result** Value Ref Range

CHOLESTEROL TOTAL 164 100 - 199 mg/dL

Trig 216 (H) 0 - 149 mg/dL

HDL 32 (L) >=39 mg/dL  
LDL 89 0 - 99 mg/dL  
VLDL 43 (H) 5 - 40 mg/dl  
CHOL/HDL 5 0 - 5  
RPR  
Collection Time: 10/03/20 8:06 AM  
**Result** Value Ref Range  
RPR QUALITATIVE Non-Reactive Non-Reactive  
TSH  
Collection Time: 10/03/20 8:06 AM  
**Result** Value Ref Range  
TSH 1.75 0.45 - 4.50 mIU/mL  
POCT Glucose ACHS  
Collection Time: 10/03/20 12:05 PM  
**Result** Value Ref Range  
Glucose, POC 103 (H) 70 - 99 mg/dL  
OPERATOR ID 190270  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/03/20 5:03 PM  
**Result** Value Ref Range  
Glucose, POC 147 (H) 70 - 99 mg/dL  
OPERATOR ID 130101  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/03/20 7:50 PM  
**Result** Value Ref Range  
Glucose, POC 84 70 - 99 mg/dL  
OPERATOR ID 166367  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/04/20 8:21 AM  
**Result** Value Ref Range  
Glucose, POC 99 70 - 99 mg/dL  
OPERATOR ID 190270  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/04/20 12:01 PM  
**Result** Value Ref Range  
Glucose, POC 93 70 - 99 mg/dL  
OPERATOR ID 189946  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/04/20 4:54 PM  
**Result** Value Ref Range  
Glucose, POC 148 (H) 70 - 99 mg/dL  
OPERATOR ID 190270  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/04/20 7:38 PM  
**Result** Value Ref Range  
Glucose, POC 120 (H) 70 - 99 mg/dL  
OPERATOR ID 171000  
INSTRUMENT ID KDAZ093-A0416  
POCT Glucose ACHS  
Collection Time: 10/05/20 8:08 AM  
**Result** Value Ref Range

Glucose, POC 116 (H) 70 - 99 mg/dL  
OPERATOR ID 176509  
INSTRUMENT ID KDAZ093-A0416

**Imaging Results:**

No **results** found.

No **results** found for this visit on 10/01/20.

**Anticonvulsant Drug Levels:**

No **results** found for this or any previous visit (from the past 12096 hour(s)).

**Mental Status Evaluation**

**Constitutional:**

General Appearance Wearing hospital scrubs and normal appearance

General Behavior Defensive

**Musculoskeletal:**

**Gait** and Station No **gait** abnormalities

Strength and tone Normal

**Psychiatric:**

Psychomotor Activity No motor abnormalities

Speech Less pressured

Mood "Anxious"

Affect Restricted

Thought Process Illogical, Tangential, Flight of ideas, Disorganized and Perseveration

Associations Loose association

Thought Content/Perceptual Disturbances Denied SI, HI, AVH

Cognition/Sensorium AAOx4; Memory, attention, language, and fund of knowledge intact

Insight Poor to fair

Judgment Poor to fair

- Total time spent with patient face-to-face was 35 minutes of which 25 minutes (>50% of total time) was spent on counseling and/or coordinating care regarding: Risks and benefits of treatment options, instructions for treatment and/or follow-up, importance of adherence to chosen treatment and Risk factor reduction.

**Electronically signed by:**

Nathan M Carter, MD

10/5/2020 9:59 AM

Electronically signed by Nathan M Carter, MD at 10/05/2020 12:01 PM EDT

Significant Event - Seth, Brahmi H, MD - 10/05/2020 10:02 AM EDT

Glucose levels stable. Will d/c gluco-surveillance.

Continue consistent carbohydrate diet.

NICS will sign off, please call if needed.

Electronically signed by Brahmi H Seth, MD at 10/05/2020 10:03 AM EDT

Plan of Care - Laplanche, Carole M, MSW - 10/05/2020 11:30 AM EDT

**Problem: Discharge Planning**

Intervention: Facilitate communication re: discharge plan with patient/caregiver and pertinent members of the healthcare team

Note: Collateral: SW called therapist who stated that he worked with pt in the past and will continue to provided pro bono services by phone until pt establishes a connection with a new therapist. Therapist stated that pt is highly intelligent and when well holds a job and is self sufficient. Pt is hyper verbal most of the time, which is the norm for pt. Therapist stated that pt does take a long time to develop a trusting relation ship with a therapist. Pt is compliant and does not miss appointments. And if additional information is needed he will be happy to assist. SW obtained ROI for Atrium to cancel and reschedule appointment for medication management. SW was able to cancel and reschedule appointment with Atrium.

Electronically signed by Carole M Laplanche, MSW at 10/05/2020 11:33 AM EDT

Ancillary Note - Fitzpatrick, Molly B, LRT CTRS - 10/05/2020 1:14 PM EDT

Formatting of this note might be different from the original.

10/05/20 1100

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Did not Attend Group Type Recreation **Therapy**

Reason for Not Attending Group Patient Refused

Follow-up for Not Attending Group Recreation Therapist will continue to encourage pt to attend group sessions.

Electronically signed by Molly B Fitzpatrick, LRT CTRS at 10/05/2020 1:14 PM EDT

Plan of Care - Chambers, Lolene Green, RN - 10/05/2020 2:31 PM EDT

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Patient talked to writer about his PTSD from Wellsfargo. He states he wants to make life more comfortable for his mother and she is his primary support person. He states he wants to get back to work and is hopeful about his future. He identified the medication Adderall as the source of his recent problems and said he is happy we were able to help. He attended morning meeting, identified realistic coping skills and apologized for needing frequent assistance for his PTSD the past two days. He denies any **suicidal** ideations and **hallucinations** to writer, remains medication compliant and is eager for discharge to home.

Electronically signed by Lolene Green Chambers, RN at 10/05/2020 2:45 PM EDT

Ancillary Note - Fitzpatrick, Molly B, LRT CTRS - 10/05/2020 2:40 PM EDT

Formatting of this note might be different from the original.

10/05/20 1400

BH DID NOT ATTEND GROUP

Attendance Status Did Not Attend

Did not Attend Group Type Recreation **Therapy** Gym

Reason for Not Attending Group Other (comment)

(Unable to offer gym due to unit accuity)

Follow-up for Not Attending Group Unable to offer gym due to unit accuity

Electronically signed by Molly B Fitzpatrick, LRT CTRS at 10/05/2020 2:40 PM EDT

Group Note - Laplanche, Carole M, MSW - 10/05/2020 2:42 PM EDT

Formatting of this note might be different from the original.

Group **Therapy** Note

Group Date/Time: 10/5/2020 1300 - 1330

Group Topic: BH Psychotherapy

Group Department: NHPMC Inpatient 7E

Group Facilitator: Carole M Laplanche, MSW

Group Subtopic : "How to cope with **anxiety**"

Patient Problem or Treatment Goal Addressed: Ineffective Coping

Teaching Methods/Interventions: Group Discussion

Audio Visual Played (if applicable): NA

Written Material Given (if applicable): NA

Behavior: Sociable

Affect/Mood: Euthymic

Thoughts: Clear

Readiness to Learn/Patient Participation Level: Active

Attention Span: Alert

Barriers to Learning: None=no barriers

Patient/Family Response: Verbalizes Understanding of Information

Care Plan Updated?

Yes.

Care Plan Note

Plan of Care by Lolene Green Chambers, RN at 10/5/2020 2:31 PM

Author: Lolene Green Chambers, RN Service: Nursing Author Type: Registered Nurse

Filed: 10/5/2020 2:45 PM Date of Service: 10/5/2020 2:31 PM Status: Signed

Editor: Lolene Green Chambers, RN (Registered Nurse)

Problem: Discharge Planning

Goal: Knowledge of treatment plan (Why is it important for me to do this?)

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Problem: Cognitive-Perceptual Pattern - Impaired

Goal: Knowledge of medication management

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Decrease in symptoms of **anxiety**

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Goal: Demonstrate increased insight and judgement

Outcome: Not Progressing

Problem: Coping - Ineffective, Patient/Family

Goal: Effective coping

Description: Recreational **Therapy** ST: Pt will engage in at least 1 therapeutic activity offered per day

Recreational **Therapy** LT: Pt will be able to identify 3-5 healthy coping skills prior to discharge

10/5/2020 1428 by Lolene Green Chambers, RN

Outcome: Progressing

10/5/2020 1118 by Lolene Green Chambers, RN

Outcome: Not Progressing

Patient talked to writer about his PTSD from Wellsfargo. He states he wants to make life more comfortable for his mother and she is his primary support person. He states he wants to get back to work and is hopeful about his future. He identified the medication Adderall as the source of his recent problems and said he is happy we were able to help. He attended morning meeting, identified realistic coping skills and apologized for needing frequent assistance for his PTSD the past two days. He denies any **suicidal** ideations and **hallucinations** to writer, remains medication compliant and is eager for discharge to home.

Electronically signed:

Carole Laplanche, MSW

10/5/2020 / 2:42 PM

Plan of Care - Laplanche, Carole M, MSW - 10/05/2020 2:45 PM EDT

Problem: Discharge Planning

Intervention: Facilitate communication re: discharge plan with patient/caregiver and pertinent members of the healthcare team

10/5/2020 1443 by Carole M Laplanche, MSW

Note: Pt participated in group, and stated that he knows his triggers and avoids the negative by **finding** peace for himself, by reading a book and getting lost in the book.

10/5/2020 1119 by Carole M Laplanche, MSW

Note: SW called therapist who stated that he worked with pt in the past and will continue to provide pro bono services by phone until pt establishes a connection with a new therapist. Therapist stated that pt is highly intelligent and when well holds a job and is self-sufficient. Pt is hyper-verbal most of the time, which is the norm for pt. Therapist stated that pt does take a long time to develop a trusting relationship with a therapist. Pt is compliant and does not miss appointments. And if additional information is needed he will be happy to assist.

Electronically signed by Carole M Laplanche, MSW at 10/05/2020 2:45 PM EDT

**Discharge Summary** - Bliet, Jacobus P, PA - 10/06/2020 9:59 AM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - **Discharge Summary**

Date of Admission: 10/1/2020

Date of Discharge: 10/06/2020

Attending Provider: Nathan Carter, MD

Hospital LOS: 5 days

Time Spent performing discharge services: - 35 minutes

Discharge **Diagnoses** and Medications

Active Hospital Problems

**Diagnosis** Date Noted POA

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

Resolved Hospital Problems

No resolved problems to display.

Medications:

Medication List

START taking these medications

Instructions

paliperidone 6 MG 24 hr tablet

Dose: 6 mg

For: Manic-**Depression**

Commonly known as: INVEGA

6 mg, Oral, Daily

traZODone 100 MG tablet

Dose: 100 mg

For: Trouble Sleeping

Commonly known as: DESYREL

100 mg, Oral, At bedtime

STOP taking these medications

ADDERALL XR 20 mg 24 hr capsule

Generic drug: amphetamine-dextroamphetamine

citalopram hydrobromide 20 mg tablet

Commonly known as: CELEXA

GOODYS EXTRA STRENGTH 520-260-32.5 MG Pack

Generic drug: Aspirin-Acetaminophen-Caffeine

OLANZapine 5 mg tablet

Commonly known as: ZYPREXA

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

#### Hospital Course

Consulting Services: Internal medicine re: DM

Indication for Admission: risk of self injury

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

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

Metabolic screening completed/reviewed during admission included:

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

Ref. Range 10/3/2020 08:06

Cholesterol Latest Ref Range: 100 - 199 mg/dL 164

HDL Latest Ref Range:  $\geq 39$  mg/dL 32 (L)

Triglycerides Latest Ref Range: 0 - 149 mg/dL 216 (H)

Total Chol/HDL Ratio Latest Ref Range: 0 - 5 5

LDL-C Latest Ref Range: 0 - 99 mg/dL 89



VLDL Latest Ref Range: 5 - 40 mg/dl 43 (H)

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

Ref. Range 10/1/2020 20:27

Hgb A1C Diabetic **Assessment** Latest Ref Range: 4.8 - 5.6 % 6.2 (H)

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

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

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

Medication changes during this hospitalization:

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

Justification for two or more antipsychotic medications:

Is not being discharged on multiple antipsychotic meds

Tobacco/Substance Use Recommendation

Tobacco use in the past 30 days? No

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

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

Condition Upon Discharge

Vitals:

Vitals:

10/06/20 0902

BP: 122/73

Pulse: 89

Resp: 18

Temp: 98.4 °F (36.9 °C)

SpO2: 100%

Constitutional:

General Appearance Wearing hospital scrubs and normal appearance

General Behavior Pleasant and cooperative

Musculoskeletal:

**Gait** and Station No **gait** abnormalities

Strength and tone Normal

Psychiatric:

Psychomotor Activity No motor abnormalities

Speech Normal in rate/volume/tone

Mood Appropriate to circumstances and Euthymic

Affect Full range/appropriate and reactive

Thought Process Linear, logical, and goal directed

Associations Intact association

Thought Content/Perceptual 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 Fair

Judgment Fair

#### Discharge Instructions and Disposition

Discharge Procedure Orders

Ambulatory referral to Psychiatry

Referral Priority: Routine Referral Type: **Consultation**

Referral Reason: Evaluate and Return

Requested Specialty: Psychiatry

Number of Visits Requested: 1 Expiration Date: 04/03/21

Appointments which have been scheduled

Appointment: October 21, 2020 @ 3:00PM

Atrium

501 Billingsley Rd.

Charlotte, NC 28211

704-358-2810

704-358-2966 (F)

Appointment:

**Therapy**

John E. Monguillot, LP Counseling Psychologist

[REDACTED]

Fax:

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

Disposition: Discharge to home

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

Electronically signed by:

Jacobus P Bliek, PA

10/6/2020 / 9:59 AM

Electronically signed by Nathan M Carter, MD at 10/06/2020 4:30 PM EDT

Nursing Note - Czerwiec, Adriana, LPN - 10/06/2020 11:45 AM EDT

Patient denies SI/HI and AVH. AVS was given to patient and reviewed information on AVS. Also medications filled by out pharmacy given to patient. Belongings returned denied anything was missing. Walked down to **cancer** center lobby and cab voucher provided.

Electronically signed by Adriana Czerwiec, LPN at 10/06/2020 12:37 PM EDT

Problem: Discharge Planning

Intervention: Facilitate communication re: discharge plan with patient/caregiver and pertinent members of the healthcare team

Note: Summary: Pt progressed and ready for discharge. SW engaged pt and discussed DC and safety plan. Pt comfortable with DC plan. SW encouraged pt to continue working on Wellness and Recovery workbook. AVS completed and Sw provided cab voucher for pt to get home.

Electronically signed by Carole M Laplanche, MSW at 10/06/2020 12:05 PM EDT

10/01/2020 Travel

09/30/2020 Emergency

-

10/01/2020

Involuntary commitment  
(Primary Dx);  
**Suicidal** ideation

## NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

**09/30/2020**

ED Notes - Derricott, Michele M, RN BSN - 09/30/2020 11:50 PM EDT

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

Electronically signed by Michele M Derricott, RN BSN at 10/01/2020 6:37 AM EDT

ED Provider Notes - Sherrill, Jonathan G, PA-C - 10/01/2020 12:16 AM EDT

Formatting of this note might be different from the original.

