

09/30/2020 - ED in NHPMC Emergency Department

Visit Information

Admission Information

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

Discharge Information

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

Coding Summary

Account Information

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

Admission Information

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

Discharge Information

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

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

Code	Description	Comments
Z00.8	Encounter for other general examination	

Final Diagnoses (ICD-10-CM)

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

Reason for Visit

Chief Complaint

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

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

Reason for Visit (continued)

denies SI here)

Visit Diagnoses

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

Hospital Problems

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

Treatment Team

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

Patient Summary as-of Visit

Problem List as of 10/1/2020

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

ADD (attention deficit disorder)

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

Bipolar 1 disorder (*)

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

Bipolar disorder, unspecified (*)

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

PTSD (post-traumatic stress disorder)

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

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

Patient Summary as-of Visit (continued)

Allergies as of 10/1/2020

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

Immunization History as of 10/1/2020

No documentation.

History as of 10/1/2020

Medical History as of 10/1/2020

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

Past Medical History

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

Pertinent Negatives

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

Surgical History as of 10/1/2020

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

Pertinent Negatives

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

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

Patient Summary as-of Visit (continued)

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

Medication List

Medication List

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

Prior To Admission

None

Discharge Medication List

OLANzapine (ZYPREXA) 5 mg tablet

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

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

citalopram hydrobromide (CELEXA) 20 mg tablet

Instructions: Take 20 mg by mouth daily.

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

ADDERALL XR 20 MG 24 hr capsule

Instructions: Take 2 capsules by mouth every morning.

Entered by: Melissia Stowe, CPHT

Start date: 9/8/2020

Informant: Self

Entered on: 10/1/2020

End date: 10/5/2020

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

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

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

None

ED Notes**ED Notes by Michele M Derricott, RN BSN at 9/30/2020 2350**Author: Michele M Derricott, RN BSN
Filed: 10/1/2020 6:37 AM
Editor: Michele M Derricott, RN BSN (Registered Nurse)Service: Nursing
Date of Service: 9/30/2020 11:50 PMAuthor Type: Registered Nurse
Status: Signed

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

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

ED Notes by Michele M Derricott, RN BSN at 10/1/2020 0638Author: Michele M Derricott, RN BSN
Filed: 10/1/2020 6:39 AM
Editor: Michele M Derricott, RN BSN (Registered Nurse)Service: Nursing
Date of Service: 10/1/2020 6:38 AMAuthor Type: Registered Nurse
Status: Signed

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

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

ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 0812Author: Rosalyn Gioia Mazoway, MS, RN
Filed: 10/1/2020 8:22 AM
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)Service: Nursing
Date of Service: 10/1/2020 8:12 AMAuthor Type: Registered Nurse
Status: Signed

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

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

ED Notes by Rosalyn Gioia Mazoway, MS, RN at 10/1/2020 1233Author: Rosalyn Gioia Mazoway, MS, RN
Filed: 10/1/2020 12:42 PM
Editor: Rosalyn Gioia Mazoway, MS, RN (Registered Nurse)Service: Nursing
Date of Service: 10/1/2020 12:33 PMAuthor Type: Registered Nurse
Status: Signed

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

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

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

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

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

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

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

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

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

**ROI for John Monguillet Psychologist
828-733-5889**

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

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

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

Alert, resting in bed quietly, hyper-verbal, rambling, pt denies Si/HI, A/VH for this writer. Informed pt that he has a bed, bed still occupy, will go up when bed is available and clean, pt understands. Pt wants his psychologist John Monguillo mobile # to be noted in chart, 828-387-0354.

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

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

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

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

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

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

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

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

ED Notes (continued)


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

PSO called to assist with patient transport to room 737.

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

ED Care Timeline

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

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

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

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

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

ED Care Timeline (continued)

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

Tyler M Powers, RN

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

01:44	Custom Formula Data	Other flowsheet entries Sleeping: 0	Tammie Byrd, CNA
02:03	15 Minute Safety Check	Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Tammie Byrd, CNA
02:03	Custom Formula Data	Other flowsheet entries Sleeping: 0	Tammie Byrd, CNA
02:04:49	ED Provider Notes	Note filed at this time	Jonathan G Sherrill, PA-C; Cosigned by Jerry D Nix, MD
02:12	Screening	ED Triage Screen ED Triage Access Screening (Select All that are True): The patient is experiencing Suicidal/Homicidal ideations with an identifiable plan intent, means, or recent gesture/attempt. BH Access Screening Type of Screen: If NOT Face to Face, Skip to Disposition Section): Face to Face Referral Source: Angela Haun- mother/petitioner Referral Source Contact Number: 828-898-9808 Release Signed: No Referral Source Contacted: Yes Release for Community Providers: No Information Provided By:: Patient Court Appointed Guardian: No Are you a Veteran?: No Precipitating Factors: Pt is a 39 y/o Caucasian male who presented to PMC under IVC by his mother for SI and overtaking his medications. Pt reports "my mother filled out a petition and the magistrate processed like it was nothing. "pt. reports a diagnosis of PTSD and reports that when he is in the middle of an "episode" he has had "uncontrollable" thoughts of self-harm. Pt reports that he has expressed "what a relief it would be to die" but has no intent. Pt denies HI Date of last yearly physical:: unknown Outside help or community services at home: Mental Health Services Is there anyone that you know, or are related to, on the Behavioral Health unit?: No	Brandi Woods, LCMHC
02:17	SOFA	SOFA Scoring System SOFA Score (Do Not Edit): 0	User, Batch
02:17	Tele-ICU Scoring System	Other flowsheet entries Tele-ICU Score: 4	User, Batch

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

ED Care Timeline (continued)

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

ED Care Timeline (continued)

02:20	Symptoms	<p>Sleep Sleep pattern changed: No Sleeping increased: No Sleeping decreased: No Problems: No Use sleep aid: Yes Type of Sleep Aid: zyprexa</p> <p>Appetite Appetite change: No Weight change: No Appetite Problems:: No</p> <p>Depression Hopelessness/Helplessness: No Crying spells/mood swings: Yes Low energy/fatigue: No Concentration problems: Yes Psychomotor retardation/agitation: No Feelings of guilt/worthlessness: No Social withdrawal: No Recurrent thoughts of death: Yes Deterioration in Activities of Daily Living: No</p> <p>Mania Rapid pressured speech: Yes Increase in impulsivity: No Increase in energy: No Flight of ideas/loose association: No</p> <p>Anxiety Excessive worry: No Nervousness: No Irritability: Yes Shortness of breath: No Racing heart rate: No Sweaty/Chills/Hot flashes: No Nausea/Vomiting/Diarrhea: No Chest Pain: No</p> <p>Additional Symptom Information 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</p>	Brandi Woods, LCMHC
02:21	15 Minute Safety Check	<p>Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room</p>	Tammie Byrd, CNA
02:21	Custom Formula Data	<p>Other flowsheet entries Sleeping: 0</p>	Tammie Byrd, CNA

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

ED Care Timeline (continued)

02:22	Psychosis	Psychosis / Thought Content Delusions: Persecution Hallucinations: None Ambivalence: No (Comment) Confusion: No (Comment) Disorganization: No (Comment)	Brandi Woods, LCMHC
02:22	Treatments	Current/Prev BH Chemical Dependency 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	Brandi Woods, LCMHC
02:25	Substance Abuse	Substance Use/Addictive Behaviors History Substance use in past 12 months?: No Drug Screen: Other (comment) (pending) History of Substance Use/Abuse:: Patient Denies any history or Current Use Tobacco/Nicotine Use?: No	Brandi Woods, LCMHC
02:25	Protective Factors	Protective Factors - Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors). External Protective Factors: Supportive social network of family or friends	Brandi Woods, LCMHC
02:26	Functioning	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	Brandi Woods, LCMHC
02:26	Alcohol screen/AUDIT tool	Alcohol Use/Abuse Alcohol abuse in past 12 months?: No History of Alcohol Use/Abuse:: Patient Denies any history or Current Use	Brandi Woods, LCMHC

