

10/02/2020 - bh (BH Inpatient)
Episode Info

Type: BH Inpatient

Noted date: 10/2/2020

Resolved date: 10/7/2020

Associated Visits

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

Plans of Care
BH IP Treatment Plan 10/02/20
Plan Information

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

Workflow: Behavioral Health Treatment Plan

Plan Status: Historical

Participants

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

Plan Content

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

Plans of Care (continued)

BH IP Treatment Plan 10/02/20

Plan ID: 85624

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

Participants

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

Location

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

Patient Demographics

Patient Name	MRN	Sex	DOB	CHARTED
Williams, Leonard	73503481	Male	11/1/1980	

Problem List as of 10/2/2020

Date Reviewed: 10/1/2020

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

Strengths/Limitations

Row Name 10/01/20 2345

Strengths

Strength 1	cooperative
Strength 2	prior treatment

Row Name 10/01/20 2345

Limitations

Limitation 1	PTSD
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Multidisciplinary Problems

Multidisciplinary Problems (Active)

Problem: Cognitive-Perceptual Pattern - Impaired

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

Problem: Coping - Ineffective, Patient/Family

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

Plans of Care (continued)

Multidisciplinary Problems (continued)

Goal	Priority	Disciplines	Outcome	Goal Variances	Interventions
Decrease in symptoms of anxiety		Interdisciplinary			
Demonstrate increased insight and judgement		Interdisciplinary			
Intervention		Frequency	Intervention Variances		
Education, healthy daily routines					
Education, positive coping methods					
Group therapy					
<u>Problem: Discharge Planning</u>					
Goal	Priority	Disciplines	Outcome	Goal Variances	Interventions
Knowledge of treatment plan (Why is it important for me to do this?)		Interdisciplinary			
Intervention		Frequency	Intervention Variances		
Education, Suicide precautions					
Education, personal hygiene					
<u>Problem: WHODAS (World Health Organization Disability Assessment Scale)</u>					

Treatment Plan Note

Patient Needs: all treatment modalities, medication management

Care Recommendations: appointment with providers, group participation

Care Plan Reviewed: yes

Patient/Family Goals: FS, crisis stabilization

Discharge Disposition Goals: Home

Progressing as Anticipated: yes

Barriers to Goals: safe discharge planning

Other Goal Discussion: NA

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



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

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

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

Plans of Care (continued)

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

Clinical Notes Acute

Discharge Summary

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

Author: Jacobus P Blik, PA

Filed: 10/6/2020 10:41 AM

Editor: Jacobus P Blik, PA (Physician Assistant)

Service: Psychiatry

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

Author Type: Physician Assistant

Status: Signed

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

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - Discharge Summary

Date of Admission: 10/1/2020

Date of Discharge: 10/06/2020

Attending Provider: Nathan Carter, MD

Hospital LOS: 5 days

Time Spent performing discharge services: - 35 minutes

Discharge Diagnoses and Medications

Active Hospital Problems

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

Resolved Hospital Problems

No resolved problems to display.

Medications:

Medication List

START taking these medications

	Instructions
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

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

Generic drug: amphetamine-dextroamphetamine

citalopram hydrobromide 20 mg tablet

Commonly known as: CELEXA

GOODYS EXTRA STRENGTH 520-260-32.5 MG Pack

Generic drug: Aspirin-Acetaminophen-Caffeine

OLANzapine 5 mg tablet

Commonly known as: ZYPREXA

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

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

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

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

Metabolic screening completed/reviewed during admission included:

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

	Ref. Range	10/3/2020 08:06
Cholesterol	Latest Ref Range: 100 - 199 mg/dL	164
HDL	Latest Ref Range: \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

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

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

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

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

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

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

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

Medication changes during this hospitalization:

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

Justification for two or more antipsychotic medications:

Is not being discharged on multiple antipsychotic meds

Tobacco/Substance Use Recommendation

Tobacco use in the past 30 days? No

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

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

Condition Upon Discharge

Vitals:

Vitals:

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

Constitutional:

General Appearance Wearing hospital scrubs and normal appearance

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

Clinical Notes Acute (continued)

General Behavior	Pleasant and cooperative
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	Patient denies suicidal/homicidal ideation; No evidence of
Disturbances	auditory/visual hallucinations or delusions;
Cognition/Sensorium	AAOx4; Memory, attention, language, and fund of
	knowledge intact
Insight	Fair
Judgment	Fair

Discharge Instructions and Disposition

Discharge Procedure Orders

[Ambulatory referral to Psychiatry](#)

[Referral Priority: Routine](#)

[Referral Reason: Evaluate and Return](#)

[Requested Specialty: Psychiatry](#)

[Number of Visits Requested: 1](#)

[Referral Type: Consultation](#)

[Expiration Date: 04/03/21](#)

Appointments which have been scheduled

Appointment: October 21, 2020 @ 3:00PM

Atrium

501 Billingsley Rd.

Charlotte, NC 28211

704-358-2810

704-358-2966 (F)

Appointment:

Therapy

John E. Monguillot, LP Counseling Psychologist

[REDACTED]
[REDACTED]
[REDACTED]

Fax:

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

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

Disposition: Discharge to home

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

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

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

09/30/2020 - ED in NHPMC Emergency Department

Visit Information

Admission Information

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

Discharge Information

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

Coding Summary

Account Information

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

Admission Information

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

Discharge Information

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

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

Code	Description	Comments
Z00.8	Encounter for other general examination	

Final Diagnoses (ICD-10-CM)

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

Reason for Visit

Chief Complaint

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