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

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

- Diabetes mellitus (\*)  
type 2
- Nonpsychotic 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.

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

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

Electronically signed by:

Jonathan G Sherrill, PA-C

10/01/20 0018

Jonathan G Sherrill, PA-C

10/01/20 0021

Electronically signed by Jerry D Nix, MD at 10/01/2020 2:04 AM EDT

Ancillary Note - Woods, Brandi, LCMHC - 10/01/2020 12:35 AM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - Behavioral Health **Crisis** Access Screening

Patient Name: Leonard Williams

Date of Birth: 11/1/1980

Today's Date: October 1, 2020

Provisional **Diagnosis**

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

Primary Presenting Problem: Mental Health

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

Disposition

Disposition Recommendation: Further Eval Needed

Triage Screen

ED Triage Access Screening (Select All that are True): The patient is experiencing **Suicidal/Homicidal**

ideations with an identifiable plan intent, means, or recent gesture/attempt.

#### General Information

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

Referral Source: Angela Haun- mother/petitioner

Referral Source Contact Number: [REDACTED]

Release Signed: No

Referral Source Contacted: Yes

Release for Community Providers: No

Information Provided By:: Patient

Court Appointed Guardian: No

Are you a Veteran?: No

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

Date of last yearly physical:: unknown

Outside help or community services at home: Mental Health Services

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

#### Potential Risk to Self

**Suicidal** threats/behaviors in past 6 months?: Yes

**Suicidal** Ideation or **Suicide** Threats: No

Recent attempt to Harm Self?: No

Intent for above: No

Currently engaging in self-injurious behavior?: No

History of **Suicidal**/Self-Injuring behaviors?: Yes

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

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

Access to firearms?: No

Other means of Harm?: Yes(pills)

#### Potential Risk to Others

**Homicidal** threats/behaviors in past 6 months?: No

**Homicidal** Ideation or **Homicidal** Threats?: No

Named Individual: No

Recent attempt to Harm Another?: No

Intent for above: No

Patient currently assaultive or combative?: No

History of **Homicidal** Acts/Assaultive behaviors?: No

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

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

Access to firearms?: No

Other means of Harm?: No

Patient able to reliably contract for safety?: Yes

#### Symptoms

Sleep pattern changed: No

Sleeping increased: No

Sleeping decreased: No

Problems: No

Use sleep aid: Yes

Type of Sleep Aid: zyprexa

Appetite change: No

Weight change: No

Appetite Problems:: No

Hopelessness/Helplessness: No

Crying spells/mood swings: Yes

Low energy/fatigue: No

Concentration problems: Yes

Psychomotor retardation/agitation: No

Feelings of guilt/worthlessness: No

Social withdrawal: No

Recurrent thoughts of death: Yes

Deterioration in Activities of Daily Living: No

Rapid pressured speech: Yes

Increase in impulsivity: No

Increase in energy: No

Flight of ideas/loose association: No

Excessive worry: No

Nervousness: No

Irritability: Yes

Shortness of breath: No

Racing heart rate: No

Sweaty/Chills/Hot flashes: No

Nausea/Vomiting/Diarrhea: No

Chest Pain: No

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

Psychosis

Delusions: Persecution

**Hallucinations**: None

Ambivalence: No (Comment)

Confusion: No (Comment)

Disorganization: No (Comment)

Treatments

Treatments?: Yes

Treatment Date: (July 2020)

Treatment Provider/Location: Kathleen Peniston- Psychiatrist

Treatment Type: Behavioral Health;Outpatient

Treatment Date of Next Appt or Last Appt: next appt 10/5

Additional Treatment?: Yes

Treatment 2 Date: 09/17/20

Treatment 2 Provider/Location: Dr. John Monguillot

Treatment 2 Type: Behavioral Health;Outpatient

Additional Treatment?: Yes

Treatment 3 Date: (2000)



Treatment 3 Provider/Location: Broughton

Treatment 3 Type: Behavioral Health;Inpatient

Additional Treatment?: No

Did you follow up with your aftercare appointment?: Yes

Did you take your medication as prescribed?: Yes

#### Substance Use

Substance use in past 12 months?: No

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;Physical;Emotional;Sexual

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

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 10/01/2020 2:37 AM EDT

Ancillary Note - Woods, Brandi, LCMHC - 10/01/2020 2:38 AM EDT

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

Electronically signed by Brandi Woods, LCMHC at 10/01/2020 2:41 AM EDT

ED Notes - Derricott, Michele M, RN BSN - 10/01/2020 6:38 AM EDT

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

Electronically signed by Michele M Derricott, RN BSN at 10/01/2020 6:39 AM EDT

ED Notes - Mazoway, Rosalyn Gioia, MS, RN - 10/01/2020 8:12 AM EDT

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

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/01/2020 8:22 AM EDT

Ancillary Note - Hayes, Dabney E, LCMHC - 10/01/2020 12:30 PM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

IVC upheld and faxed to courthouse.

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

Electronically signed by Dabney E Hayes, LCMHC at 10/01/2020 1:06 PM EDT

ED Notes - Mazoway, Rosalyn Gioia, MS, RN - 10/01/2020 12:33 PM EDT

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

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/01/2020 12:42 PM EDT

ED Notes - Mazoway, Rosalyn Gioia, MS, RN - 10/01/2020 12:51 PM EDT

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

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/01/2020 12:52 PM EDT

ED Notes - Mazoway, Rosalyn Gioia, MS, RN - 10/01/2020 3:31 PM EDT

ROI for John Monguillet Psychologist

[REDACTED]

Electronically signed by Rosalyn Gioia Mazoway, MS, RN at 10/01/2020 3:31 PM EDT

Ancillary Note - Hayes, Dabney E, LCMHC - 10/01/2020 4:14 PM EDT

Formatting of this note might be different from the original.

10/01/20 1614

Disposition

MD Contact Name Dr. Barksdale

MD Contact Date 10/01/20

MD Contact Time 1614

Disposition Recommendation 1

Admission Type Arrived to the Facility on Commitment Papers

Psychiatrist Name Dr. McGrath

Room # 737-01

Admitted to Medical Unit? No

Disposition Comments call report into 704-384-7345

Electronically signed by Dabney E Hayes, LCMHC at 10/01/2020 4:14 PM EDT

Ancillary Note - Hayes, Dabney E, LCMHC - 10/01/2020 4:52 PM EDT

Formatting of this note might be different from the original.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

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

Mother thanked this writer for the info.

Electronically signed:

Dabney E Hayes, LCMHC

10/1/2020 / 4:52 PM

Electronically signed by Dabney E Hayes, LCMHC at 10/01/2020 4:53 PM EDT

Consults - Vickery, Larson T, PA-C - 10/01/2020 5:17 PM EDT

Formatting of this note might be different from the original.

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 (\*)

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
  
- 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 her 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 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

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

• 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 Concern

• 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))

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

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

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 Vernon C Barksdale, MD at 10/02/2020 6:28 PM EDT

ED Notes - Aycock, Mounty Vanalong, RN - 10/01/2020 6:55 PM EDT

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

Electronically signed by Mounty Vanalong Aycock, RN at 10/01/2020 7:04 PM EDT

ED Notes - Derricott, Michele M, RN BSN - 10/01/2020 8:00 PM EDT

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

Electronically signed by Michele M Derricott, RN BSN at 10/01/2020 10:38 PM EDT

ED Notes - Derricott, Michele M, RN BSN - 10/01/2020 10:19 PM EDT

PSO called to assist with patient transport to room 737.

Electronically signed by Michele M Derricott, RN BSN at 10/01/2020 10:20 PM EDT

09/29/2020 Emergency

<b>NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER</b> <b>09/29/2020</b>
-----------------------------------------------------------------------

ED Notes - Koulouris, Panagiotis, RN - 09/29/2020 2:57 PM EDT

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 09/29/2020 2:58 PM EDT

from 04/21/2018 to 07/01/2021

# PROCED

## Procedures

### Non-identified Provider

<u>Date</u>	<u>Procedure/Encounter Type [Code]</u>
06/24/2021	HC ECG 12 LEAD TRACING [93005]
06/24/2021	HC ECG 12 LEAD TRACING [93005]
06/24/2021	HC THYROID STIMULATING HORMONE [84443]
06/24/2021	GEN5 CARDIAC TROPONIN T(TNT5) 1 HOUR [LAB3040105] Troponin T SerPI DL <= 5 ng/L-mCnc [67151-1]
06/24/2021	HC COMPREHENSIVE METABOLIC PANEL [80053] Comp Metab 2000 Pnl SerPI [24323-8]
06/24/2021	HC MAGNESIUM LEVEL [83735]
06/24/2021	GEN5 CARDIAC TROPONIN T (TNT5) BASELINE [LAB3040100] Troponin T SerPI DL <= 5 ng/L-mCnc [67151-1]
06/24/2021	HC CBC W/ AUTO DIFFERENTIAL [85025] CBC W Auto Diff Bld [57021-8]
06/24/2021	HC RADIOLOGIC EXAM CHEST SINGLE VIEW [71045]
06/08/2021	MRI BRAIN W/O & W/DYE [70553]
10/06/2020	POCT GLUCOSE [117825]

10/05/2020	POCT GLUCOSE [117825]
10/05/2020	POCT GLUCOSE [117825]
10/05/2020	POCT GLUCOSE [117825]
10/04/2020	POCT GLUCOSE [117825]
10/04/2020	POCT GLUCOSE [117825]
10/04/2020	POCT GLUCOSE [117825]
10/04/2020	POCT GLUCOSE [117825]
10/03/2020	POCT GLUCOSE [117825]
10/03/2020	HC ECG 12 LEAD TRACING [93005]
10/03/2020	POCT GLUCOSE [117825]
10/03/2020	POCT GLUCOSE [117825]
10/03/2020	HC RPR SCREEN [86592]
10/03/2020	HC LIPID PANEL [80061]
	Lipid 1996 Pnl SerPI [24331-1]
10/03/2020	HC THYROID STIMULATING HORMONE [84443]
10/03/2020	POCT GLUCOSE [117825]
10/02/2020	HC HEMOGLOBIN A1C [83036]
	Hgb A1c MFr Bld [4548-4]
10/02/2020	POCT GLUCOSE [117825]
10/01/2020	POCT GLUCOSE [117825]
10/01/2020	POCT GLUCOSE [117825]
10/01/2020	EXTRA TUBES [140925]
10/01/2020	GOLD SST [145336]
10/01/2020	HC URINE DRUGS OF ABUSE SCREEN [80307]
10/01/2020	HC COMPREHENSIVE METABOLIC PANEL [80053]
	Comp Metab 2000 Pnl SerPI [24323-8]
10/01/2020	HC ETHANOL LEVEL QUANTITATIVE ASSAY [80299]
10/01/2020	HC SALICYLATE LEVEL QUANTITATIVE ASSAY [80299]
10/01/2020	HC ACETAMINOPHEN LEVEL QUANTITATIVE ASSAY [80299]
10/01/2020	HC CBC W/ AUTO DIFFERENTIAL [85025]
	CBC W Auto Diff Bld [57021-8]

Narrative Text				
Procedure Name	Priority	Date/Time	Associated <u>Diagnosis</u>	Comments
ECG 12-LEAD	STAT	06/23/2021 11:06 PM EDT		<p><u>Results</u> for this procedure are in the</p> <p><u>results</u> section</p> <p>.</p>
ECG 12-LEAD	STAT	06/23/2021 10:20 PM EDT		<p><u>Results</u> for this procedure are in the</p> <p><u>results</u> section</p> <p>.</p>
TSH	STAT	06/23/2021 10:18 PM EDT		<p><u>Results</u> for this procedure are in the</p>

GEN5 CARDIAC TROPONIN T(TNT5) 1 HOUR		06/23/2021 10:07 PM EDT		<u>results</u> section
				.
				<u>Results</u> for this procedure are in the
				<u>results</u> section
				.
				<u>Results</u> for this procedure are in the
MAGNESIUM	STAT	06/23/2021 9:03 PM EDT		<u>results</u> section
				.
COMPREHENSIVE METABOLIC PANEL	STAT	06/23/2021 9:03 PM EDT		<u>Results</u> for this procedure are in the
				<u>results</u> section
				.
				<u>Results</u> for this procedure are in the
GEN5 CARDIAC TROPONIN T (TNT5) BASELINE	STAT	06/23/2021 8:55 PM EDT		<u>results</u> section
				.
CBC AND DIFFERENTIAL	STAT	06/23/2021 8:27 PM EDT		<u>Results</u> for this procedure are in the
				<u>results</u> section
				.
				<u>Results</u> for this procedure are in the
XR CHEST AP PORTABLE	STAT	06/23/2021 8:17 PM EDT		<u>results</u> section
				.
<u>MRI</u> HEAD WO W IV CONTRAST	Routine	06/08/2021 3:09 PM EDT	Cognitive complaints	<u>Results</u> for this procedure are in the
				<u>results</u> section
			Delusional disorder (*)	.
				<u>Results</u> for this procedure are in the
			Bipolar affective disorder, remission status unspecified (*)	<u>results</u> section
				.
			PTSD (post-traumatic stress disorder)	.
				<u>Results</u> for this procedure are in the
POCT GLUCOSE	Routine	10/06/2020 8:11 AM EDT		<u>Results</u> for this procedure are in the

			<b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/05/2020 4:40 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/05/2020 12:20 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/05/2020 8:10 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/04/2020 7:39 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/04/2020 4:58 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/04/2020 12:03 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/04/2020 8:24 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .
POCT GLUCOSE	Routine	10/03/2020 7:51 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section .