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

ED Care Timeline (continued)

02:26	Self Pay Questionnaire	Acute Self Pay Questionnaire Does the patient receive Social Security because of disability?: No Has a doctor stated that the patient will be unable to work for a year or longer?: No Is the patient the parent or legal guardian of a child 17 years old or younger who lives in the home full time?: No Has the patient been declared legally blind?: No Is the patient pregnant?: No Is the patient a victim of a crime?: No	Kathleen Francis
02:27	Travel Screening	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? No / Unsure ; Have you had a COVID-19 viral test in the last 14 days? No ; Do you have any of the following new or worsening symptoms? None of these ; Have you traveled internationally in the last month? No Travel Locations: Travel history not shown for past encounters	Kathleen Francis
02:27	Healthcare Directives	Portable Medical Orders Portable Medical Orders: None Court Appointed Guardian Court Appointed Guardian: No Advance Directive Does the patient have the ability to provide answers to questions related to healthcare directives?: Yes Advance Directive: No Directive Information Provided on Healthcare Directives: Yes, patient provided admission booklet. Additional Assistance/Information Requested: No	Kathleen Francis
02:27:20	Registration Completed		Kathleen Francis
02:28	Strengths/Limitations	Strengths Strength 1: Able to verbalize feelings Strength 2: has a psychologist and psychiatrist	Brandi Woods, LCMHC
02:29	History	BH History (Employment / Work / History of Abuse / Trauma) 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	Brandi Woods, LCMHC
02:30	Mental Status	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)	Brandi Woods, LCMHC
02:30	Legal Issues	Legal Issues Legal: No Probation Officer?: No	Brandi Woods, LCMHC

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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


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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

13:40	MD Request of Therapist/Access	MD Follow up Request of Therapist/Access MD Request of Therapist/Access: None	Elizabeth Gunther, LCMHC
13:51	Vital Signs	Vitals Timer Restart Vitals Timer: Yes (pt refused vitals)	Caroline Hurtado
14:00	SOFA	SOFA Scoring System SOFA Score (Do Not Edit): 0	User, Batch
14:00	Tele-ICU Scoring System	Other flowsheet entries Tele-ICU Score: 4	User, Batch
14:31:19	Team Member Assigned	Sandeep Singh A Grewal, MD assigned as Consulting Physician	Rebecca D Lee, PA-C
15:00	SOFA	SOFA Scoring System SOFA Score (Do Not Edit): 0	User, Batch
15:00	Tele-ICU Scoring System	Other flowsheet entries Tele-ICU Score: 4	User, Batch
15:20	Purposeful Rounding	Quick Updates Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Side Rails/Bed Safety: 1/2 Updates: Yes Updates - Free Text: Patient has been calm and watching TV. Is now speaking to L Vickery PA Safety Attendant: 15 min rounding	Rosalyn Gioia Mazoway, MS, RN
15:22	15 Minute Safety Check	Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Caroline Hurtado
15:22	Custom Formula Data	Other flowsheet entries Sleeping: 0	Caroline Hurtado
15:31:17	ED Notes	ROI for John Monguillet Psychologist 828-733-5889	Rosalyn Gioia Mazoway, MS, RN
15:45	15 Minute Safety Check	Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: Patient Room	Angela Y Rodgers
15:45	Custom Formula Data	Other flowsheet entries Sleeping: 0	Angela Y Rodgers
15:55	Purposeful Rounding	Quick Updates Restart Purposeful Rounding Timer: Yes Restart Pain Timer: Yes Purposeful Rounding: Yes Updates: Patient is resting comfortably Safety Attendant: Video monitoring	Mouny Vanalong Aycock, RN

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

18:53	Psychosocial	Psychosocial Psychosocial (WDL): Exceptions to WDL Patient Behaviors/Mood/Affect: DULL*; FLAT/BLUNTED AFFECT*; Calm; Cooperative; Hyper-Verbal; Rambling; Pressured Speech Needs Expressed: Physical; Emotional; Dietary Reassurance given to: Patient General Appearance Motor Activity: Mobile Speech Pattern: Hypervocal; Pressured; Rapid; Repetitive; Stuttering Appearance/Hygiene: Appropriate for circumstances Thought Process Coherency: Circumstantial; Appropriate for circumstances Content: Blaming others Delusions: Persecutory Perception: Derealization Hallucination: None Sleep Pattern Sleep Pattern: Unable to assess	Mounty Vanalong Aycock, RN
18:53	Columbia Suicide Severity Rating Scale	Suicide Shift Reassessment 1. Have you actually had thoughts about killing yourself?: No 5. Have you done anything, started to do anything, or prepared to do anything to end your life?: No Search (select all that apply): Visual Scan Only Reason for Search: Precautions Search Outcome?: Contraband Not Found	Mounty Vanalong Aycock, RN
18:53	Fall Risk Assessment	Kinder Fall Risk Assessment (Adult patients 18 yrs and older) Presented to emergency department because of falls:: No Age > 70: No Altered Mental Status Intoxication with alcohol or substance abuse:: No Impaired Mobility: Ambulates or transfers with assistive devices or assistance; Unable to ambulate or transfer.: No Nurse Judgement:: No Fall Risk Assessment Score: Low Risk	Mounty Vanalong Aycock, RN
18:53	Suicide Shift Reassessment	Suicide Shift Reassessment Shift Reassessment Risk Score:: No Risk	Mounty Vanalong Aycock, RN
18:55:56	ED Notes	Alert, resting in bed quietly, hyper-verbal, rambling, pt denies Si/HI, A/VH for this writer. Informed pt that he has a bed, bed still occupy, will go up when bed is available and clean, pt understands. Pt wants his psychologist John Monguillo mobile # to be noted in chart, 828-387-0354.	Mounty Vanalong Aycock, RN
19:00	SOFA	SOFA Scoring System SOFA Score (Do Not Edit): 0	User, Batch
19:00	Tele-ICU Scoring System	Other flowsheet entries Tele-ICU Score: 4	User, Batch
19:00	15 Minute Safety Check	Patient Check Type of monitoring:: 15 minute Patient Status: Awake Patient Location: BH - Day Area	Marissa B Dailey, CNA
19:00	Custom Formula Data	Other flowsheet entries Sleeping: 0	Marissa B Dailey, CNA

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

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

ED Care Timeline (continued)

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

Clinical Notes Acute

Ancillary Note

Dabney E Hayes, LCMHC at 10/1/2020 1652

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 4:53 PM

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

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

This writer spoke with petitioner mother Angela 423-213-3176 and let her know that IVC was upheld and pt will be admitted.

Mother thanked this writer for the info.

Electronically signed:

Dabney E Hayes, LCMHC
10/1/2020 / 4:52 PM

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

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

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 4:14 PM

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

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

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

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

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

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

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

Author: Dabney E Hayes, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 1:06 PM

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

Status: Signed

Editor: Dabney E Hayes, LCMHC (Access Coordinator)

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

IVC upheld and faxed to courthouse.

Electronically signed:

Dabney E Hayes, LCMHC

10/1/2020 / 1:06 PM

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

Brandi Woods, LCMHC at 10/1/2020 0238

Author: Brandi Woods, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 2:41 AM

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

Status: Signed

Editor: Brandi Woods, LCMHC (Access Coordinator)

Clinician attempted to reach pt's mother/ petitioner Angela Haun via 423-213-3176 but was not able to leave a message. Clinician also called 828-898-9808 (business number) and was informed that she was not there

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

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

Brandi Woods, LCMHC at 10/1/2020 0035

Author: Brandi Woods, LCMHC

Service: BH Access

Author Type: Access Coordinator

Filed: 10/1/2020 2:37 AM

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

Status: Signed

Editor: Brandi Woods, LCMHC (Access Coordinator)

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

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

Primary Presenting Problem: Mental Health

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

Disposition

Disposition Recommendation: Further Eval Needed

Triage Screen

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

General Information

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

Referral Source: Angela Haun- mother/petitioner

Referral Source Contact Number: 828-898-9808

Release Signed: No

Referral Source Contacted: Yes

Release for Community Providers: No

Information Provided By:: Patient

Court Appointed Guardian: No

Are you a Veteran?: No

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

Date of last yearly physical:: unknown

Outside help or community services at home: Mental Health Services

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

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

Potential Risk to Self

Suicidal threats/behaviors in past 6 months?: Yes
Suicidal Ideation or Suicide Threats: No
Recent attempt to Harm Self?: No
Intent for above: No
Currently engaging in self-injurious behavior?: No
History of Suicidal/Self-Injuring behaviors?: Yes
History of Suicidal/Self Injurious Behavior Last 6 months?: No
History of Suicidal/Self-Injuring behaviors Greater than the past 6 months?: Yes
Access to firearms?: No
Other means of Harm?: Yes(pills)

Potential Risk to Others

Homicidal threats/behaviors in past 6 months?: No
Homicidal Ideation or Homicidal Threats?: No
Named Individual: No
Recent attempt to Harm Another?: No
Intent for above: No
Patient currently assaultive or combative?: No
History of Homicidal Acts/Assaultive behaviors?: No
History of Homicidal Acts/Assaultive behaviors within past 6 months?: No
History of Homicidal Acts/Assaultive behaviors Greater than the past 6 months?: No
Access to firearms?: No
Other means of Harm?: No
Patient able to reliably contract for safety?: Yes

Symptoms

Sleep pattern changed: No
Sleeping increased: No
Sleeping decreased: No
Problems: No
Use sleep aid: Yes
Type of Sleep Aid: zyprexa

Appetite change: No
Weight change: No
Appetite Problems:: No

Hopelessness/Helplessness: No
Crying spells/mood swings: Yes
Low energy/fatigue: No
Concentration problems: Yes
Psychomotor retardation/agitation: No
Feelings of guilt/worthlessness: No
Social withdrawal: No
Recurrent thoughts of death: Yes
Deterioration in Activities of Daily Living: No

Rapid pressured speech: Yes

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

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

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

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

Psychosis

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

Treatments

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

Substance Use

Substance use in past 12 months?: No

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

Drug Screen: Other (comment)(pending)

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

Tobacco/Nicotine Use?: No

Alcohol Abuse

Alcohol abuse in past 12 months?: No

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

Functioning

Dressing: Independent

Bathing: Independent

Toileting: Independent

Feeding: Independent

Hearing - Right Ear: Functional

Hearing - Left Ear: Functional

Vision - Right Eye: Functional

Vision - Left Eye: Functional

Walks in Home: Independent

Possible barriers to participate in Treatment/Programming?: No

Current living arrangements (who lives with): lives alone

Able to return to Current Living Arrangements?: Yes

Support System:: Psychologist, friends and mother

Healthy coping skills: Meditation;Talk to people

Recreational/Leisure activities: Read, pool, programming websites

Religious/Spiritual orientation: none

Cultural Preferences: none

Strengths/Limitations

Strength 1: Able to verbalize feelings

Strength 2: has a psychologist and psychiatrist

BH History

Patient Employed?: No

Problems at work?: No

History of Abuse?: Yes;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

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

Clinical Notes Acute (continued)

Motor Activity: Restless
Speech: Pressured;Hyper-verbal
Exhibited Behavior: Cooperative
Affect Range /Display: Normal range
Mood Range /Display: Normal range
Affect/Mood Display: Congruent
Mood: Euthymic
Thought Process: Delusions
Thought Content: WDL
Insight: Other (Comment)(fair)
Orientation To:: Person (Yes);Place (Yes);Situation (Yes);Date (Yes)

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

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

Consults

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

Author: Larson T Vickery, PA-C

Service: Psychiatry

Author Type: Physician Assistant

Filed: 10/1/2020 6:09 PM

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

Status: Signed

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

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

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Novant Health Psychiatry - ED Consult

Date of Service: 10/1/2020

Referral Source: Emergency Department

Record Review: moderate

Assessment

Psychiatric Diagnoses:

Principal Problem:

PTSD (post-traumatic stress disorder)

Active Problems:

Bipolar disorder, unspecified (*)

ADD (attention deficit disorder)

Medical Diagnoses:

Active Hospital Problems

*PTSD (post-traumatic stress disorder)

Bipolar disorder, unspecified (*)

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

ADD (attention deficit disorder)

Formulation and MDM:

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

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

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

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

Treatment Plan & Recommendation

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

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

- Zyprexa 5 mg Hs

- Medical Recs:

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

Chief Complaint

Principal Problem:

PTSD (post-traumatic stress disorder)

Active Problems:

Bipolar disorder, unspecified (*)

ADD (attention deficit disorder)

History of Present Illness

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

Per Nursing,

"Patient report received from Michelle RN. Patient alert oriented by 3. Presents to the emergency room on IVC, petitioner is his Mother. Patient is cooperative, hyper verbal, manic, speech is pressured, paranoid. He states that he struggles from severe PTSD, from is co workers in the community and a victim of workplace abuse and bullying.

Patient continues on IVC 15 min observation and 1 to 1 video monitoring. Patient questions answered and aware of the process of evaluation, assessment. Process of IVC discussed. Patient continues on 15 min observation and 1 to 1 video monitoring"

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

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

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

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

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

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

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

Per Mom (Angela) 828-898-9808

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

Current suicidal/homicidal ideations: Denies

Current auditory/visual hallucinations: Denies

Review Of Systems:

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

Past Psychiatric History

Previous diagnoses: PTSD, Bipolar, ADD

Previous psychiatric medication trials: Adderall, Celexa, Zyprexa

Past suicidal/homicidal ideation/attempt: 20 yrs ago, OD

Current/Past psychiatric provider: Medications from Kathleen Peniston - states he does not trust her

Previous psychiatric hospitalizations/Rehab: Tennessee in the past (unknown time frame)

Past Medical History**Past Medical History:**

Diagnosis

Date

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

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

Clinical Notes Acute (continued)

Substance Use History

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

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

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

Family History

Family history of suicide? No

History reviewed. No pertinent family history.

Social History

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

Access to firearms: no

Social History

Socioeconomic History

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

Occupational History

- Not on file

Social Needs

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

Tobacco Use

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

Substance and Sexual Activity

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

Clinical Notes Acute (continued)

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

Lifestyle

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

Relationships

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

Other Topics 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
zydis **OR** OLANZapine, ondansetron **OR** ondansetron, zolpidem

Allergies:

No Known Allergies

Labs:

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

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

Clinical Notes Acute (continued)

CBC And Differential

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

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

Comprehensive metabolic panel

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

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

Ethanol level

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

Clinical Notes Acute (continued)

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

Result	Value	Ref Range
Ethanol	<10	0 mg/dL

Salicylate level

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

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

Acetaminophen level

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

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

UR Drugs of Abuse Screen

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

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

POCT Glucose ACHS

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

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

POCT Glucose ACHS

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

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

Mental Status Evaluation

Constitutional:

General Appearance In a hospital gown
General Behavior Defensive and Guarded

Musculoskeletal:

Gait and Station No gait abnormalities
Strength and tone Normal

Psychiatric:

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

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

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

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

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

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

ED Provider Notes**Jonathan G Sherrill, PA-C at 10/1/2020 0016**

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

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

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

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER**ED Provider Note**

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

History**Chief Complaint**

Patient presents with

- Psychiatric Evaluation

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

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

Clinical Notes Acute (continued)

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

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none"> Diabetes mellitus (*) type 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.