ECG 12-LEAD	STAT	10/03/2020 7:05 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
POCT GLUCOSE	Routine	10/03/2020 5:05 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
POCT GLUCOSE	Routine	10/03/2020 12:08 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
RPR	Routine	10/03/2020 10:45 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
TSH	Routine	10/03/2020 9:04 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
LIPID PANEL	Routine	10/03/2020 9:04 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
POCT GLUCOSE	Routine	10/03/2020 8:12 AM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
HEMOGLOBIN A1C	Routine	10/01/2020 8:53 PM EDT	<b><u>Results</u></b> for this procedure are in the <b><u>results</u></b> section.
POCT GLUCOSE	STAT	10/01/2020 8:35 PM EDT	<b><u>Results</u></b> for this procedure are in the

			<b><u>results</u></b> section .
POCT GLUCOSE	STAT	10/01/2020 12:34 PM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
POCT GLUCOSE	STAT	10/01/2020 9:16 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
GOLD SST	Timed	10/01/2020 7:00 AM EDT	
EXTRA TUBES	STAT	10/01/2020 7:00 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
URINE DRUGS OF ABUSE SCRN	STAT	10/01/2020 3:35 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
COMPREHENSIVE METABOLIC PANEL	STAT	10/01/2020 1:10 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
ACETAMINOPHEN LEVEL	STAT	10/01/2020 1:08 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
SALICYLATE LEVEL	STAT	10/01/2020 1:08 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section .
ETHANOL	STAT	10/01/2020 1:08 AM EDT	<b><u>Results</u></b> for this procedure are in the  <b><u>results</u></b> section



from 04/21/2018 to 07/01/2021

# LABS

## Laboratory Results

Date	Test
06/24/2021	509
	<div><div>Associated Procedure: ECG 12 lead</div><div><div>Text: {Reference ID: #Result901920919} ECG 12 lead (06/23/2021 11:06 PM EDT) Specimen Narrative  Diagnosis Class Borderline Normal Acquisition Device MAC55 Ventricular Rate 80 Atrial Rate 80 P-R Interval 152 QRS Duration 98 Q-T Interval 346 QTC Calculation(Bazett) 399 Calculated P Axis 25 Calculated R Axis -29 Calculated T Axis -6 Diagnosis Normal sinus rhythm Moderate voltage criteria for LVH, may be normal variant When compared with ECG of 23-JUN-2021 20:26, No significant change was found</div><div>Performed At  NH MUSE</div></div></div>

		<p>Gardner, Christopher (1888) on 6/23/2021 11:06:24 PM certifies that he/she has reviewed the ECG tracing and confirms the independent interpretation</p> <p>is correct.</p> <p>Performing Organization                      Address                      City/State/ZIP Code Phone Number</p> <p>NH MUSE</p>
	Unknown	
06/24/2021	509	
	<p>Associated Procedure: ECG 12 lead</p>	<p><b>Text:</b> {Reference ID: #Result901920918}</p> <p>ECG 12 lead (06/23/2021 10:20 PM EDT)</p> <p>Specimen</p> <p>Narrative</p> <p>Diagnosis Class Abnormal</p> <p>Acquisition Device MAC55</p> <p>Ventricular Rate 77</p> <p>Atrial Rate 77</p> <p>P-R Interval 158</p> <p>QRS Duration 96</p> <p>Q-T Interval 350</p> <p>QTC Calculation(Bazett) 396</p> <p>Calculated P Axis 29</p> <p>Calculated R Axis -24</p> <p>Calculated T Axis 11</p> <p>Diagnosis Normal sinus rhythm</p> <p>Normal ECG</p> <p>When compared with ECG of 01-OCT-2020 18:26,</p> <p>Left anterior fascicular block is no longer present</p> <p>Gardner, Christopher (1888) on 6/23/2021 10:20:51 PM certifies that he/she has reviewed the ECG tracing and confirms the independent interpretation</p> <p>is correct.</p> <p>Performing Organization                      Address                      City/State/ZIP Code Phone Number</p> <p>NH MUSE</p>
	Unknown	

06/24/2021	906												
	TSH SerPI DL≤0.005 mIU/L- aCnc	<b>Value:</b> 1.07 mclU/mL <b>Ref Range:</b> 0.45 - 4.50 mclU/mL <b>Text:</b> {Reference ID: #Result901920934Comp1} TSH 1.07 0.45 - 4.50 mclU/mL      PRESBYTERIAN MEDICAL CENTER											
	Associated Procedure: TSH	<b>Text:</b> {Reference ID: #Result901920934} TSH (06/23/2021 10:18 PM EDT) <table><tr><td>Component Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>TSH 1.07</td><td>0.45 - 4.50 mclU/mL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> Specimen Blood Performing      Address      City/State/ZIP Code      Phone Number Organization  PRESBYTERIAN      200 Hawthorne Lane      Charlotte, NC      704-384-1522 MEDICAL CENTER      28204				Component Value	Ref Range	Performed At	Pathologist Signature	TSH 1.07	0.45 - 4.50 mclU/mL	PRESBYTERIAN MEDICAL CENTER	
Component Value	Ref Range	Performed At	Pathologist Signature										
TSH 1.07	0.45 - 4.50 mclU/mL	PRESBYTERIAN MEDICAL CENTER											
06/24/2021	Troponin T SerPI DL ≤ 5 ng/L-mCnc												
	Delta 1 Hour	<b>Value:</b> -2 ng/L <b>Ref Range:</b> <5 ng/L <b>Text:</b> {Reference ID: #Result901920927Comp2} Delta 1 Hour -2 <5 ng/L      PRESBYTERIAN MEDICAL CENTER											
	Troponin T SerPI DL &lt;= 5 ng/L-mCnc	<b>Value:</b> 5 ng/L <b>Ref Range:</b> <22 ng/L <b>Text:</b> {Reference ID: #Result901920927Comp1} TnT- 5      <22 PRESBYTERIAN Gen5      ng/L MEDICAL (1hr) Comment:      CENTER  An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness. Assay results < 6 ng/L and > 10,000 ng/L are reported as 5 ng/L and 10,001 ng/L respectively to reflect the absolute reportable range of TnTGen5.											
	Associated Procedure: Troponin T SerPI DL &lt;= 5 ng/L-mCnc	<b>Text:</b> {Reference ID: #Result901920927} Gen5 Cardiac Troponin T (TnT5) 1H (06/23/2021 10:07 PM EDT) <table><tr><td>Component Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>TnT-Gen5 5 (1hr) Comment:  An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart</td><td>&lt;22 ng/L</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table>				Component Value	Ref Range	Performed At	Pathologist Signature	TnT-Gen5 5 (1hr) Comment:  An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart	<22 ng/L	PRESBYTERIAN MEDICAL CENTER	
Component Value	Ref Range	Performed At	Pathologist Signature										
TnT-Gen5 5 (1hr) Comment:  An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart	<22 ng/L	PRESBYTERIAN MEDICAL CENTER											

		<p>failure, trauma, toxins and ischemia in the setting of critical illness.</p> <p>Assay results &lt; 6 ng/L and &gt; 10,000 ng/L are reported as 5 ng/L and 10,001 ng/L respectively to reflect the absolute reportable range of TnTGen5.</p>
	<p>Delta 1 Hour</p> <p>Specimen Blood</p> <p>Performing Organization</p>	<p>-2</p> <p>Address</p> <p>PRESBYTERIAN MEDICAL CENTER</p>
		<p>&lt;5 ng/L</p> <p>City/State/ZIP Code</p> <p>Phone Number</p>
		<p>PRESBYTERIAN MEDICAL CENTER</p> <p>200 Hawthorne Lane</p> <p>Charlotte, NC 28204</p> <p>704-384-1522</p>
06/24/2021	<b>Comp Metab 2000 Pnl SerPI</b>	
	AGAP	<p><b>Value:</b> 13 mmol/L</p> <p><b>Ref Range:</b> 7 - 16 mmol/L</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp5}</p> <p>AGAP 13 7 - 16 mmol/L PRESBYTERIAN MEDICAL CENTER</p>
	ALP SerPI-cCnc	<p><b>Value:</b> 79 U/L</p> <p><b>Ref Range:</b> 25 - 150 U/L</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp10}</p> <p>ALK PHOS 79 25 - 150 U/L PRESBYTERIAN MEDICAL CENTER</p>
	ALT SerPI-cCnc	<p><b>Value:</b> 25 U/L</p> <p><b>Ref Range:</b> 0 - 55 U/L</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp17}</p> <p>ALT 25 0 - 55 U/L PRESBYTERIAN MEDICAL CENTER</p>
	AST SerPI-cCnc	<p><b>Value:</b> 24 U/L</p> <p><b>Ref Range:</b> 0 - 40 U/L</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp18}</p> <p>AST 24 0 - 40 U/L PRESBYTERIAN MEDICAL CENTER</p>
	Albumin SerPI-mCnc	<p><b>Value:</b> 4.1 gm/dL</p> <p><b>Ref Range:</b> 3.5 - 5.5 gm/dL</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp13}</p> <p>Alb 4.1 3.5 - 5.5 gm/dL PRESBYTERIAN MEDICAL CENTER</p>
	Albumin/Glob SerPI	<p><b>Value:</b> 1.1</p> <p><b>Ref Range:</b> 1.1 - 2.5</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp15}</p> <p>ALBUMIN/GLOBULIN RATIO 1.1 1.1 - 2.5 PRESBYTERIAN MEDICAL CENTER</p>
	BUN SerPI-mCnc	<p><b>Value:</b> 14 mg/dL</p> <p><b>Ref Range:</b> 6 - 24 mg/dL</p> <p><b>Text:</b> {Reference ID: #Result901920922Comp7}</p> <p>BUN 14 6 - 24 mg/dL PRESBYTERIAN MEDICAL CENTER</p>
	BUN/Creat SerPI	<p><b>Value:</b> 21.9</p>

	<b>Ref Range:</b> 11.0 - 26.0 <b>Text:</b> {Reference ID: #Result901920922Comp16} BUN/CREAT RATIO 21.9 11.0 - 26.0 PRESBYTERIAN MEDICAL CENTER			
Bilirub SerPI-mCnc	<b>Value:</b> 1.16 mg/dL <b>Ref Range:</b> 0.00 - 1.20 mg/dL <b>Text:</b> {Reference ID: #Result901920922Comp11} T Bili 1.16 0.00 - 1.20 mg/dL PRESBYTERIAN MEDICAL CENTER			
CO2 SerPI-sCnc	<b>Value:</b> 20 mmol/L <b>Ref Range:</b> 20 - 32 mmol/L <b>Text:</b> {Reference ID: #Result901920922Comp4} CO2 20 20 - 32 mmol/L PRESBYTERIAN MEDICAL CENTER			
Calcium SerPI-mCnc	<b>Value:</b> 9.9 mg/dL <b>Ref Range:</b> 8.7 - 10.2 mg/dL <b>Text:</b> {Reference ID: #Result901920922Comp9} Ca 9.9 8.7 - 10.2 mg/dL PRESBYTERIAN MEDICAL CENTER			
Chloride SerPI-sCnc	<b>Value:</b> 106 mmol/L <b>Ref Range:</b> 97 - 108 mmol/L <b>Text:</b> {Reference ID: #Result901920922Comp3} Cl 106 97 - 108 mmol/L PRESBYTERIAN MEDICAL CENTER			
Associated Procedure: Comp Metab 2000 Pnl SerPI	<b>Text:</b> {Reference ID: #Result901920922} Comprehensive Metabolic Panel (06/23/2021 9:03 PM EDT)			
	Component	Value	Ref Range	Performed At Pathologist Signature
	Na	139	136 - 146 mmol/L	PRESBYTERIAN MEDICAL CENTER
	Potassium	4.3	3.7 - 5.4 mmol/L	PRESBYTERIAN MEDICAL CENTER
	Cl	106	97 - 108 mmol/L	PRESBYTERIAN MEDICAL CENTER
	CO2	20	20 - 32 mmol/L	PRESBYTERIAN MEDICAL CENTER
	AGAP	13	7 - 16 mmol/L	PRESBYTERIAN MEDICAL CENTER
	Glucose	155 (H)	65 - 99 mg/dL	PRESBYTERIAN MEDICAL CENTER
	BUN	14	6 - 24 mg/dL	PRESBYTERIAN MEDICAL CENTER
	Creatinine	0.64 (L)	0.76 - 1.27 mg/dL	PRESBYTERIAN MEDICAL CENTER
	Ca	9.9	8.7 - 10.2 mg/dL	PRESBYTERIAN MEDICAL CENTER
	ALK PHOS	79	25 - 150 U/L	PRESBYTERIAN MEDICAL CENTER
	T Bili	1.16	0.00 - 1.20	PRESBYTERIAN

		mg/dL	MEDICAL CENTER
Total Protein	7.8	6.0 - 8.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
Alb	4.1	3.5 - 5.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
GLOBULIN	3.7	1.5 - 4.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
ALBUMIN/GLOBULIN RATIO	1.1	1.1 - 2.5	PRESBYTERIAN MEDICAL CENTER
BUN/CREAT RATIO	21.9	11.0 - 26.0	PRESBYTERIAN MEDICAL CENTER
ALT	25	0 - 55 U/L	PRESBYTERIAN MEDICAL CENTER
AST	24	0 - 40 U/L	PRESBYTERIAN MEDICAL CENTER
GFR AFRICAN AMERICAN	142	mL/min/1.73m <sup>2</sup>	PRESBYTERIAN MEDICAL CENTER
	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	122	mL/min/1.73m <sup>2</sup>	PRESBYTERIAN MEDICAL CENTER
	Comment:		
	Non African-American: Normal GFR (glomerular		



		60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area																					
	Globulin Ser Calc-mCnc	<b>Value:</b> 3.7 gm/dL <b>Ref Range:</b> 1.5 - 4.5 gm/dL <b>Text:</b> {Reference ID: #Result901920922Comp14} GLOBULIN 3.7 1.5 - 4.5 gm/dL PRESBYTERIAN MEDICAL CENTER																					
	Glucose SerPI-mCnc	<b>Value:</b> 155 mg/dL <b>Ref Range:</b> 65 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result901920922Comp6} Glucose 155 65 - 99 mg/dL PRESBYTERIAN MEDICAL CENTER (H)																					
	Potassium SerPI-sCnc	<b>Value:</b> 4.3 mmol/L <b>Ref Range:</b> 3.7 - 5.4 mmol/L <b>Text:</b> {Reference ID: #Result901920922Comp2} Potassium 4.3 3.7 - 5.4 mmol/L PRESBYTERIAN MEDICAL CENTER																					
	Prot SerPI-mCnc	<b>Value:</b> 7.8 gm/dL <b>Ref Range:</b> 6.0 - 8.5 gm/dL <b>Text:</b> {Reference ID: #Result901920922Comp12} Total Protein 7.8 6.0 - 8.5 gm/dL PRESBYTERIAN MEDICAL CENTER																					
	Sodium SerPI-sCnc	<b>Value:</b> 139 mmol/L <b>Ref Range:</b> 136 - 146 mmol/L <b>Text:</b> {Reference ID: #Result901920922Comp1} Na 139 136 - 146 mmol/L PRESBYTERIAN MEDICAL CENTER																					
06/24/2021	<b>854</b>																						
	Associated Procedure: Magnesium	<b>Text:</b> {Reference ID: #Result901920923} Magnesium (06/23/2021 9:03 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Mg</td><td>1.9</td><td>1.6 - 2.6 mg/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> Specimen Blood <table><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td></tr><tr><td>PRESBYTERIAN MEDICAL CENTER</td><td>200 Hawthorne Lane</td><td>Charlotte, NC 28204</td><td>704-384-1522</td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Mg	1.9	1.6 - 2.6 mg/dL	PRESBYTERIAN MEDICAL CENTER		Performing Organization	Address	City/State/ZIP Code	Phone Number	PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522
Component	Value	Ref Range	Performed At	Pathologist Signature																			
Mg	1.9	1.6 - 2.6 mg/dL	PRESBYTERIAN MEDICAL CENTER																				
Performing Organization	Address	City/State/ZIP Code	Phone Number																				
PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522																				
	Mg	<b>Value:</b> 1.9 mg/dL <b>Ref Range:</b> 1.6 - 2.6 mg/dL <b>Text:</b> {Reference ID: #Result901920923Comp1} Mg 1.9 1.6 - 2.6 mg/dL PRESBYTERIAN MEDICAL CENTER																					
06/24/2021	<b>Troponin T SerPI DL &lt;= 5 ng/L-mCnc</b>																						
	Troponin T SerPI DL &lt;= 5 ng/L-mCnc	<b>Value:</b> 7 ng/L <b>Ref Range:</b> <22 ng/L <b>Text:</b> {Reference ID: #Result901920917Comp1} TnT- 7 Gen5 Comment: (0hr) An elevated Troponin indicates myocardial damage. <div>&lt;22 PRESBYTERIAN ng/L MEDICAL CENTER</div>																					



		Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.																																	
	Associated Procedure: Troponin T SerPI DL &lt;= 5 ng/L-mCnc	<b>Text:</b> {Reference ID: #Result901920917} Gen5 Cardiac Troponin T (TnT5) Baseline Series at: baseline, 1 hour, and 3 hour; Onset of symptoms: Greater than or equal 3 hours (06/23/2021 8:55 PM EDT) <table><tr><th>Component Value</th><th>Ref Range</th><th>Performed At</th><th>Pathologist Signature</th></tr><tr><td>TnT-Gen5 7 (0hr) Comment: An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.</td><td>&lt;22 ng/L</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> Specimen Blood Performing Organization Address City/State/ZIP Code Phone Number  PRESBYTERIAN MEDICAL CENTER 200 Hawthorne Lane Charlotte, NC 28204 704-384-1522				Component Value	Ref Range	Performed At	Pathologist Signature	TnT-Gen5 7 (0hr) Comment: An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.	<22 ng/L	PRESBYTERIAN MEDICAL CENTER																							
Component Value	Ref Range	Performed At	Pathologist Signature																																
TnT-Gen5 7 (0hr) Comment: An elevated Troponin indicates myocardial damage. Elevated troponin may also be due to pulmonary emboli, aortic dissection, heart failure, trauma, toxins and ischemia in the setting of critical illness.	<22 ng/L	PRESBYTERIAN MEDICAL CENTER																																	
06/24/2021	<b>CBC W Auto Diff Bld</b>																																		
	Basophils # Bld Auto	<b>Value:</b> 0.1 thou/mcL <b>Ref Range:</b> 0.0 - 0.2 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp23} BASO ABSOLUTE 0.1 0.0 - 0.2 thou/mcL PRESBYTERIAN MEDICAL CENTER																																	
	Basophils NFr Bld Auto	<b>Value:</b> 1.2 % <b>Ref Range:</b> 0.0 - 2.0 % <b>Text:</b> {Reference ID: #Result901920921Comp17} BASOPHIL % 1.2 0.0 - 2.0 % PRESBYTERIAN MEDICAL CENTER																																	
	Associated Procedure: CBC W Auto Diff Bld	<b>Text:</b> {Reference ID: #Result901920921} CBC And Differential (06/23/2021 8:27 PM EDT) <table><tr><th>Component</th><th>Value</th><th>Ref Range</th><th>Performed At</th><th>Pathologist Signature</th></tr><tr><td>WBC</td><td>5.7</td><td>5.1 - 10.8 thou/mcL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>RBC</td><td>5.22</td><td>4.05 - 5.64 million/mcL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>HGB</td><td>16.1</td><td>13.5 - 17.5 gm/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>HCT</td><td>46.7</td><td>40.5 - 52.5 %</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>MCV</td><td>90</td><td>83 - 97 fL</td><td>PRESBYTERIAN</td><td></td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	WBC	5.7	5.1 - 10.8 thou/mcL	PRESBYTERIAN MEDICAL CENTER		RBC	5.22	4.05 - 5.64 million/mcL	PRESBYTERIAN MEDICAL CENTER		HGB	16.1	13.5 - 17.5 gm/dL	PRESBYTERIAN MEDICAL CENTER		HCT	46.7	40.5 - 52.5 %	PRESBYTERIAN MEDICAL CENTER		MCV	90	83 - 97 fL	PRESBYTERIAN	
Component	Value	Ref Range	Performed At	Pathologist Signature																															
WBC	5.7	5.1 - 10.8 thou/mcL	PRESBYTERIAN MEDICAL CENTER																																
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HCT	46.7	40.5 - 52.5 %	PRESBYTERIAN MEDICAL CENTER																																
MCV	90	83 - 97 fL	PRESBYTERIAN																																

MCH	30.8	28.0 - 33.0 pg	MEDICAL CENTER PRESBYTERIAN MEDICAL CENTER
MCHC	34.5	32.0 - 36.0 gm/dL	PRESBYTERIAN MEDICAL CENTER
Plt Ct	308	150 - 400 thou/mcL	PRESBYTERIAN MEDICAL CENTER
RDW SD	39.9	36.0 - 47.0 fL	PRESBYTERIAN MEDICAL CENTER
MPV	10.0	8.9 - 11.0 fL	PRESBYTERIAN MEDICAL CENTER
NRBC%	0.0	0 /100WBC	PRESBYTERIAN MEDICAL CENTER
NRBC	0.000	0 thou/mcL	PRESBYTERIAN MEDICAL CENTER
NEUTROPHIL %	33.4 (L)	50.0 - 70.0 %	PRESBYTERIAN MEDICAL CENTER
LYMPHOCYTE %	45.9 (H)	25.0 - 40.0 %	PRESBYTERIAN MEDICAL CENTER
MONOCYTE %	11.7	4.0 - 12.0 %	PRESBYTERIAN MEDICAL CENTER
Eosinophil % (H)	7.6	1.0 - 6.0 %	PRESBYTERIAN MEDICAL CENTER
BASOPHIL %	1.2	0.0 - 2.0 %	PRESBYTERIAN MEDICAL CENTER
IG%	0.200	0.001 - 0.429 %	PRESBYTERIAN MEDICAL CENTER
ABSOLUTE NEUTROPHIL COUNT	1.89	1.50 - 7.50 thou/mcL	PRESBYTERIAN MEDICAL CENTER
ABSOLUTE LYMPHOCYTE COUNT	2.6	1.0 - 4.5 thou/mcL	PRESBYTERIAN MEDICAL CENTER
MONO ABSOLUTE	0.7	0.1 - 0.8 thou/mcL	PRESBYTERIAN MEDICAL CENTER
EOS ABSOLUTE	0.4	0.0 - 0.5 thou/mcL	PRESBYTERIAN MEDICAL CENTER
BASO ABSOLUTE	0.1	0.0 - 0.2 thou/mcL	PRESBYTERIAN MEDICAL CENTER

	IG ABSOLUTE 0.010 0.001 - 0.031 thou/mcL PRESBYTERIAN MEDICAL CENTER  Specimen Blood Performing Organization Address City/State/ZIP Code Phone Number  PRESBYTERIAN MEDICAL CENTER 200 Hawthorne Lane Charlotte, NC 28204 704-384-1522
Eosinophil # Bld Auto	<b>Value:</b> 0.4 thou/mcL <b>Ref Range:</b> 0.0 - 0.5 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp22} EOS ABSOLUTE 0.4 0.0 - 0.5 thou/mcL PRESBYTERIAN MEDICAL CENTER
Eosinophil NFr Bld Auto	<b>Value:</b> 7.6 % <b>Ref Range:</b> 1.0 - 6.0 % <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result901920921Comp16} Eosinophil % 7.6 1.0 - 6.0 % PRESBYTERIAN MEDICAL CENTER (H)
Hct VFr Bld Auto	<b>Value:</b> 46.7 % <b>Ref Range:</b> 40.5 - 52.5 % <b>Text:</b> {Reference ID: #Result901920921Comp4} HCT 46.7 40.5 - 52.5 % PRESBYTERIAN MEDICAL CENTER
Hgb Bld-mCnc	<b>Value:</b> 16.1 gm/dL <b>Ref Range:</b> 13.5 - 17.5 gm/dL <b>Text:</b> {Reference ID: #Result901920921Comp3} HGB 16.1 13.5 - 17.5 gm/dL PRESBYTERIAN MEDICAL CENTER
Imm Granulocytes # Bld Auto	<b>Value:</b> 0.010 thou/mcL <b>Ref Range:</b> 0.001 - 0.031 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp24} IG 0.010 0.001 - 0.031 thou/mcL PRESBYTERIAN MEDICAL CENTER ABSOLUTE
Imm Granulocytes NFr Bld Auto	<b>Value:</b> 0.200 % <b>Ref Range:</b> 0.001 - 0.429 % <b>Text:</b> {Reference ID: #Result901920921Comp18} IG% 0.200 0.001 - 0.429 % PRESBYTERIAN MEDICAL CENTER
Lymphocytes # Bld Auto	<b>Value:</b> 2.6 thou/mcL <b>Ref Range:</b> 1.0 - 4.5 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp20} ABSOLUTE LYMPHOCYTE COUNT 2.6 1.0 - 4.5 thou/mcL PRESBYTERIAN MEDICAL CENTER
Lymphocytes NFr Bld Auto	<b>Value:</b> 45.9 % <b>Ref Range:</b> 25.0 - 40.0 % <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result901920921Comp14} LYMPHOCYTE % 45.9 25.0 - 40.0 % PRESBYTERIAN MEDICAL CENTER (H)
MCH RBC Qn Auto	<b>Value:</b> 30.8 pg <b>Ref Range:</b> 28.0 - 33.0 pg <b>Text:</b> {Reference ID: #Result901920921Comp6} MCH 30.8 28.0 - 33.0 pg PRESBYTERIAN MEDICAL CENTER

MCHC RBC Auto-mCnc	<b>Value:</b> 34.5 gm/dL <b>Ref Range:</b> 32.0 - 36.0 gm/dL <b>Text:</b> {Reference ID: #Result901920921Comp7} MCHC 34.5 32.0 - 36.0 gm/dL PRESBYTERIAN MEDICAL CENTER
MCV RBC Auto	<b>Value:</b> 90 fL <b>Ref Range:</b> 83 - 97 fL <b>Text:</b> {Reference ID: #Result901920921Comp5} MCV 90 83 - 97 fL PRESBYTERIAN MEDICAL CENTER
MPV	<b>Value:</b> 10.0 fL <b>Ref Range:</b> 8.9 - 11.0 fL <b>Text:</b> {Reference ID: #Result901920921Comp10} MPV 10.0 8.9 - 11.0 fL PRESBYTERIAN MEDICAL CENTER
Monocytes # Bld Auto	<b>Value:</b> 0.7 thou/mcL <b>Ref Range:</b> 0.1 - 0.8 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp21} MONO ABSOLUTE 0.7 0.1 - 0.8 thou/mcL PRESBYTERIAN MEDICAL CENTER
Monocytes NFr Bld Auto	<b>Value:</b> 11.7 % <b>Ref Range:</b> 4.0 - 12.0 % <b>Text:</b> {Reference ID: #Result901920921Comp15} MONOCYTE % 11.7 4.0 - 12.0 % PRESBYTERIAN MEDICAL CENTER
NRBC	<b>Value:</b> 0.000 thou/mcL <b>Ref Range:</b> 0 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp12} NRBC 0.000 0 thou/mcL PRESBYTERIAN MEDICAL CENTER
Neutrophils # Bld Auto	<b>Value:</b> 1.89 thou/mcL <b>Ref Range:</b> 1.50 - 7.50 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp19} ABSOLUTE NEUTROPHIL 1.89 1.50 - 7.50 PRESBYTERIAN MEDICAL COUNT thou/mcL CENTER
Neutrophils NFr Bld Auto	<b>Value:</b> 33.4 % <b>Ref Range:</b> 50.0 - 70.0 % <b>Interpretation:</b> L <b>Text:</b> {Reference ID: #Result901920921Comp13} NEUTROPHIL % 33.4 50.0 - 70.0 % PRESBYTERIAN MEDICAL CENTER (L)
Platelet # Bld Auto	<b>Value:</b> 308 thou/mcL <b>Ref Range:</b> 150 - 400 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp8} Plt Ct 308 150 - 400 thou/mcL PRESBYTERIAN MEDICAL CENTER
RBC # Bld Auto	<b>Value:</b> 5.22 million/mcL <b>Ref Range:</b> 4.05 - 5.64 million/mcL <b>Text:</b> {Reference ID: #Result901920921Comp2} RBC 5.22 4.05 - 5.64 million/mcL PRESBYTERIAN MEDICAL CENTER
RDW RBC Auto-Rto	<b>Value:</b> 39.9 fL <b>Ref Range:</b> 36.0 - 47.0 fL <b>Text:</b> {Reference ID: #Result901920921Comp9} RDW SD 39.9 36.0 - 47.0 fL PRESBYTERIAN MEDICAL CENTER
WBC # Bld Auto	<b>Value:</b> 5.7 thou/mcL <b>Ref Range:</b> 5.1 - 10.8 thou/mcL <b>Text:</b> {Reference ID: #Result901920921Comp1} WBC 5.7 5.1 - 10.8 thou/mcL PRESBYTERIAN MEDICAL CENTER
nRBC/100 WBC Bld	<b>Value:</b> 0.0 /100WBC

	Auto-Rto	<b>Ref Range:</b> 0 /100WBC <b>Text:</b> {Reference ID: #Result901920921Comp11} NRBC% 0.0 0 /100WBC    PRESBYTERIAN MEDICAL CENTER
06/24/2021	<b>61611</b>	
	Unknown	
	Associated Procedure: XR Chest Ap Portable	<b>Text:</b> {Reference ID: #Result901920924} XR Chest Ap Portable (06/23/2021 8:17 PM EDT) Specimen Impressions <span>Performed At</span>  IMPRESSION: <span>PS360</span>  No evidence of active disease.  Electronically Signed by: Shawn Quillin, MD  Narrative <span>Performed At</span>  SINGLE CHEST RADIOGRAPH: <span>PS360</span>  PROVIDED CLINICAL INDICATION: Chest Pain  ADDITIONAL CLINICAL INDICATION: None available  COMPARISON: None available  FINDINGS:  The cardiac silhouette is unremarkable.  Pulmonary vasculature is normal.  There is no evidence of pneumothorax or pleural effusion.  The lungs are clear without evidence of focal consolidation.  The osseous structures are age-appropriate without acute abnormality.  Procedure Note  Acute Interface, Incoming Rad Results - 06/23/2021 8:18 PM EDT  SINGLE CHEST RADIOGRAPH:   PROVIDED CLINICAL INDICATION: Chest Pain  ADDITIONAL CLINICAL INDICATION: None available   COMPARISON: None available  FINDINGS:  The cardiac silhouette is unremarkable.

		<p>Pulmonary vasculature is normal.</p> <p>There is no evidence of pneumothorax or pleural effusion.</p> <p>The lungs are clear without evidence of focal consolidation.</p> <p>The osseous structures are age-appropriate without acute abnormality.</p> <p>IMPRESSION:</p> <p>No evidence of active disease.</p> <p>Electronically Signed by: Shawn Quillin, MD</p> <table><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td></tr><tr><td>PS360</td><td></td><td></td><td></td></tr></table>	Performing Organization	Address	City/State/ZIP Code	Phone Number	PS360			
Performing Organization	Address	City/State/ZIP Code	Phone Number							
PS360										

06/08/2021	102456
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	<div> <div>Associated Procedure:</div> <div>MRI Head WO W IV Contrast</div> </div> <div> <div>Text: {Reference ID: #Result809076315}</div> <div>MRI Head WO W IV Contrast (06/08/2021 3:09 PM EDT)</div> <div>Specimen</div> <div>Impressions</div> <div>IMPRESSION:</div> <div>No acute intracranial abnormality.</div> <div>Electronically Signed by: Andrew S Griffin, MD</div> <div>Narrative</div> <div>MRI BRAIN WITHOUT AND WITH IV CONTRAST</div> <div>TECHNIQUE: Multisequence, multiplanar images of the brain were performed before and after the intravenous administration of 10 mL of GADOBUTROL 1 MMOL/ML IV SOLN contrast agent.</div> <div>PROVIDED CLINICAL INFORMATION: R41.9-Unspecified symptoms and signs involving cognitive functions and awareness cognitive complaints, mood destabilization</div> <div>ADDITIONAL CLINICAL INFORMATION: None available</div> <div>COMPARISON: None available</div> <div>FINDINGS:</div> <div>Brain Parenchyma: No hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift. No abnormal enhancement.</div> <div>Ventricles and Sulci: Normal for age.</div> </div> <div> <div>Performed At</div> <div>PS360</div> <div>Performed At</div> <div>PS360</div> </div>
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Extra-Axial Spaces: No extra-axial fluid collection.

Basal Cisterns: Normal.

Intracranial Flow-Voids: Normal.

Paranasal Sinuses: Small mucous retention cyst in the left maxillary sinus.

Mastoid Sinuses: Normal.

Orbits: Normal.

Cranium: Normal.

Procedure Note

Acute Interface, Incoming Rad Results - 06/08/2021 3:10 PM EDT

MRI BRAIN WITHOUT AND WITH IV CONTRAST

TECHNIQUE: Multisequence, multiplanar images of the brain were performed before and after the intravenous administration of 10 mL of GADOBUTROL 1 MMOL/ML IV SOLN contrast agent.

PROVIDED CLINICAL INFORMATION: R41.9-Unspecified symptoms and signs involving cognitive functions and awareness cognitive complaints, mood destabilization

ADDITIONAL CLINICAL INFORMATION: None available

COMPARISON: None available

FINDINGS:

Brain Parenchyma: No hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift. No abnormal enhancement.

Ventricles and Sulci: Normal for age.

Extra-Axial Spaces: No extra-axial fluid collection.

Basal Cisterns: Normal.

Intracranial Flow-Voids: Normal.

Paranasal Sinuses: Small mucous retention cyst in the left maxillary sinus.

Mastoid Sinuses: Normal.

Orbits: Normal.

		Cranium: Normal.																																			
		IMPRESSION:  No acute intracranial abnormality.																																			
		Electronically Signed by: Andrew S Griffin, MD																																			
	Performing Organization	Address City/State/ZIP Code Phone Number																																			
		PS360																																			
	Unknown																																				
10/06/2020	117825																																				
	Glucose, POC	Value: 99 mg/dL Ref Range: 70 - 99 mg/dL Text: {Reference ID: #Result809076306Comp1} Glucose, POC 99 70 - 99 mg/dL PMC POINT OF CARE																																			
	INSTRUMENT ID	Value: KDAZ093-A0416 Text: {Reference ID: #Result809076306Comp3} INSTRUMENT ID KDAZ093-A0416 PMC POINT OF CARE																																			
	OPERATOR ID	Value: 171517 Text: {Reference ID: #Result809076306Comp2} OPERATOR ID 171517 PMC POINT OF CARE																																			
	Associated Procedure: POCT Glucose Once (Routine)	Text: {Reference ID: #Result809076306} POCT Glucose Once (Routine) (10/06/2020 8:11 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>99</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>171517</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>	Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	99	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	171517		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																	
Glucose, POC	99	70 - 99 mg/dL	PMC POINT OF CARE																																		
OPERATOR ID	171517		PMC POINT OF CARE																																		
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																		
Specimen	Blood																																				
Performing Organization	Address	City/State/ZIP Code	Phone Number																																		
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																		
10/05/2020	117825																																				
	Glucose, POC	Value: 138 mg/dL Ref Range: 70 - 99 mg/dL Interpretation: H Text: {Reference ID: #Result809076303Comp1} Glucose, POC 138 70 - 99 mg/dL PMC POINT OF CARE																																			



		(H)																																					
INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076303Comp3} INSTRUMENT ID            KDAZ093-A0416            PMC POINT OF CARE																																						
OPERATOR ID	<b>Value:</b> 172188 <b>Text:</b> {Reference ID: #Result809076303Comp2} OPERATOR ID            172188            PMC POINT OF CARE																																						
Associated Procedure: POCT Glucose Once (Routine)	<b>Text:</b> {Reference ID: #Result809076303} POCT Glucose Once (Routine) (10/05/2020 4:40 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC 138 (H)</td><td></td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>172188</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC 138 (H)		70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	172188		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																			
Glucose, POC 138 (H)		70 - 99 mg/dL	PMC POINT OF CARE																																				
OPERATOR ID	172188		PMC POINT OF CARE																																				
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																				
Specimen	Blood																																						
Performing Organization	Address	City/State/ZIP Code	Phone Number																																				
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																				
10/05/2020	<b>117825</b>																																						
Glucose, POC	<b>Value:</b> 73 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Text:</b> {Reference ID: #Result809076299Comp1} Glucose, POC            73    70 - 99 mg/dL            PMC POINT OF CARE																																						
INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076299Comp3} INSTRUMENT ID            KDAZ093-A0416            PMC POINT OF CARE																																						
OPERATOR ID	<b>Value:</b> 188466 <b>Text:</b> {Reference ID: #Result809076299Comp2} OPERATOR ID            188466            PMC POINT OF CARE																																						
Associated Procedure: POCT Glucose Once (Routine)	<b>Text:</b> {Reference ID: #Result809076299} POCT Glucose Once (Routine) (10/05/2020 12:20 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC 73</td><td></td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>188466</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC 73		70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	188466		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood													
Component	Value	Ref Range	Performed At	Pathologist Signature																																			
Glucose, POC 73		70 - 99 mg/dL	PMC POINT OF CARE																																				
OPERATOR ID	188466		PMC POINT OF CARE																																				
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																				
Specimen	Blood																																						

		Performing Organization	Address	City/State/ZIP Code	Phone Number																																						
		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																						
10/05/2020	117825																																										
	Glucose, POC	<b>Value:</b> 116 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result809076285Comp1} Glucose, POC      116    70 - 99 mg/dL      PMC POINT OF CARE (H)																																									
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076285Comp3} INSTRUMENT ID      KDAZ093-A0416      PMC POINT OF CARE																																									
	OPERATOR ID	<b>Value:</b> 176509 <b>Text:</b> {Reference ID: #Result809076285Comp2} OPERATOR ID      176509      PMC POINT OF CARE																																									
	Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result809076285} POCT Glucose ACHS (10/05/2020 8:10 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>116</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td></td><td>(H)</td><td></td><td></td><td></td></tr><tr><td>OPERATOR ID</td><td>176509</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr></table> <table><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	116	70 - 99 mg/dL	PMC POINT OF CARE			(H)				OPERATOR ID	176509		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number	PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547
Component	Value	Ref Range	Performed At	Pathologist Signature																																							
Glucose, POC	116	70 - 99 mg/dL	PMC POINT OF CARE																																								
	(H)																																										
OPERATOR ID	176509		PMC POINT OF CARE																																								
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																								
Specimen	Blood																																										
Performing Organization	Address	City/State/ZIP Code	Phone Number																																								
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																								
10/04/2020	117825																																										
	Glucose, POC	<b>Value:</b> 120 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result809076281Comp1} Glucose, POC      120    70 - 99 mg/dL      PMC POINT OF CARE (H)																																									
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076281Comp3} INSTRUMENT ID      KDAZ093-A0416      PMC POINT OF CARE																																									
	OPERATOR ID	<b>Value:</b> 171000 <b>Text:</b> {Reference ID: #Result809076281Comp2} OPERATOR ID      171000      PMC POINT OF CARE																																									
	Associated Procedure:	<b>Text:</b> {Reference ID: #Result809076281}																																									

	POCT Glucose ACHS	POCT Glucose ACHS (10/04/2020 7:39 PM EDT)			
		Component	Value	Ref Range	Performed At Pathologist Signature
		Glucose, POC 120 (H)		70 - 99 mg/dL	PMC POINT OF CARE
		OPERATOR ID	171000		PMC POINT OF CARE
		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE
		Specimen	Blood		
		Performing Organization	Address	City/State/ZIP Code	Phone Number
		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547
10/04/2020	117825				
	Glucose, POC	<b>Value:</b> 148 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result809076279Comp1} Glucose, POC 148 70 - 99 mg/dL PMC POINT OF CARE (H)			
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076279Comp3} INSTRUMENT ID KDAZ093-A0416 PMC POINT OF CARE			
	OPERATOR ID	<b>Value:</b> 190270 <b>Text:</b> {Reference ID: #Result809076279Comp2} OPERATOR ID 190270 PMC POINT OF CARE			
	Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result809076279} POCT Glucose ACHS (10/04/2020 4:58 PM EDT)			
		Component	Value	Ref Range	Performed At Pathologist Signature
		Glucose, POC 148 (H)		70 - 99 mg/dL	PMC POINT OF CARE
		OPERATOR ID	190270		PMC POINT OF CARE
		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE
		Specimen	Blood		
		Performing Organization	Address	City/State/ZIP Code	Phone Number
		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547
10/04/2020	117825				

Glucose, POC	<b>Value:</b> 93 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Text:</b> {Reference ID: #Result809076277Comp1} Glucose, POC                      93    70 - 99 mg/dL                      PMC POINT OF CARE																																						
INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076277Comp3} INSTRUMENT ID                      KDAZ093-A0416                      PMC POINT OF CARE																																						
OPERATOR ID	<b>Value:</b> 189946 <b>Text:</b> {Reference ID: #Result809076277Comp2} OPERATOR ID                      189946                      PMC POINT OF CARE																																						
Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result809076277} POCT Glucose ACHS (10/04/2020 12:03 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>93</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>189946</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	93	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	189946		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																			
Glucose, POC	93	70 - 99 mg/dL	PMC POINT OF CARE																																				
OPERATOR ID	189946		PMC POINT OF CARE																																				
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																				
Specimen	Blood																																						
Performing Organization	Address	City/State/ZIP Code	Phone Number																																				
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																				

10/04/2020 **117825**

	Glucose, POC	<b>Value:</b> 99 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Text:</b> {Reference ID: #Result809076275Comp1} Glucose, POC                      99    70 - 99 mg/dL                      PMC POINT OF CARE																							
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076275Comp3} INSTRUMENT ID                      KDAZ093-A0416                      PMC POINT OF CARE																							
	OPERATOR ID	<b>Value:</b> 190270 <b>Text:</b> {Reference ID: #Result809076275Comp2} OPERATOR ID                      190270                      PMC POINT OF CARE																							
	Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result809076275} POCT Glucose ACHS (10/04/2020 8:24 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>99</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>190270</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF</td><td></td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	99	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	190270		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF	
Component	Value	Ref Range	Performed At	Pathologist Signature																					
Glucose, POC	99	70 - 99 mg/dL	PMC POINT OF CARE																						
OPERATOR ID	190270		PMC POINT OF CARE																						
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF																						

		Specimen Blood Performing Organization PMC POINT OF CARE	Address 200 Hawthorne Lane Charlotte, NC	City/State/ZIP Code Charlotte, NC 28204	Phone Number 704-384-0547	CARE																																			
10/03/2020	117825																																								
	Glucose, POC	<b>Value:</b> 84 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Text:</b> {Reference ID: #Result809076272Comp1} Glucose, POC      84   70 - 99 mg/dL      PMC POINT OF CARE																																							
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result809076272Comp3} INSTRUMENT ID      KDAZ093-A0416      PMC POINT OF CARE																																							
	OPERATOR ID	<b>Value:</b> 166367 <b>Text:</b> {Reference ID: #Result809076272Comp2} OPERATOR ID      166367      PMC POINT OF CARE																																							
	Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result809076272} POCT Glucose ACHS (10/03/2020 7:51 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>84</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>166367</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>					Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	84	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	166367		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																					
Glucose, POC	84	70 - 99 mg/dL	PMC POINT OF CARE																																						
OPERATOR ID	166367		PMC POINT OF CARE																																						
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																						
Specimen	Blood																																								
Performing Organization	Address	City/State/ZIP Code	Phone Number																																						
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																						
10/03/2020	509																																								
	Associated Procedure: ECG 12-Lead	<b>Text:</b> {Reference ID: #Result808363652} ECG 12-Lead (10/03/2020 7:05 PM EDT) Specimen Narrative Diagnosis Class Abnormal Acquisition Device MAC55 Ventricular Rate 87 Atrial Rate 87  Performed At NH MUSE																																							

		<div>P-R Interval 154</div> <div>QRS Duration 100</div> <div>Q-T Interval 346</div> <div>QTC Calculation(Bazett) 416</div> <div>Calculated P Axis 31</div> <div>Calculated R Axis -53</div> <div>Calculated T Axis 19</div> <div>Diagnosis Normal sinus rhythm</div> <div>Left anterior fascicular block</div> <div>Cannot rule out Inferior infarct (masked by fascicular block?) , age undetermined</div> <div>Abnormal ECG</div> <div>No previous ECGs available</div> <div>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.</div> <div><div>Performing Organization</div><div>Address</div><div>City/State/ZIP Code</div><div>Phone Number</div></div> <div>NH MUSE</div>															
	Unknown																
10/03/2020	117825																
	Glucose, POC	<div>Value: 147 mg/dL</div> <div>Ref Range: 70 - 99 mg/dL</div> <div>Interpretation: H</div> <div>Text: {Reference ID: #Result808716127Comp1}</div> <div>Glucose, POC14770 - 99 mg/dLPMC POINT OF CARE (H)</div>															
	INSTRUMENT ID	<div>Value: KDAZ093-A0416</div> <div>Text: {Reference ID: #Result808716127Comp3}</div> <div>INSTRUMENT IDKDAZ093-A0416PMC POINT OF CARE</div>															
	OPERATOR ID	<div>Value: 130101</div> <div>Text: {Reference ID: #Result808716127Comp2}</div> <div>OPERATOR ID130101PMC POINT OF CARE</div>															
	Associated Procedure: POCT Glucose ACHS	<div>Text: {Reference ID: #Result808716127}</div> <div>POCT Glucose ACHS (10/03/2020 5:05 PM EDT)</div> <table><thead><tr><th>Component</th><th>Value</th><th>Ref Range</th><th>Performed At</th><th>Pathologist Signature</th></tr></thead><tbody><tr><td>Glucose, POC</td><td>147 (H)</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>130101</td><td></td><td>PMC POINT OF CARE</td><td></td></tr></tbody></table>	Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	147 (H)	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	130101		PMC POINT OF CARE	
Component	Value	Ref Range	Performed At	Pathologist Signature													
Glucose, POC	147 (H)	70 - 99 mg/dL	PMC POINT OF CARE														
OPERATOR ID	130101		PMC POINT OF CARE														