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

Clinical Notes Acute (continued)

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

Physical Exam

ED Triage Vitals [09/30/20 2208]

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

Physical Exam

Nursing note and vitals reviewed.

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

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Voice normal.

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

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

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

No audible murmur. No friction rub and gallop.

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

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

Musculoskeletal: no edema.

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

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

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

ED Course

Lab results:

No data to display

Imaging:

No data to display

ECG:

ECG Results

None

09/30/2020 - ED in NHPMC Emergency Department (continued)**Clinical Notes Acute (continued)**Pre-Sedation
Procedures**MDM****Number of Diagnoses or Management Options**

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

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

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

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

Review and summarize past medical records: yes

Discuss the patient with other providers: yes

Coding

Provider Communication

New Prescriptions

No medications on file

Modified Medications

No medications on file

Discontinued Medications

No medications on file

Clinical Impression

Final diagnoses:

Involuntary commitment

Suicidal ideation

ED Disposition

ED Disposition Comment

**Behavioral
Health**

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

Clinical Notes Acute (continued)

Electronically signed by:

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

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

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

Labs

CBC And Differential (Final result)

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

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

CBC And Differential (Abnormal)

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

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

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

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Order status: Completed

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

Components

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

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

Labs (continued)

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

Testing Performed By

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

Comprehensive metabolic panel (Final result)

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

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

Comprehensive metabolic panel (Abnormal)

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

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

Filed by: Tamiya Wilson 10/01/20 0110

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Order status: Completed

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

Components

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

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

Labs (continued)

Glucose	231	65 - 99 mg/dL	H ^	PMC
BUN	21	6 - 20 mg/dL	H ^	PMC
Creatinine	0.76	0.76 - 1.27 mg/dL	—	PMC
Ca	9.2	8.7 - 10.2 mg/dL	—	PMC
ALK PHOS	95	25 - 150 U/L	—	PMC
T Bili	0.96	0.00 - 1.20 mg/dL	—	PMC
Total Protein	8.0	6.0 - 8.5 gm/dL	—	PMC
Alb	4.7	3.5 - 5.5 gm/dL	—	PMC
GLOBULIN	3.3	1.5 - 4.5 gm/dL	—	PMC
ALBUMIN/GLOBULIN RATIO	1.4	1.1 - 2.5	—	PMC
BUN/CREAT RATIO	27.6	11.0 - 26.0	H ^	PMC
ALT	52	0 - 55 U/L	—	PMC
AST	32	0 - 40 U/L	—	PMC

Comment:

Slight hemolysis present, results may be adversely affected. Please interpret results with caution.

GFR AFRICAN AMERICAN	133	mL/min/1.73m2	—	PMC
Comment: African-American: Normal GFR (glomerular filtration rate) > 60 mL/min/1.73 meters squared. < 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area				

GFR Non African American	115	mL/min/1.73m2	—	PMC
Comment: Non African American: Normal GFR (glomerular filtration rate) > 60 mL/min/1.73 meters squared. < 60 may include impaired kidney function based on creatinine, age, legal sex, and race normalized to accepted average body surface area.				

AGAP	12	7 - 16 mmol/L	—	PMC
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Testing Performed By

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

Ethanol level (Final result)

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

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

Ethanol level (Normal)

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

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

Order status: Completed

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

Labs (continued)

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

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

Components

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

Comment: Blood Alcohol Level is for Medical Purposes Only.

Testing Performed By

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

Salicylate level (Final result)

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

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

Salicylate level (Abnormal)

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

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

Order status: Completed

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

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

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Components

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

Testing Performed By

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

Acetaminophen level (Final result)

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

Status: **Completed**

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Unit Collect

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

Labs (continued)

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

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

Acetaminophen level (Abnormal)

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

Ordering provider: Andrew Moczula, MD 09/30/20 2249
Filed by: Background User Lab 10/01/20 0108
Resulting lab: PRESBYTERIAN MEDICAL CENTER

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

Components

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

Testing Performed By

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

Rainbow / Extra tubes (Final result)

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

Status: Completed

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN

Ordering provider: Andrew Moczula, MD

Ordering mode: Per NH Standing order

Class: Lab Collect

Lab status: Final result

Questionnaire

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

Specimen Information

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

Rainbow / Extra tubes

Light Blue Top Result status: No result

Ordering provider: Andrew Moczula, MD 09/30/20 2249
Discontinued by: Lisa S Tate 10/01/20 0032 [Quantity Not
Sufficient]

Order status: Canceled
Filed on: 10/01/20 0032

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

Labs (continued)

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

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Gold SST

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

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

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

Testing Performed By

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

Light Blue Top (Discontinued)

Status: **Discontinued**

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

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

Ordering provider: Andrew Moczula, MD

Ordering mode: Standard

Class: Lab Collect

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

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

Specimen Information

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

Light Blue Top

Result status: In process

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

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

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

Order status: Canceled

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

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Testing Performed By

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

Gold SST (Final result)

Status: **Completed**

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

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Ordering provider: Andrew Moczula, MD

Ordering mode: Standard

Class: Lab Collect

Lab status: Final result

Specimen Information

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

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

Labs (continued)

274A0116

Gold SST

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

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

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

Testing Performed By

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

UR Drugs of Abuse Screen (Final result)

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

Status: Completed

Mode: Ordering in Per NH Standing order mode

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

Authorized by: Andrew Moczula, MD

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

Quantity: 1

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

Communicated by: Tyler M Powers, RN
Ordering provider: Andrew Moczula, MD
Ordering mode: Per NH Standing order
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Standing order?	Yes

Specimen Information

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

UR Drugs of Abuse Screen (Normal)

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

Ordering provider: Andrew Moczula, MD 09/30/20 2249
Filed by: Background User Lab 10/01/20 0335
Resulting lab: PRESBYTERIAN MEDICAL CENTER
Narrative:

Order status: Completed
Collected by: Tammie Byrd, CNA 10/01/20 0306

Please Note Detection Levels Below:

Amphetamines 1000 ng/mL

Barbiturates 200 ng/mL

Benzodiazepines 200 ng/mL

Cannabinoids (Marijuana, THC) 50 ng/mL

Cocaine 300 ng/mL

Opiates 300 ng/mL

Methadone 300 ng/mL

Oxycodone 100 ng/mL

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

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

Labs (continued)

Components

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

Testing Performed By

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

POCT Glucose ACHS (Discontinued)

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

Status: **Discontinued**

Mode: Ordering in Telephone with read back mode

Communicated by: Michele M Derricott, RN BSN

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

Ordering provider: Jonathan G Sherrill, PA-C

Authorized by: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

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

Class: Point Of Care

Quantity: 1

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

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Discontinued)

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

Status: **Discontinued**

Mode: Ordering in Telephone with read back mode

Communicated by: Michele M Derricott, RN BSN

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

Ordering provider: Jonathan G Sherrill, PA-C

Authorized by: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

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

Class: Point Of Care

Quantity: 1

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

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Final result)

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

Status: **Completed**

Mode: Ordering in Telephone with read back mode

Communicated by: Michele M Derricott, RN BSN

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

Ordering provider: Jonathan G Sherrill, PA-C

Authorized by: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

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

Class: Point Of Care

Quantity: 1

Lab status: Final result

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

Specimen Information

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

Labs (continued)

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

POCT Glucose ACHS (Abnormal)

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

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

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

Components

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

Testing Performed By

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

POCT Glucose ACHS (Discontinued)

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

Status: Discontinued

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

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

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POCT Glucose ACHS (Final result)

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

Status: Completed

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

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

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

Specimen Information

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

POCT Glucose ACHS (Abnormal)

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

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

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

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

Labs (continued)

Components

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

Testing Performed By

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

POCT Glucose ACHS (Discontinued)

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

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

Communicated by: Michele M Derricott, RN BSN
Ordering provider: Jonathan G Sherrill, PA-C
Ordering mode: Telephone with read back
Class: Point Of Care
Instance released by: Michele M Derricott, RN BSN (auto-released)
10/1/2020 4:30 PM

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Lipid Panel (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.
Ordering user: Larson T Vickery, PA-C 10/01/20 1652
Authorized by: Vernon C Barksdale, MD
Frequency: Routine AM Draw 10/02/20 0200 - 1 occurrence
Quantity: 1

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

RPR (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.
Ordering user: Larson T Vickery, PA-C 10/01/20 1652
Authorized by: Vernon C Barksdale, MD
Frequency: Routine AM Draw 10/02/20 0200 - 1 occurrence
Quantity: 1

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

TSH (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

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

Labs (continued)

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

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Hemoglobin A1c (Final result)

Electronically signed by: **Rebecca D Lee, PA-C on 10/01/20 1645**

Status: **Completed**

Ordering user: Rebecca D Lee, PA-C 10/01/20 1645

Ordering provider: Rebecca D Lee, PA-C

Authorized by: Rebecca D Lee, PA-C

Ordering mode: Standard

Frequency: Routine Once (Routine) 10/01/20 1646 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Rebecca D Lee, PA-C (auto-released) 10/1/2020 4:45 PM

Specimen Information

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

Hemoglobin A1c (Abnormal)

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

Ordering provider: Rebecca D Lee, PA-C 10/01/20 1645

Order status: Completed

Filed by: Background User Lab 10/01/20 2053

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

Resulting lab: PRESBYTERIAN MEDICAL CENTER

Narrative:

Reference Interval: 4.8 - 5.6%

Increased Risk for Diabetes: 5.7 - 6.4%

Diabetes: >=6.5%

Glycemic Control for Adults

with Diabetes: <7.0%

Components

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

Testing Performed By

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

POCT Glucose ACHS (Final result)

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

Status: **Completed**

Mode: Ordering in Telephone with read back mode

Communicated by: Michele M Derricott, RN BSN

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

Ordering provider: Jonathan G Sherrill, PA-C

Authorized by: Jonathan G Sherrill, PA-C

Ordering mode: Telephone with read back

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

Class: Point Of Care

Quantity: 1

Lab status: Final result

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

Specimen Information

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

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

Labs (continued)

POCT Glucose ACHS

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

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

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

Components

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

Testing Performed By

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

POCT Glucose ACHS (Discontinued)

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

Status: Discontinued

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

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

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

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Procedures

Recreational Therapy Referral (Cancel Held)

Status: Cancel Held

This order may be acted on in another encounter.

Ordering user: Larson T Vickery, PA-C 10/01/20 1652
Authorized by: Vernon C Barksdale, MD
Frequency: Routine Once (Routine) 10/01/20 1650 - 1 occurrence
Quantity: 1

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

ECG 12-Lead (Final result)

Status: Completed

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

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

Questionnaire

Question	Answer
Reason for exam?	Other Comment - QTc

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

Procedures (continued)

Specimen Information

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

ECG 12-Lead

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

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

Order status: Completed

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

Collected by: 10/01/20 1826

Resulting lab: NH MUSE

Lab Technician: BB0094

Narrative:

Diagnosis Class Abnormal

Acquisition Device MAC55

Ventricular Rate 87

Atrial Rate 87

P-R Interval 154

QRS Duration 100

Q-T Interval 346

QTC Calculation(Bazett) 416

Calculated P Axis 31

Calculated R Axis -53

Calculated T Axis 19

Diagnosis Normal sinus rhythm

Left anterior fascicular block

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

Abnormal ECG

No previous ECGs available

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

Medication Administrations

acetaminophen (TYLENOL) tablet 650 mg [808312063]

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 650 mg (—/—)

Route: Oral

Frequency: Every 6 hours as needed

Rate/Duration: — / —

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

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

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

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 30 mL (—/—)

Route: Oral

Frequency: 2 times a day as needed

Rate/Duration: — / —

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

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

Medication Administrations (continued)

LORazepam (ATIVAN) tablet 1 mg [808312059]

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 1 mg (—/—)

Route: Oral

Frequency: 3 times a day as needed

Rate/Duration: — / —

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

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

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

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 15 mL (—/—)

Route: Oral

Frequency: 2 times a day as needed

Rate/Duration: — / —

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

OLANzapine (ZYPREXA) injection 10 mg [808312061]

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 10 mg (—/—)

Route: Intramuscular

Frequency: Every 8 hours as needed

Rate/Duration: — / —

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

Maximum dose of 20 mg per 24 hours.

and if oral route ordered, if cannot tolerate oral medications

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

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

OLANzapine (ZYPREXA) tablet 5 mg [808363650]

Ordering Provider: Larson T Vickery, PA-C

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

Ordered On: 10/01/20 1652

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

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

Route: Oral

Frequency: At bedtime

Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 10/01/20 2023	Given	5 mg	Oral	Performed by: Michele M Derricott, RN BSN
Documented: 10/01/20 2023				Scanned Package: 69543-381-90

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

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 10 mg (—/—)

Route: Oral

Frequency: Every 8 hours as needed

Rate/Duration: — / —

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

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

ondansetron (ZOFTRAN) injection 4 mg [808312065]

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 4 mg (—/—)

Route: Intramuscular

Frequency: Every 4 hours as needed

Rate/Duration: — / —

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

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

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

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 4 mg (—/—)

Route: Oral

Frequency: Every 4 hours as needed

Rate/Duration: — / —

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

zolpidem (AMBIEN) tablet 5 mg [808312062]

Ordering Provider: Jonathan G Sherrill, PA-C

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

Ordered On: 10/01/20 0005

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

Dose (Remaining/Total): 5 mg (—/—)

Route: Oral

Frequency: At bedtime as needed

Rate/Duration: — / —

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

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

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

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

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

OLANzapine (ZYPREXA) injection 10 mg (Discontinued)

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

and if oral route ordered, if cannot tolerate oral medications
Dissolve the contents of the vial using 2.1 mL of Sterile Water for Injection to provide a solution containing approximately 5 mg/mL of olanzapine.
Package: 0517-0955-01

zolpidem (AMBIEN) tablet 5 mg (Discontinued)

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

acetaminophen (TYLENOL) tablet 650 mg (Discontinued)

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

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

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

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

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

ondansetron (ZOFTRAN) injection 4 mg (Discontinued)

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

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

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

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

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

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

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

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

Other Orders (continued)

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

Status: **Cancel Held**

This order may be acted on in another encounter.

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

Authorized by: Vernon C Barksdale, MD

PRN Comment: extrapyramidal symptoms

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

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Normal

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

diphenhydRAMINE (BENADRYL) injection 50 mg (Cancel Held)

Status: **Cancel Held**

This order may be acted on in another encounter.