		INSTRUMENTKDAZ093-A0416 ID	PMC POINT OF CARE																																			
		Specimen Blood Performing Organization	Address City/State/ZIP Code Phone Number																																			
		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC Charlotte, NC 28204 704-384-0547																																			
10/03/2020	117825																																					
	Glucose, POC	<b>Value:</b> 103 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808716122Comp1} Glucose, POC 103 70 - 99 mg/dL PMC POINT OF CARE (H)																																				
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result808716122Comp3} INSTRUMENT ID KDAZ093-A0416 PMC POINT OF CARE																																				
	OPERATOR ID	<b>Value:</b> 190270 <b>Text:</b> {Reference ID: #Result808716122Comp2} OPERATOR ID 190270 PMC POINT OF CARE																																				
	Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result808716122} POCT Glucose ACHS (10/03/2020 12:08 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC (H)</td><td>103</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>190270</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0416</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>		Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC (H)	103	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	190270		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																		
Glucose, POC (H)	103	70 - 99 mg/dL	PMC POINT OF CARE																																			
OPERATOR ID	190270		PMC POINT OF CARE																																			
INSTRUMENT ID	KDAZ093-A0416		PMC POINT OF CARE																																			
Specimen	Blood																																					
Performing Organization	Address	City/State/ZIP Code	Phone Number																																			
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																			
10/03/2020	7692																																					
	RPR Ser QI	<b>Value:</b> Non-Reactive <b>Ref Range:</b> Non-Reactive <b>Text:</b> {Reference ID: #Result808716097Comp1} RPR Non-Non- PRESBYTERIAN MEDICAL QUALITATIVE Reactive Reactive CENTER																																				
	Associated Procedure: RPR	<b>Text:</b> {Reference ID: #Result808716097} RPR (10/03/2020 10:45 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist</td></tr></table>		Component	Value	Ref Range	Performed At	Pathologist																														
Component	Value	Ref Range	Performed At	Pathologist																																		

		RPR QUALITATIVE	Non-Reactive	Non-Reactive	PRESBYTERIAN MEDICAL CENTER	Signature																																			
		Specimen Blood																																							
		Performing Organization	Address	City/State/ZIP Code	Phone Number																																				
		PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522																																				
10/03/2020	Lipid 1996 Pnl SerPI																																								
	Cholest SerPI-mCnc	<b>Value:</b> 164 mg/dL <b>Ref Range:</b> 100 - 199 mg/dL <b>Text:</b> {Reference ID: #Result808716096Comp1} CHOLESTEROL 164 100 - 199 PRESBYTERIAN MEDICAL TOTAL mg/dL CENTER																																							
	Cholest/HDLc SerPI	<b>Value:</b> 5 <b>Ref Range:</b> 0 - 5 <b>Text:</b> {Reference ID: #Result808716096Comp6} CHOL/HDL 5 0 - 5 PRESBYTERIAN MEDICAL CENTER																																							
	HDLc SerPI-mCnc	<b>Value:</b> 32 mg/dL <b>Ref Range:</b> >=39 mg/dL <b>Interpretation:</b> L <b>Text:</b> {Reference ID: #Result808716096Comp3} HDL 32 >=39 mg/dL PRESBYTERIAN MEDICAL CENTER (L)																																							
	LDLc SerPI Calc-mCnc	<b>Value:</b> 89 mg/dL <b>Ref Range:</b> 0 - 99 mg/dL <b>Text:</b> {Reference ID: #Result808716096Comp4} LDL 89 0 - 99 mg/dL PRESBYTERIAN MEDICAL CENTER																																							
	Associated Procedure: Lipid 1996 Pnl SerPI	<b>Text:</b> {Reference ID: #Result808716096} Lipid Panel (10/03/2020 9:04 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>CHOLESTEROL TOTAL</td><td>164</td><td>100 - 199 mg/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>Trig</td><td>216 (H)</td><td>0 - 149 mg/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>HDL</td><td>32 (L)</td><td>&gt;=39 mg/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>LDL</td><td>89</td><td>0 - 99 mg/dL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>VLDL</td><td>43 (H)</td><td>5 - 40 mg/dl</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>CHOL/HDL</td><td>5</td><td>0 - 5</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table>					Component	Value	Ref Range	Performed At	Pathologist Signature	CHOLESTEROL TOTAL	164	100 - 199 mg/dL	PRESBYTERIAN MEDICAL CENTER		Trig	216 (H)	0 - 149 mg/dL	PRESBYTERIAN MEDICAL CENTER		HDL	32 (L)	>=39 mg/dL	PRESBYTERIAN MEDICAL CENTER		LDL	89	0 - 99 mg/dL	PRESBYTERIAN MEDICAL CENTER		VLDL	43 (H)	5 - 40 mg/dl	PRESBYTERIAN MEDICAL CENTER		CHOL/HDL	5	0 - 5	PRESBYTERIAN MEDICAL CENTER	
Component	Value	Ref Range	Performed At	Pathologist Signature																																					
CHOLESTEROL TOTAL	164	100 - 199 mg/dL	PRESBYTERIAN MEDICAL CENTER																																						
Trig	216 (H)	0 - 149 mg/dL	PRESBYTERIAN MEDICAL CENTER																																						
HDL	32 (L)	>=39 mg/dL	PRESBYTERIAN MEDICAL CENTER																																						
LDL	89	0 - 99 mg/dL	PRESBYTERIAN MEDICAL CENTER																																						
VLDL	43 (H)	5 - 40 mg/dl	PRESBYTERIAN MEDICAL CENTER																																						
CHOL/HDL	5	0 - 5	PRESBYTERIAN MEDICAL CENTER																																						



		Specimen Blood Performing Organization      Address      City/State/ZIP Code      Phone Number  PRESBYTERIAN MEDICAL CENTER      200 Hawthorne Lane      Charlotte, NC 28204      704-384-1522										
	Trigl SerPI-mCnc	<b>Value:</b> 216 mg/dL <b>Ref Range:</b> 0 - 149 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808716096Comp2} Trig 216 0 - 149 mg/dL      PRESBYTERIAN MEDICAL CENTER (H)										
	VLDLc SerPI Calc-mCnc	<b>Value:</b> 43 mg/dl <b>Ref Range:</b> 5 - 40 mg/dl <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808716096Comp5} VLDL 43 5 - 40 mg/dl      PRESBYTERIAN MEDICAL CENTER (H)										
10/03/2020	<b>906</b>											
	TSH SerPI DL<=0.005 mIU/L-aCnc	<b>Value:</b> 1.75 mclU/mL <b>Ref Range:</b> 0.45 - 4.50 mclU/mL <b>Text:</b> {Reference ID: #Result808716098Comp1} TSH 1.75 0.45 - 4.50 mclU/mL      PRESBYTERIAN MEDICAL CENTER										
	Associated Procedure: TSH	<b>Text:</b> {Reference ID: #Result808716098} TSH (10/03/2020 9:04 AM EDT) <table><tr><th>Component</th><th>Value</th><th>Ref Range</th><th>Performed At</th><th>Pathologist Signature</th></tr><tr><td>TSH</td><td>1.75</td><td>0.45 - 4.50 mclU/mL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> Specimen Blood Performing Organization      Address      City/State/ZIP Code      Phone Number  PRESBYTERIAN MEDICAL CENTER      200 Hawthorne Lane      Charlotte, NC 28204      704-384-1522	Component	Value	Ref Range	Performed At	Pathologist Signature	TSH	1.75	0.45 - 4.50 mclU/mL	PRESBYTERIAN MEDICAL CENTER	
Component	Value	Ref Range	Performed At	Pathologist Signature								
TSH	1.75	0.45 - 4.50 mclU/mL	PRESBYTERIAN MEDICAL CENTER									
10/03/2020	<b>117825</b>											
	Glucose, POC	<b>Value:</b> 117 mg/dL <b>Ref Range:</b> 70 - 99 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808716121Comp1} Glucose, POC 117 70 - 99 mg/dL      PMC POINT OF CARE (H)										
	INSTRUMENT ID	<b>Value:</b> KDAZ093-A0416 <b>Text:</b> {Reference ID: #Result808716121Comp3} INSTRUMENT ID      KDAZ093-A0416      PMC POINT OF CARE										
	OPERATOR ID	<b>Value:</b> 166005 <b>Text:</b> {Reference ID: #Result808716121Comp2} OPERATOR ID      166005      PMC POINT OF CARE										
	Associated Procedure:	<b>Text:</b> {Reference ID: #Result808716121}										

	POCT Glucose ACHS	POCT Glucose ACHS (10/03/2020 8:12 AM EDT)			
		Component Value	Ref Range	Performed At	Pathologist Signature
		Glucose, POC 117 (H)	70 - 99 mg/dL	PMC POINT OF CARE	
		OPERATOR 166005 ID		PMC POINT OF CARE	
		INSTRUMENT KDAZ093-A0416 ID		PMC POINT OF CARE	
		Specimen Blood			
		Performing Organization	Address	City/State/ZIP Code	Phone Number
		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547
10/02/2020	<b>Hgb A1c MFr Bld</b>				
	Hgb A1c MFr Bld	<b>Value:</b> 6.2 % <b>Ref Range:</b> 4.8 - 5.6 % <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808363630Comp1} Hemoglobin A1c 6.2 4.8 - 5.6 % PRESBYTERIAN MEDICAL CENTER (H)			
	Associated Procedure: Hgb A1c MFr Bld	<b>Text:</b> {Reference ID: #Result808363630} Hemoglobin A1c (10/01/2020 8:53 PM EDT)			
		Component Value	Ref Range	Performed At	Pathologist Signature
		Hemoglobin 6.2 A1c (H)	4.8 - 5.6 %	PRESBYTERIAN MEDICAL CENTER	
		Specimen Blood			
		Narrative			Performed At
		Reference Interval: 4.8 - 5.6%			PRESBYTERIAN MEDICAL CENTER
		Increased Risk for Diabetes: 5.7 - 6.4%			
		Diabetes: >=6.5%			
		Glycemic Control for Adults with Diabetes: <7.0%			
		Performing Organization	Address	City/State/ZIP Code	Phone Number
		PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522
10/02/2020	<b>117825</b>				
	Glucose, POC	<b>Value:</b> 93 mg/dL			

	<b>Ref Range:</b> 70 - 99 mg/dL <b>Text:</b> {Reference ID: #Result808363623Comp1} Glucose, POC                      93    70 - 99 mg/dL                      PMC POINT OF CARE																																			
INSTRUMENT ID	<b>Value:</b> KDAZ093-A0247 <b>Text:</b> {Reference ID: #Result808363623Comp3} INSTRUMENT ID                      KDAZ093-A0247                      PMC POINT OF CARE																																			
OPERATOR ID	<b>Value:</b> 188614 <b>Text:</b> {Reference ID: #Result808363623Comp2} OPERATOR ID                      188614                      PMC POINT OF CARE																																			
Associated Procedure: POCT Glucose ACHS	<b>Text:</b> {Reference ID: #Result808363623} POCT Glucose ACHS (10/01/2020 8:35 PM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Glucose, POC</td><td>93</td><td>70 - 99 mg/dL</td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>OPERATOR ID</td><td>188614</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>INSTRUMENT ID</td><td>KDAZ093-A0247</td><td></td><td>PMC POINT OF CARE</td><td></td></tr><tr><td>Specimen</td><td>Blood</td><td></td><td></td><td></td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td>Phone Number</td><td></td></tr><tr><td>PMC POINT OF CARE</td><td>200 Hawthorne Lane Charlotte, NC</td><td>Charlotte, NC 28204</td><td>704-384-0547</td><td></td></tr></table>	Component	Value	Ref Range	Performed At	Pathologist Signature	Glucose, POC	93	70 - 99 mg/dL	PMC POINT OF CARE		OPERATOR ID	188614		PMC POINT OF CARE		INSTRUMENT ID	KDAZ093-A0247		PMC POINT OF CARE		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547	
Component	Value	Ref Range	Performed At	Pathologist Signature																																
Glucose, POC	93	70 - 99 mg/dL	PMC POINT OF CARE																																	
OPERATOR ID	188614		PMC POINT OF CARE																																	
INSTRUMENT ID	KDAZ093-A0247		PMC POINT OF CARE																																	
Specimen	Blood																																			
Performing Organization	Address	City/State/ZIP Code	Phone Number																																	
PMC POINT OF CARE	200 Hawthorne Lane Charlotte, NC	Charlotte, NC 28204	704-384-0547																																	



	Unknown																															
10/01/2020	118377																															
	Amphet Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp2} Amphet Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Barb Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp3} Barb Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Benzo Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp4} Benzo Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Cannab Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp5} Cannab Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Cocaine Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp6} Cocaine Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Meth Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp8} Meth Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Opiates Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp7} Opiates Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Oxyco Scr	<b>Value:</b> Negative <b>Ref Range:</b> Negative <b>Text:</b> {Reference ID: #Result808312044Comp9} Oxyco Scr Negative Negative PRESBYTERIAN MEDICAL CENTER																														
	Associated Procedure: UR Drugs of Abuse Screen	<b>Text:</b> {Reference ID: #Result808312044} UR Drugs of Abuse Screen (10/01/2020 3:35 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Ur PH DOA 5.5 Scr</td><td></td><td>4.5 - 9.0</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>Amphet Scr</td><td>Negative</td><td>Negative</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>Barb Scr</td><td>Negative</td><td>Negative</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>Benzo Scr</td><td>Negative</td><td>Negative</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr><tr><td>Cannab Scr</td><td>Negative</td><td>Negative</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table>	Component	Value	Ref Range	Performed At	Pathologist Signature	Ur PH DOA 5.5 Scr		4.5 - 9.0	PRESBYTERIAN MEDICAL CENTER		Amphet Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER		Barb Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER		Benzo Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER		Cannab Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER	
Component	Value	Ref Range	Performed At	Pathologist Signature																												
Ur PH DOA 5.5 Scr		4.5 - 9.0	PRESBYTERIAN MEDICAL CENTER																													
Amphet Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER																													
Barb Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER																													
Benzo Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER																													
Cannab Scr	Negative	Negative	PRESBYTERIAN MEDICAL CENTER																													

		<p>Cocaine Scr Negative Negative PRESBYTERIAN MEDICAL CENTER</p> <p>Opiates Scr Negative Negative PRESBYTERIAN MEDICAL CENTER</p> <p>Meth Scr Negative Negative PRESBYTERIAN MEDICAL CENTER</p> <p>Oxyco Scr Negative Negative PRESBYTERIAN MEDICAL CENTER</p> <p>Specimen Urine - Urine, Clean Catch Narrative</p> <p>Please Note Detection Levels Below:</p> <p>Amphetamines 1000 ng/mL</p> <p>Barbiturates 200 ng/mL</p> <p>Benzodiazepines 200 ng/mL</p> <p>Cannabinoids (Marijuana, THC) 50 ng/mL</p> <p>Cocaine 300 ng/mL</p> <p>Opiates 300 ng/mL</p> <p>Methadone 300 ng/mL</p> <p>Oxycodone 100 ng/mL</p> <p>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.</p> <p>Performing Organization Address City/State/ZIP Code Phone Number</p> <p>PRESBYTERIAN MEDICAL CENTER 200 Hawthorne Lane Charlotte, NC 28204 704-384-1522</p>	<p>Performed At</p> <p>PRESBYTERIAN MEDICAL CENTER</p>
	Ur PH DOA Scr	<p><b>Value:</b> 5.5</p> <p><b>Ref Range:</b> 4.5 - 9.0</p> <p><b>Text:</b> {Reference ID: #Result808312044Comp1}</p> <p>Ur PH DOA Scr 5.5 4.5 - 9.0 PRESBYTERIAN MEDICAL CENTER</p>	
	10/01/2020	<b>Comp Metab 2000 Pnl SerPI</b>	
	AGAP	<p><b>Value:</b> 12 mmol/L</p> <p><b>Ref Range:</b> 7 - 16 mmol/L</p> <p><b>Text:</b> {Reference ID: #Result808312039Comp20}</p> <p>AGAP 12 7 - 16 mmol/L PRESBYTERIAN MEDICAL CENTER</p>	
	ALP SerPI-cCnc	<p><b>Value:</b> 95 U/L</p> <p><b>Ref Range:</b> 25 - 150 U/L</p> <p><b>Text:</b> {Reference ID: #Result808312039Comp9}</p>	

	ALK PHOS 95 25 - 150 U/L PRESBYTERIAN MEDICAL CENTER														
ALT SerPI-cCnc	<b>Value:</b> 52 U/L <b>Ref Range:</b> 0 - 55 U/L <b>Text:</b> {Reference ID: #Result808312039Comp16} ALT 52 0 - 55 U/L PRESBYTERIAN MEDICAL CENTER														
AST SerPI-cCnc	<b>Value:</b> 32 U/L <b>Ref Range:</b> 0 - 40 U/L <b>Text:</b> {Reference ID: #Result808312039Comp17} AST32 0 - PRESBYTERIAN Comment: 40 MEDICAL CENTER Slight hemolysis present, results may be adversely affected. Please interpret results with caution. U/L														
Albumin SerPI-mCnc	<b>Value:</b> 4.7 gm/dL <b>Ref Range:</b> 3.5 - 5.5 gm/dL <b>Text:</b> {Reference ID: #Result808312039Comp12} Alb 4.7 3.5 - 5.5 gm/dL PRESBYTERIAN MEDICAL CENTER														
Albumin/Glob SerPI	<b>Value:</b> 1.4 <b>Ref Range:</b> 1.1 - 2.5 <b>Text:</b> {Reference ID: #Result808312039Comp14} ALBUMIN/GLOBULIN RATIO 1.4 1.1 - 2.5 PRESBYTERIAN MEDICAL CENTER														
BUN SerPI-mCnc	<b>Value:</b> 21 mg/dL <b>Ref Range:</b> 6 - 20 mg/dL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808312039Comp6} BUN 21 6 - 20 mg/dL PRESBYTERIAN MEDICAL CENTER (H)														
BUN/Creat SerPI	<b>Value:</b> 27.6 <b>Ref Range:</b> 11.0 - 26.0 <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808312039Comp15} BUN/CREAT RATIO 27.6 11.0 - 26.0 PRESBYTERIAN MEDICAL CENTER (H)														
Bilirub SerPI-mCnc	<b>Value:</b> 0.96 mg/dL <b>Ref Range:</b> 0.00 - 1.20 mg/dL <b>Text:</b> {Reference ID: #Result808312039Comp10} T Bili 0.96 0.00 - 1.20 mg/dL PRESBYTERIAN MEDICAL CENTER														
CO2 SerPI-sCnc	<b>Value:</b> 24 mmol/L <b>Ref Range:</b> 20 - 32 mmol/L <b>Text:</b> {Reference ID: #Result808312039Comp4} CO2 24 20 - 32 mmol/L PRESBYTERIAN MEDICAL CENTER														
Calcium SerPI-mCnc	<b>Value:</b> 9.2 mg/dL <b>Ref Range:</b> 8.7 - 10.2 mg/dL <b>Text:</b> {Reference ID: #Result808312039Comp8} Ca 9.2 8.7 - 10.2 mg/dL PRESBYTERIAN MEDICAL CENTER														
Chloride SerPI-sCnc	<b>Value:</b> 100 mmol/L <b>Ref Range:</b> 97 - 108 mmol/L <b>Text:</b> {Reference ID: #Result808312039Comp3} Cl 100 97 - 108 mmol/L PRESBYTERIAN MEDICAL CENTER														
Associated Procedure: Comp Metab 2000 Pnl SerPI	<b>Text:</b> {Reference ID: #Result808312039} Comprehensive metabolic panel (10/01/2020 1:10 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Na</td><td>136</td><td>136 - 146</td><td>PRESBYTERIAN</td><td></td></tr></table>					Component	Value	Ref Range	Performed At	Pathologist Signature	Na	136	136 - 146	PRESBYTERIAN	
Component	Value	Ref Range	Performed At	Pathologist Signature											
Na	136	136 - 146	PRESBYTERIAN												

		mmol/L	MEDICAL CENTER
Potassium	4.4	3.7 - 5.4 mmol/L	PRESBYTERIAN MEDICAL CENTER
Cl	100	97 - 108 mmol/L	PRESBYTERIAN MEDICAL CENTER
CO2	24	20 - 32 mmol/L	PRESBYTERIAN MEDICAL CENTER
Glucose	231 (H)	65 - 99 mg/dL	PRESBYTERIAN MEDICAL CENTER
BUN	21 (H)	6 - 20 mg/dL	PRESBYTERIAN MEDICAL CENTER
Creatinine	0.76	0.76 - 1.27 mg/dL	PRESBYTERIAN MEDICAL CENTER
Ca	9.2	8.7 - 10.2 mg/dL	PRESBYTERIAN MEDICAL CENTER
ALK PHOS	95	25 - 150 U/L	PRESBYTERIAN MEDICAL CENTER
T Bili	0.96	0.00 - 1.20 mg/dL	PRESBYTERIAN MEDICAL CENTER
Total Protein	8.0	6.0 - 8.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
Alb	4.7	3.5 - 5.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
GLOBULIN	3.3	1.5 - 4.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
ALBUMIN/GLOBULIN RATIO	1.4	1.1 - 2.5	PRESBYTERIAN MEDICAL CENTER
BUN/CREAT RATIO	27.6 (H)	11.0 - 26.0	PRESBYTERIAN MEDICAL CENTER
ALT	52	0 - 55 U/L	PRESBYTERIAN MEDICAL CENTER
AST	32 Comment: Slight hemolysis present, results may be adversely affected. Please	0 - 40 U/L	PRESBYTERIAN MEDICAL CENTER



		interpret results with caution.		
GFR AFRICAN AMERICAN	133	mL/min/1.73m <sup>2</sup>	PRESBYTERIAN MEDICAL CENTER	
	Comment:			
	<p>African- American: Normal GFR (glomerular filtration rate) &gt; 60 mL/min/1.73 meters squared. &lt; 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area</p>			
GFR Non African American	115	mL/min/1.73m <sup>2</sup>	PRESBYTERIAN MEDICAL CENTER	
	Comment:			
	<p>Non African American: Normal GFR (glomerular filtration rate) &gt; 60 mL/min/1.73 meters squared. &lt; 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area.</p>			
AGAP	12	7 - 16 mmol/L	PRESBYTERIAN MEDICAL	

	<p>Specimen Blood</p> <p>Performing Organization      Address      City/State/ZIP Code      Phone Number</p> <p>PRESBYTERIAN MEDICAL CENTER      200 Hawthorne Lane      Charlotte, NC 28204      704-384-1522</p>
Creat SerPl-mCnc	<p><b>Value:</b> 0.76 mg/dL  <b>Ref Range:</b> 0.76 - 1.27 mg/dL  <b>Text:</b> {Reference ID: #Result808312039Comp7}  Creatinine 0.76 0.76 - 1.27 mg/dL      PRESBYTERIAN MEDICAL CENTER</p>
GFR AFRICAN AMERICAN	<p><b>Value:</b> 133 mL/min/1.73m2  <b>Text:</b> {Reference ID: #Result808312039Comp18}  GFR 133      mL/min/1.73m2 PRESBYTERIAN MEDICAL CENTER  AFRICAN AMERICAN  AMERICAN Comment:</p> <p>African-American:  Normal GFR (glomerular filtration rate) &gt; 60 mL/min/1.73 meters squared. &lt; 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area</p>
GFR Non African American	<p><b>Value:</b> 115 mL/min/1.73m2  <b>Text:</b> {Reference ID: #Result808312039Comp19}  GFR Non 115      mL/min/1.73m2 PRESBYTERIAN MEDICAL CENTER  African American  American Comment:</p> <p>Non African American:  Normal GFR (glomerular filtration rate) &gt; 60 mL/min/1.73 meters squared. &lt; 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area.</p>
Globulin Ser Calc-mCnc	<p><b>Value:</b> 3.3 gm/dL  <b>Ref Range:</b> 1.5 - 4.5 gm/dL  <b>Text:</b> {Reference ID: #Result808312039Comp13}  GLOBULIN 3.3 1.5 - 4.5 gm/dL      PRESBYTERIAN MEDICAL CENTER</p>
Glucose SerPl-mCnc	<p><b>Value:</b> 231 mg/dL  <b>Ref Range:</b> 65 - 99 mg/dL  <b>Interpretation:</b> H  <b>Text:</b> {Reference ID: #Result808312039Comp5}  Glucose 231 65 - 99 mg/dL      PRESBYTERIAN MEDICAL CENTER (H)</p>
Potassium Bld-sCnc	<p><b>Value:</b> 4.4 mmol/L  <b>Ref Range:</b> 3.7 - 5.4 mmol/L  <b>Text:</b> {Reference ID: #Result808312039Comp2}</p>

	Potassium 4.4 3.7 - 5.4 mmol/L	PRESBYTERIAN MEDICAL CENTER																												
	Prot SerPI-mCnc	<b>Value:</b> 8.0 gm/dL <b>Ref Range:</b> 6.0 - 8.5 gm/dL <b>Text:</b> {Reference ID: #Result808312039Comp11} Total Protein 8.0 6.0 - 8.5 gm/dL PRESBYTERIAN MEDICAL CENTER																												
	Sodium SerPI-sCnc	<b>Value:</b> 136 mmol/L <b>Ref Range:</b> 136 - 146 mmol/L <b>Text:</b> {Reference ID: #Result808312039Comp1} Na 136 136 - 146 mmol/L PRESBYTERIAN MEDICAL CENTER																												
10/01/2020	<b>716</b>																													
	Associated Procedure: Salicylate level	<b>Text:</b> {Reference ID: #Result808312041} Salicylate level (10/01/2020 1:08 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Salicylate</td><td>18.5 (L)</td><td>30.0 - 250.0 mcg/mL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> <table><tr><td>Specimen</td><td colspan="4">Blood</td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td colspan="2">Phone Number</td></tr><tr><td>PRESBYTERIAN MEDICAL CENTER</td><td>200 Hawthorne Lane</td><td>Charlotte, NC 28204</td><td colspan="2">704-384-1522</td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Salicylate	18.5 (L)	30.0 - 250.0 mcg/mL	PRESBYTERIAN MEDICAL CENTER		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522	
Component	Value	Ref Range	Performed At	Pathologist Signature																										
Salicylate	18.5 (L)	30.0 - 250.0 mcg/mL	PRESBYTERIAN MEDICAL CENTER																											
Specimen	Blood																													
Performing Organization	Address	City/State/ZIP Code	Phone Number																											
PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522																											
	Salicylate	<b>Value:</b> 18.5 mcg/mL <b>Ref Range:</b> 30.0 - 250.0 mcg/mL <b>Interpretation:</b> L <b>Text:</b> {Reference ID: #Result808312041Comp1} Salicylate 18.5 30.0 - 250.0 mcg/mL PRESBYTERIAN MEDICAL CENTER (L)																												
10/01/2020	<b>734</b>																													
	Associated Procedure: Acetaminophen level	<b>Text:</b> {Reference ID: #Result808312042} Acetaminophen level (10/01/2020 1:08 AM EDT) <table><tr><td>Component</td><td>Value</td><td>Ref Range</td><td>Performed At</td><td>Pathologist Signature</td></tr><tr><td>Acetaminophen</td><td>&lt;5.0 (L)</td><td>10.0 - 25.0 mcg/mL</td><td>PRESBYTERIAN MEDICAL CENTER</td><td></td></tr></table> <table><tr><td>Specimen</td><td colspan="4">Blood</td></tr><tr><td>Performing Organization</td><td>Address</td><td>City/State/ZIP Code</td><td colspan="2">Phone Number</td></tr><tr><td>PRESBYTERIAN MEDICAL CENTER</td><td>200 Hawthorne Lane</td><td>Charlotte, NC 28204</td><td colspan="2">704-384-1522</td></tr></table>				Component	Value	Ref Range	Performed At	Pathologist Signature	Acetaminophen	<5.0 (L)	10.0 - 25.0 mcg/mL	PRESBYTERIAN MEDICAL CENTER		Specimen	Blood				Performing Organization	Address	City/State/ZIP Code	Phone Number		PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522	
Component	Value	Ref Range	Performed At	Pathologist Signature																										
Acetaminophen	<5.0 (L)	10.0 - 25.0 mcg/mL	PRESBYTERIAN MEDICAL CENTER																											
Specimen	Blood																													
Performing Organization	Address	City/State/ZIP Code	Phone Number																											
PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522																											
	Acetaminophen	<b>Value:</b> <5.0 <b>Ref Range:</b> 10.0 - 25.0 mcg/mL <b>Interpretation:</b> L <b>Text:</b> {Reference ID: #Result808312042Comp1} Acetaminophen <5.0 10.0 - 25.0 mcg/mL PRESBYTERIAN MEDICAL CENTER (L)																												
10/01/2020	<b>740</b>																													

	Associated Procedure: Ethanol level	<b>Text:</b> {Reference ID: #Result808312040} Ethanol level (10/01/2020 1:08 AM EDT)			
		Component Value	Ref Range	Performed At	Pathologist Signature
		Ethanol	<10	0 mg/dL	PRESBYTERIAN MEDICAL CENTER
		Comment: Blood Alcohol Level is for Medical Purposes Only.			
		Specimen Blood			
		Performing Organization	Address	City/State/ZIP Code	Phone Number
		PRESBYTERIAN MEDICAL CENTER	200 Hawthorne Lane	Charlotte, NC 28204	704-384-1522
	Ethanol	<b>Value:</b> <10 <b>Ref Range:</b> 0 mg/dL <b>Text:</b> {Reference ID: #Result808312040Comp1} Ethanol<10 Comment: Blood Alcohol Level is for Medical Purposes Only.			
			0	PRESBYTERIAN MEDICAL mg/dL CENTER	
10/01/2020	<b>CBC W Auto Diff Bld</b>				
	Basophils # Bld Auto	<b>Value:</b> 0.1 thou/mcL <b>Ref Range:</b> 0.0 - 0.2 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp23} BASO ABSOLUTE 0.1 0.0 - 0.2 thou/mcL PRESBYTERIAN MEDICAL CENTER			
	Basophils NFr Bld Auto	<b>Value:</b> 0.8 % <b>Ref Range:</b> 0.0 - 2.0 % <b>Text:</b> {Reference ID: #Result808312038Comp17} BASOPHIL % 0.8 0.0 - 2.0 % PRESBYTERIAN MEDICAL CENTER			
	Associated Procedure: CBC W Auto Diff Bld	<b>Text:</b> {Reference ID: #Result808312038} CBC And Differential (10/01/2020 12:35 AM EDT)			
		Component	Value	Ref Range	Performed At Pathologist Signature
		WBC	7.8	5.1 - 10.8 thou/mcL	PRESBYTERIAN MEDICAL CENTER
		RBC	5.42	4.05 - 5.64 million/mcL	PRESBYTERIAN MEDICAL CENTER
		HGB	16.5	13.5 - 17.5 gm/dL	PRESBYTERIAN MEDICAL CENTER
		HCT	49.1	40.5 - 52.5 %	PRESBYTERIAN MEDICAL CENTER
		MCV	91	83 - 97 fL	PRESBYTERIAN MEDICAL CENTER
		MCH	30.4	28.0 - 33.0 pg	PRESBYTERIAN MEDICAL CENTER