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

Authorized by: Vernon C Barksdale, MD

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

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

Ordering provider: Vernon C Barksdale, MD

Ordering mode: Standard

Class: Normal

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

OLANZapine (ZYPREXA) tablet 5 mg (Discontinued)

Status: **Discontinued**

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

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

Authorized by: Larson T Vickery, PA-C

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

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

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

Package: 69543-381-90

Ordering provider: Larson T Vickery, PA-C

Ordering mode: Standard

Class: Normal

Flowsheets

15 Minute Safety Check

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

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

Flowsheets (continued)

Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0734	10/01/20 0719	10/01/20 0646	10/01/20 0636	10/01/20 0618
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0603	10/01/20 0547	10/01/20 0532	10/01/20 0515	10/01/20 0500
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Sleeping	Sleeping	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Sleep (Behavioral Health unit patients only)					
Calculate Sleep?	Yes	—	—	—	—
Click Yes once per 24 hr at 0600					
Row Name	10/01/20 0446	10/01/20 0431	10/01/20 0416	10/01/20 0400	10/01/20 0347
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0328	10/01/20 0318	10/01/20 0245	10/01/20 0233	10/01/20 0221
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0203	10/01/20 0144	10/01/20 0132	10/01/20 0115	10/01/20 0059
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	15 minute
Patient Status	Awake	Awake	Awake	Awake	Awake
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	Patient Room
Row Name	10/01/20 0031	10/01/20 0015	09/30/20 2345	09/30/20 2333	
Patient Check					
Type of monitoring:	15 minute	15 minute	15 minute	15 minute	
Patient Status	Awake	Awake	Awake	Awake	
Patient Location	Patient Room	Patient Room	Patient Room	Patient Room	

Acuity/Destination

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

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

Flowsheets (continued)

Alcohol screen/AUDIT tool

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

Anthropometrics

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

Cardiac/Telemetry

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

Care Handoff

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

Child/Adolescent

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

Columbia Suicide Severity Rating Scale

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

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

Flowsheets (continued)

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

Custom Formula Data

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

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

Flowsheets (continued)

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

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

Flowsheets (continued)

Average Last 24 Hours					
Diastolic	—	—	—	79	—
Diastolic BP	—	—	—	82	—
Average Last 24 Hours					
BP Average (24 hours)	—	—	—	141/82	—
NCHES Temp Source Mapping	—	—	—	1	—
Sleeping	0	0	0	—	0
Relevant Labs and Vitals					
Temp (in Celsius)	—	—	—	36.7	—
Row Name	10/01/20 0031	10/01/20 0015	09/30/20 2345	09/30/20 2333	09/30/20 2208
OTHER					
Age (yrs)	—	—	—	—	39
PEFR (child)	—	—	—	—	502
PEFR (adult)	—	—	—	—	592
PEFR (adult F)	—	—	—	—	467
Green Low (L/min)	—	—	—	—	469
PEFR	—	—	—	—	592
Green Low (L/min)	—	—	—	—	469
Systolic	—	—	—	—	142
Systolic BP	—	—	—	—	142
Average Last 24 Hours					
Diastolic	—	—	—	—	85
Diastolic BP	—	—	—	—	85
Average Last 24 Hours					
BP Average (24 hours)	—	—	—	—	142/85
BSA (Calculated - sq m)	—	—	—	—	2.25 sq meters
BMI (Calculated)	—	—	—	—	31.1
IBW/kg (Calculated) Male	—	—	—	—	75.3 kg
IBW/kg (Calculated) FEMALE	—	—	—	—	70.8 kg
NCHES Temp Source Mapping	—	—	—	—	1
Weight in (lb) to have BMI = 25	—	—	—	—	178.9
% Weight Change Since Birth	—	—	—	—	0
Sleeping	0	0	0	0	—
Action Zones					
Yellow High (l/min)	—	—	—	—	468 l/min
Yellow Low (L/min)	—	—	—	—	297 l/min
Red High (l/min)	—	—	—	—	296 l/min
Yellow High (l/min)	—	—	—	—	369 l/min

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

Flowsheets (continued)

Yellow Low (L/min)	—	—	—	—	238 l/min
Yellow High (l/min)	—	—	—	—	468 l/min
Yellow Low (L/min)	—	—	—	—	297 l/min
Red High (l/min)	—	—	—	—	296 l/min
Anthropometrics					
Adjusted Body weight Male	—	—	—	—	85.64 kg
REE Calculations					
W.H.O. REE (kcal/day)	—	—	—	—	0.00
Schofield REE (kcal/day)	—	—	—	—	0.00
Male, 0-3 Years (kcal/day)	—	—	—	—	6106.21 kcal/day
Female, 0-3 Years (kcal/day)	—	—	—	—	6119.32 kcal/day
Male, 3-10 Years (kcal/day)	—	—	—	—	2791.17 kcal/day
Female, 3-10 Years (kcal/day)	—	—	—	—	2774.94 kcal/day
Male, 10-18 Years (kcal/day)	—	—	—	—	2421.17 kcal/day
Female, 10-18 Years (kcal/day)	—	—	—	—	1980.06 kcal/day
Holliday Segar Method					
mL/d	—	—	—	—	0.00
tPA Dosing Calculations					
Calculated Total tPA dose (mg)	—	—	—	—	(!) 91.04 mg
Calculated tPA Bolus (mL)	—	—	—	—	(!) 9.1 mL
Calculated Infusion Dose (mg)	—	—	—	—	(!) 81.9 mg
Calculated Infusion Rate (mg/hr)	—	—	—	—	(!) 81.9 mg/hr
100 mg Vial Discard Dose tPA - not for infusion (mL)	—	—	—	—	9 mL
50 mg Vial Discard Dose tPA - not for infusion (mL)	—	—	—	—	-41 mL
Kcentra Dose					
Calculated Dose of Kcentra for INR 4-6	—	—	—	—	(!) 3540 units
Calculated Dose of Kcentra for INR >6	—	—	—	—	(!) 5058 units
Relevant Labs and Vitals					
Temp (in Celsius)	—	—	—	—	36.7
IBW/VT Calculations					

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

Flowsheets (continued)

IBW/kg (Calculated)	—	—	—	—	75.3
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Data

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

Departure Condition

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

Disposition

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

Disposition Recommendation

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

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

Flowsheets (continued)

Medical Unit?

Disposition call report into 704-

Comments 384-7345 [N1]

Domestic Violence

Row Name 09/30/20 2209

Domestic Abuse Assessment

Do you feel safe in your living environment? Yes

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

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

Are you ever afraid of your partner/caregiver? No

Are there persons in your life that consistently control your actions/put you down? No

Functioning

Row Name 10/01/20 0226

Functioning

Dressing Independent

Bathing Independent

Toileting Independent

Feeding Independent

Hearing - Right Ear Functional

Hearing - Left Ear Functional

Vision - Right Eye Functional

Vision - Left Eye Functional

Walks in Home Independent

Possible barriers to participate in Treatment/Programming? No

Current living arrangements (who lives with) lives alone

Able to return to Current Living Yes

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

Flowsheets (continued)

Arrangements?

Support System: Psychologist,
friends and mother

Healthy coping skills: Meditation;Talk to
people

Recreational/Leisure activities: Read, pool,
programming
websites

Religious/Spiritual orientation: none

Cultural Preferences: none

History

Row Name 10/01/20 0229

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

Patient Employed? No

Problems at work? No

History of Abuse? Yes;Physical;Emotional;Sexual

Regarding history of abuse: Victim

Trauma: Pt reports his
privacy being
violated by wells
fargo, being
kidnapped

Bereavement: none

Kcentra Dose Calculator

Row Name 09/30/20 2208

Kcentra Dose

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

Legal Issues

Row Name 10/01/20 0230

Legal Issues

Legal: No

Probation Officer? No

LOS Charges

Row Name ED from 9/30/2020
in NHPMC
Emergency
Department

LOS Charges

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

Flowsheets (continued)

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

MD Request of Therapist/Access

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

Mental Status

Row Name	10/01/20 0230
Mental Status	
General Appearance	Equal to stated age
Motor Activity	Restless
Speech	Pressured;Hyper-verbal
Exhibited Behavior	Cooperative
Affect Range /Display	Normal range
Mood Range /Display	Normal range
Affect/Mood Display	Congruent
Mood	Euthymic
Thought Process	Delusions
Thought Content	WDL
Insight	Other (Comment) fair
Orientation To:	Person (Yes);Place (Yes);Situation (Yes);Date (Yes)

Pain Assessment

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

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

Flowsheets (continued)

Respiratory Normal
Quality

Patient's Stated No pain
Pain Goal

Pain Management Follow Up

Patient/Caregiver Yes
Educated on Pain
Management and
Follow Up

Patient Informed Yes
to Make Nurse
Aware of Change
in Pain

Pain Reassessment

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

Potential Risks

Row Name	10/01/20 0217
Potential Risk to Self	
Suicidal threats/behaviors in past 6 months?	Yes
Suicidal Ideation or Suicide Threats	No
Recent attempt to Harm Self?	No
Intent for above	No
Currently engaging in self-injurious behavior?	No
History of Suicidal/Self-Injuring behaviors?	Yes
History of Suicidal/Self Injurious Behavior Last 6 months?	No
History of Suicidal/Self-Injuring behaviors Greater than the past 6 months?	Yes
Access to firearms?	No
Other means of Harm?	Yes pills
Potential Risk to Others	

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

Flowsheets (continued)

Homicidal threats/behaviors in past 6 months?	No
Homicidal Ideation or Homicidal Threats?	No
Named Individual	No
Recent attempt to Harm Another?	No
Intent for above	No
Patient currently assaultive or combative?	No
History of Homicidal Acts/Assaultive behaviors?	No
History of Homicidal Acts/Assaultive behaviors within past 6 months?	No
History of Homicidal Acts/Assaultive behaviors Greater than the past 6 months?	No
Access to firearms?	No
Other means of Harm?	No
RETIRED ROW: Patient able to reliably contract for safety?	Yes

Precautions

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

Protective Factors

Row Name	10/01/20 0225
----------	---------------

Protective Factors - Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors).

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

Flowsheets (continued)

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

Provisional Diagnosis

Row Name	10/01/20 0233
Provisional Diagnosis	
Provisional Diagnosis	F31.13 Bipolar I disorder, F43.10 PTSD
Primary Presenting Problem	Mental Health
LOCUS Scores	I. 3, II. 3 III.3 IVa. 2 IVb. 2 V.3 VI.3

Psychosis

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

Psychosocial

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

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

Flowsheets (continued)

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

Purposeful Rounding

Row Name	10/01/20 2130	10/01/20 2030	10/01/20 1935	10/01/20 1850	10/01/20 1754
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	Yes
Fall Interventions Low Risk	—	—	—	1. Assure assistive devices are available as needed;2. Assist with elimination, mobility and exercise as;3. Bed in low position with brakes locked, 1 side rail raised;5. Utilize non-skid footwear for patient;6. Reinforce fall risk prevention strategies with patient and/or support person(s)	—
Arm Bands On	—	—	ID	ID	—
Side Rails/Bed Safety	1/2	1/2	1/2	1/2	—
Updates	—	Patient is resting comfortably	Patient is resting comfortably	Patient is resting comfortably;Yes;Pat	Patient is resting comfortably

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

Flowsheets (continued)

				ient identified;Patient denies pain	
Safety Attendant	Video monitoring	Video monitoring	Video monitoring	Video monitoring	Video monitoring
Row Name	10/01/20 1650	10/01/20 1555	10/01/20 1520	10/01/20 1339	10/01/20 1242
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	Yes
Arm Bands On	—	—	—	—	ID
Side Rails/Bed Safety	—	—	1/2	—	1/2
Updates	Patient is resting comfortably	Patient is resting comfortably	Yes	Yes	Yes;Provider at bedside
Updates - Free Text	—	—	Patient has been calm and watching TV. Is now speaking to L Vickery PA	Patient having lunch	in hall talking to staff
Safety Attendant	Video monitoring	Video monitoring	15 min rounding	15 min rounding	15 min rounding
Row Name	10/01/20 1152	10/01/20 1024	10/01/20 0926	10/01/20 0918	10/01/20 0822
Quick Updates					
Restart Purposeful Rounding Timer	Yes	Yes	Yes	Yes	Yes
Restart Pain Timer	Yes	Yes	Yes	Yes	Yes
Purposeful Rounding	Yes	Yes	Yes	Yes	Yes
Fall Interventions Low Risk	—	—	—	—	1. Assure assistive devices are available as needed;3. Bed in low position with brakes locked, 1 side rail raised;5. Utilize non-skid footwear for patient;2. Assist with elimination, mobility and exercise as;6. Reinforce fall risk prevention strategies with patient and/or support person(s)
Additional Fall Interventions	—	—	—	—	Keep night light on;Evaluate medication effects;Any locking equipment or furniture will be locked;Additional safety/fall prevention interventions

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

Flowsheets (continued)

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

Respiratory

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

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

Flowsheets (continued)

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

Safety Search

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

Screening

Row Name	10/01/20 0212
ED Triage Screen	
ED Triage Access Screening (Select All that are True)	The patient is experiencing suicidal/homicidal ideations with an identifiable plan intent, means, or recent gesture/attempt.
BH Access Screening	
Type of Screen: If NOT Face to Face, Skip to Disposition Section)	Face to Face
Referral Source	Angela Haun-mother/petitioner
Referral Source Contact Number	828-898-9808
Release Signed	No
Referral Source Contacted	Yes
Release for Community Providers	No
Information Provided By:	Patient
Court Appointed Guardian	No
Are you a Veteran?	No
Precipitating Factors	Pt is a 39 y/o Caucasian male who presented to

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

Flowsheets (continued)

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

Date of last yearly physical: unknown

Outside help or community services at home: Mental Health Services

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

Screenings

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

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

Flowsheets (continued)

Score					
Fall Interventions					
Fall Interventions Low Risk	5. Utilize non-skid footwear for patient;3. Bed in low position with brakes locked, 1 side rail raised	—	—	3. Bed in low position with brakes locked, 1 side rail raised;5. Utilize non-skid footwear for patient	—
Advance Directive					
Does the patient have the ability to provide answers to questions related to healthcare directives?	—	—	Yes	—	—
Advance Directive	—	—	No Directive	—	—
Information Provided on Healthcare Directives	—	—	Yes, patient provided admission booklet.	—	—
Additional Assistance/Information Requested	—	—	No	—	—
Court Appointed Guardian					
Court Appointed Guardian	—	—	No	—	—
Portable Medical Orders					
Portable Medical Orders	—	—	None	—	—
Fall Interventions/Purposeful Rounding					
Arm Bands On	ID	—	—	ID	—
Side Rails/Bed Safety	1/2	—	—	1/2	—

Self Pay Questionnaire

Row Name	10/01/20 0226
Acute Self Pay Questionnaire	
Does the patient receive Social Security because of disability?	No
Has a doctor stated that the patient will be unable to work for a year or longer?	No
Is the patient the parent or legal guardian of a child 17 years old or younger who lives in the home full time?	No
Has the patient	No

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

Flowsheets (continued)

been declared
legally blind?