MCHC	33.6	32.0 - 36.0 gm/dL	PRESBYTERIAN MEDICAL CENTER
Plt Ct	337	150 - 400 thou/mcL	PRESBYTERIAN MEDICAL CENTER
RDW SD	40.0	36.0 - 47.0 fL	PRESBYTERIAN MEDICAL CENTER
MPV	9.9	8.9 - 11.0 fL	PRESBYTERIAN MEDICAL CENTER
NRBC%	0.0	0 /100WBC	PRESBYTERIAN MEDICAL CENTER
NRBC	0.000	0 thou/mcL	PRESBYTERIAN MEDICAL CENTER
NEUTROPHIL %	45.1 (L)	50.0 - 70.0 %	PRESBYTERIAN MEDICAL CENTER
LYMPHOCYTE %	35.2	25.0 - 40.0 %	PRESBYTERIAN MEDICAL CENTER
MONOCYTE %	14.4 (H)	4.0 - 12.0 %	PRESBYTERIAN MEDICAL CENTER
Eosinophil %	4.1	1.0 - 6.0 %	PRESBYTERIAN MEDICAL CENTER
BASOPHIL %	0.8	0.0 - 2.0 %	PRESBYTERIAN MEDICAL CENTER
IG%	0.400	0.001 - 0.429 %	PRESBYTERIAN MEDICAL CENTER
ABSOLUTE NEUTROPHIL COUNT	3.54	1.50 - 7.50 thou/mcL	PRESBYTERIAN MEDICAL CENTER
ABSOLUTE LYMPHOCYTE COUNT	2.8	1.0 - 4.5 thou/mcL	PRESBYTERIAN MEDICAL CENTER
MONO ABSOLUTE (H)	1.1	0.1 - 0.8 thou/mcL	PRESBYTERIAN MEDICAL CENTER
EOS ABSOLUTE	0.3	0.0 - 0.5 thou/mcL	PRESBYTERIAN MEDICAL CENTER
BASO ABSOLUTE	0.1	0.0 - 0.2 thou/mcL	PRESBYTERIAN MEDICAL CENTER
IG ABSOLUTE	0.030	0.001 - 0.031 thou/mcL	PRESBYTERIAN MEDICAL CENTER

Specimen  
Blood

	Performing Address City/State/ZIP Code Phone Number Organization PRESBYTERIAN 200 Hawthorne Lane Charlotte, NC 704-384-1522 MEDICAL CENTER 28204
Eosinophil # Bld Auto	<b>Value:</b> 0.3 thou/mcL <b>Ref Range:</b> 0.0 - 0.5 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp22} EOS ABSOLUTE 0.3 0.0 - 0.5 thou/mcL PRESBYTERIAN MEDICAL CENTER
Eosinophil NFr Bld Auto	<b>Value:</b> 4.1 % <b>Ref Range:</b> 1.0 - 6.0 % <b>Text:</b> {Reference ID: #Result808312038Comp16} Eosinophil % 4.1 1.0 - 6.0 % PRESBYTERIAN MEDICAL CENTER
Hct VFr Bld Auto	<b>Value:</b> 49.1 % <b>Ref Range:</b> 40.5 - 52.5 % <b>Text:</b> {Reference ID: #Result808312038Comp4} HCT 49.1 40.5 - 52.5 % PRESBYTERIAN MEDICAL CENTER
Hgb Bld-mCnc	<b>Value:</b> 16.5 gm/dL <b>Ref Range:</b> 13.5 - 17.5 gm/dL <b>Text:</b> {Reference ID: #Result808312038Comp3} HGB 16.5 13.5 - 17.5 gm/dL PRESBYTERIAN MEDICAL CENTER
Imm Granulocytes # Bld Auto	<b>Value:</b> 0.030 thou/mcL <b>Ref Range:</b> 0.001 - 0.031 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp24} IG 0.030 0.001 - 0.031 PRESBYTERIAN MEDICAL ABSOLUTE thou/mcL CENTER
Imm Granulocytes NFr Bld Auto	<b>Value:</b> 0.400 % <b>Ref Range:</b> 0.001 - 0.429 % <b>Text:</b> {Reference ID: #Result808312038Comp18} IG% 0.400 0.001 - 0.429 % PRESBYTERIAN MEDICAL CENTER
Lymphocytes # Bld Auto	<b>Value:</b> 2.8 thou/mcL <b>Ref Range:</b> 1.0 - 4.5 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp20} ABSOLUTE LYMPHOCYTE 2.8 1.0 - 4.5 PRESBYTERIAN MEDICAL COUNT thou/mcL CENTER
Lymphocytes NFr Bld Auto	<b>Value:</b> 35.2 % <b>Ref Range:</b> 25.0 - 40.0 % <b>Text:</b> {Reference ID: #Result808312038Comp14} LYMPHOCYTE % 35.2 25.0 - 40.0 % PRESBYTERIAN MEDICAL CENTER
MCH RBC Qn Auto	<b>Value:</b> 30.4 pg <b>Ref Range:</b> 28.0 - 33.0 pg <b>Text:</b> {Reference ID: #Result808312038Comp6} MCH 30.4 28.0 - 33.0 pg PRESBYTERIAN MEDICAL CENTER
MCHC RBC Auto-mCnc	<b>Value:</b> 33.6 gm/dL <b>Ref Range:</b> 32.0 - 36.0 gm/dL <b>Text:</b> {Reference ID: #Result808312038Comp7} MCHC 33.6 32.0 - 36.0 gm/dL PRESBYTERIAN MEDICAL CENTER
MCV RBC Auto	<b>Value:</b> 91 fL <b>Ref Range:</b> 83 - 97 fL <b>Text:</b> {Reference ID: #Result808312038Comp5} MCV 91 83 - 97 fL PRESBYTERIAN MEDICAL CENTER
MPV	<b>Value:</b> 9.9 fL

	<b>Ref Range:</b> 8.9 - 11.0 fL <b>Text:</b> {Reference ID: #Result808312038Comp10} MPV 9.9 8.9 - 11.0 fL PRESBYTERIAN MEDICAL CENTER
Monocytes # Bld Auto	<b>Value:</b> 1.1 thou/mcL <b>Ref Range:</b> 0.1 - 0.8 thou/mcL <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808312038Comp21} MONO ABSOLUTE 1.1 0.1 - 0.8 thou/mcL PRESBYTERIAN MEDICAL CENTER (H)
Monocytes NFr Bld Auto	<b>Value:</b> 14.4 % <b>Ref Range:</b> 4.0 - 12.0 % <b>Interpretation:</b> H <b>Text:</b> {Reference ID: #Result808312038Comp15} MONOCYTE % 14.4 4.0 - 12.0 % PRESBYTERIAN MEDICAL CENTER (H)
NRBC	<b>Value:</b> 0.000 thou/mcL <b>Ref Range:</b> 0 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp12} NRBC 0.000 0 thou/mcL PRESBYTERIAN MEDICAL CENTER
Neutrophils # Bld Auto	<b>Value:</b> 3.54 thou/mcL <b>Ref Range:</b> 1.50 - 7.50 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp19} ABSOLUTE NEUTROPHIL 3.54 1.50 - 7.50 PRESBYTERIAN MEDICAL COUNT thou/mcL CENTER
Neutrophils NFr Bld Auto	<b>Value:</b> 45.1 % <b>Ref Range:</b> 50.0 - 70.0 % <b>Interpretation:</b> L <b>Text:</b> {Reference ID: #Result808312038Comp13} NEUTROPHIL % 45.1 50.0 - 70.0 % PRESBYTERIAN MEDICAL CENTER (L)
Platelet # Bld Auto	<b>Value:</b> 337 thou/mcL <b>Ref Range:</b> 150 - 400 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp8} Plt Ct 337 150 - 400 thou/mcL PRESBYTERIAN MEDICAL CENTER
RBC # Bld Auto	<b>Value:</b> 5.42 million/mcL <b>Ref Range:</b> 4.05 - 5.64 million/mcL <b>Text:</b> {Reference ID: #Result808312038Comp2} RBC 5.42 4.05 - 5.64 million/mcL PRESBYTERIAN MEDICAL CENTER
RDW RBC Auto-Rto	<b>Value:</b> 40.0 fL <b>Ref Range:</b> 36.0 - 47.0 fL <b>Text:</b> {Reference ID: #Result808312038Comp9} RDW SD 40.0 36.0 - 47.0 fL PRESBYTERIAN MEDICAL CENTER
WBC # Bld Auto	<b>Value:</b> 7.8 thou/mcL <b>Ref Range:</b> 5.1 - 10.8 thou/mcL <b>Text:</b> {Reference ID: #Result808312038Comp1} WBC 7.8 5.1 - 10.8 thou/mcL PRESBYTERIAN MEDICAL CENTER
nRBC/100 WBC Bld Auto-Rto	<b>Value:</b> 0.0 /100WBC <b>Ref Range:</b> 0 /100WBC <b>Text:</b> {Reference ID: #Result808312038Comp11} NRBC% 0.0 0 /100WBC PRESBYTERIAN MEDICAL CENTER

### Narrative Text

- [illegible]



- [illegible]

[illegible]

- {Filtered content due to already rendered above. See Reference ID: #Result808312041.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312041Comp1.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp1.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp2.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp3.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp4.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp5.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp6.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp7.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp8.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp9.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp10.}
- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp11.}
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- {Filtered content due to already rendered above. See Reference ID: #Result808312039Comp13.}
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from 04/21/2018 to 07/01/2021

# VITALS

## Vital Signs

Type	Date	Interpretation	Value	Ref Range
BP dias	06/24/2021		82 mm[Hg]	
BP sys	06/24/2021		121 mm[Hg]	
Bdy height	03/26/2021		181.6 cm	
Body temperature	06/24/2021		36.89 Cel	
Heart rate	06/24/2021		81 /min	
Resp rate	06/24/2021		23 /min	
SaO2 % BldA PulseOx	06/24/2021		99 %	
Weight	03/26/2021		100.699 kg	

## Narrative Text

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121 / 82	06/23/2021 10:06 PM EDT	
Pulse	81	06/23/2021 10:06 PM EDT	
Temperature	36.9 °C (98.4 °F)	06/23/2021 8:04 PM EDT	
Respiratory Rate	23	06/23/2021 10:57 PM EDT	
<b>Oxygen</b> Saturation	99%	06/23/2021 8:04 PM EDT	
Inhaled <b>Oxygen</b>	-	-	

Concentration		
Weight	100.7 kg (222 lb)	03/26/2021 10:47 AM EDT
Height	181.6 cm (5' 11.5")	03/26/2021 10:47 AM EDT
Body Mass Index	30.53	03/26/2021 10:47 AM EDT

# MEDS

## Medication Information

### Non-identified Provider

Date	Product	Indication	Status	Dose	Frequency	Quantity
10/06/2020	0378-3980-93	Problem	Inactive	6 mg	Unknown	14
10/05/2020	53489-511-01	Problem	Inactive	100 mg	Unknown	14
09/08/2020	65862-562-30		Inactive	{tbl}	Unknown	
09/08/2020	0185-0372-01		Inactive	20 mg	Unknown	
09/08/2020	54092-387-01		Inactive	2 {capsule}	Unknown	
09/09/1999	65862-562-30		Active		Unknown	
10/05/2020	42037-10366		Inactive	{packet}	One per Day	
No Date Available	0555-0973-02		Active	40 mg	Unknown	
No Date Available	53489-510-01		Active	50 mg	Unknown	
No Date Available	10135-151-10		Active	25 mg	Four per Day	

Narrative Text						
Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
OLANZapine (ZYPREXA) 5 mg tablet	5 mg per 1 tablet, ORAL, BID (2 times a day), 60 tablet, 0 Refill(s), Pharmacy: Atrium Health Pharmacy Billingsley, Height, 181.61, cm, 04/29/20 9:24:00 EDT, Weight, 98.6, kg, 04/29/20 9:24:00 EDT		0	09/09/1999		Active
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take 40 mg by mouth daily.		0			Active
traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth at bedtime.		0			Active
diphenhydrAMINE (BANOPHEN) 25 mg tablet	Take 25 mg by mouth every 6 (six) hours as needed for itching.		0			Active
	Take 1-2 tablets by mouth		0	09/08/2020	10/05/2020	Discontinued

OLANZapine (ZYPREXA) 5 mg tablet	at bedtime.				(Stop Taking at Discharge)
citalopram hydrobromide (CELEXA) 20 mg tablet	Take 20 mg by mouth daily.	0	09/08/2020 10/05/2020	Discontinued (Stop Taking at Discharge)	
ADDERALL XR 20 MG 24 hr capsule	Take 2 capsules by mouth every morning.	0	09/08/2020 10/05/2020	Discontinued (Stop Taking at Discharge)	
Aspirin-Acetaminophen-Caffeine (GOODYS EXTRA STRENGTH) 520-260-32.5 MG PACK	Take 1-2 packets by mouth daily as needed (headaches).	0	10/05/2020	Discontinued (Stop Taking at Discharge)	
paliperidone (INVEGA) 6 MG 24 hr tablet	Take one tablet (6 mg dose) by mouth daily.	14 tablet	0	10/06/2020 03/26/2021	Discontinued ( <b>Therapy</b> completed)
Indications: Bipolar Mood Disorder					
traZODone (DESYREL) 100 MG tablet	Take one tablet (100 mg dose) by mouth at bedtime.	14 tablet	0	10/05/2020 03/26/2021	Discontinued ( <b>Therapy</b> completed)
Indications: Insomnia					

# CARE PLAN

## Plan of Care

<u>Narrative Text</u>			
Health Maintenance	Due Date	Last Done	Comments
COVID-19 Vaccine (1)	11/01/1992		
DTaP/Tdap/Td Vaccines (1 - Tdap)	11/01/1999		
Adult Wellness Exam	11/01/2002		
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis B Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Meningococcal Conjugate Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccine: Pediatrics and At Risk Patients	Aged Out		No longer eligible based on patient's age to complete this topic