Is the patient
pregnant? No

Is the patient a
victim of a crime? No

Sepsis Predictive Analytics

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

Skin Color/Condition

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

SOFA

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

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

Flowsheets (continued)

Strengths/Limitations

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

Substance Abuse

Row Name	10/01/20 0225
Substance Use/Addictive Behaviors History	
Substance use in past 12 months?	No
Drug Screen	Other (comment) pending
History of Substance Use/Abuse:	Patient Denies any history or Current Use
Tobacco/Nicotine Use?	No

Suicide Screening-Admission

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

Suicide Shift Reassessment

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

Symptoms

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

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

Flowsheets (continued)

decreased	
Problems	No
Use sleep aid	Yes
Type of Sleep Aid	zyprexa
Appetite	
Appetite change	No
Weight change	No
Appetite Problems:	No
Depression	
Hopelessness/Helplessness	No
Crying spells/mood swings	Yes
Low energy/fatigue	No
Concentration problems	Yes
Psychomotor retardation/agitation	No
Feelings of guilt/worthlessness	No
Social withdrawal	No
Recurrent thoughts of death	Yes
Deterioration in Activities of Daily Living	No
Mania	
Rapid pressured speech	Yes
Increase in impulsivity	No
Increase in energy	No
Flight of ideas/loose association	No
Anxiety	
Excessive worry	No
Nervousness	No
Irritability	Yes
Shortness of breath	No
Racing heart rate	No
Sweaty/Chills/Hot flashes	No
Nausea/Vomiting/Diarrhea	No
Chest Pain	No
Additional Symptom Information	
Additional Symptom Information	Pt is a 39 y/o male who presented to PMC as stated above. The petition

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

Flowsheets (continued)

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

Tele-ICU Scoring System

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

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

Flowsheets (continued)

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

Treatments

Row Name	10/01/20 0222
Current/Prev BH Chemical Dependency Treatments	
Treatments?	Yes
Treatment Date	— July 2020
Treatment	Kathleen Peniston-
Provider/Location	Psychiatrist
Treatment Type	Behavioral Health;Outpatient
Treatment Date of Next Appt or Last Appt	next appt 10/5
Additional Treatment?	Yes
Treatment 2 Date	09/17/20
Treatment 2	Dr. John Monguillot
Provider/Location	
Treatment 2 Type	Behavioral Health;Outpatient
Additional Treatment?	Yes
Treatment 3 Date	— 2000
Treatment 3	Broughton
Provider/Location	
Treatment 3 Type	Behavioral Health;Inpatient
Additional Treatment?	No
Did you follow up with your aftercare appointment?	Yes
Did you take your medication as prescribed?	Yes

Vital Signs

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

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

Flowsheets (continued)

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

Vital Signs

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

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

Flowsheets (continued)

Vital Signs

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

Vitals Reassessment

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

Flowsheet Notes

[N1]

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

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

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

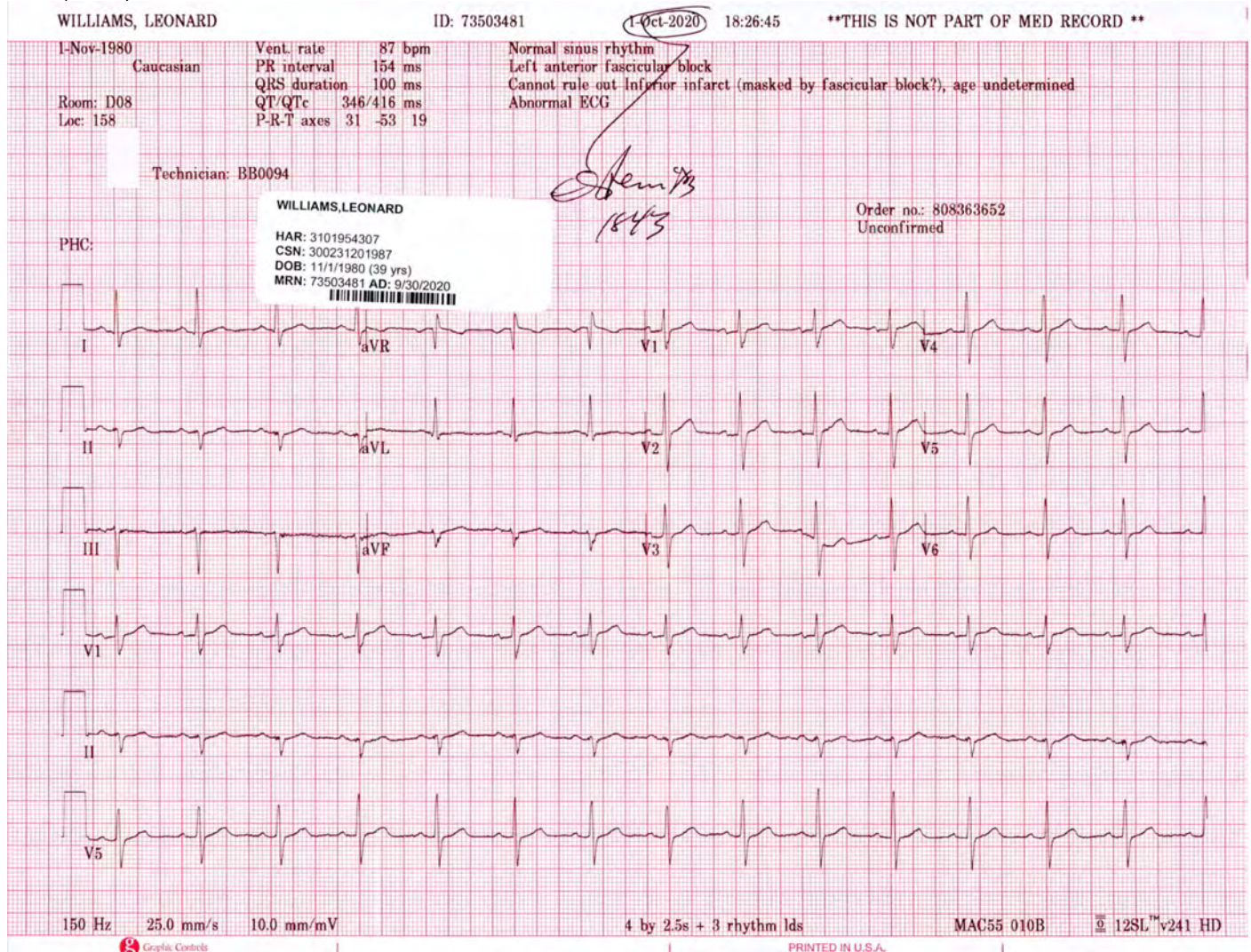
Flowsheets (continued)

Admission Type	Arrived to the Facility on Commitment Papers
Psychiatrist Name	Dr. McGrath
Room #	737-01
Admitted to Medical Unit?	No
Disposition Comments	call report into 704-384-7345

Documents Abstract

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

Scan (below)



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

Documents Abstract (continued)

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

Scan (below)

PATIENT VALUABLES ENVELOPE		154516
<p>DISCLAIMER</p> <p>THIS FACILITY CANNOT ASSUME RESPONSIBILITY FOR ITEMS RETAINED IN YOUR POSSESSION. PATIENT UNDERSTANDS THAT BY SIGNING BELOW, HE/SHE IS AWARE OF THIS POLICY AND VERIFIES THAT THE ITEMS LISTED BELOW AS INVENTORY ARE CORRECT AND THAT THE ENVELOPE HAS BEEN SEALED IN HIS/HER PRESENCE.</p> <p><input type="checkbox"/> PATIENT UNABLE TO SIGN</p>		<p>Patient: _____</p> <p>DOB: WILLIAMS, LEONARD ID# _____</p> <p>Address: HAR: 3101954307 CSN: 300231201987</p> <p>Patient: DOB: 11/1/1980 (39 yrs) MRN: 73503481 AD: 9/30/2020</p>
<p>SIGNATURE OF PATIENT / AUTHORIZED PERSON: _____ DATE: 10/1/2020 TIME: 0700</p> <p>ACCEPTED BY: _____ DATE: _____ TIME: _____</p>		<p><input type="checkbox"/> Valuables safe Location: _____</p> <p><input type="checkbox"/> Medications Stored in Pharmacy: _____</p>
CASH		
<p>CURRENCY: \$1 \$10 OTHER <input type="checkbox"/> CHECKBOOK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> OTHER</p> <p>TOTAL AMOUNT: \$ _____</p>		
NO.	VALUABLES (DESCRIPTION)	CHECK LIST (✓)
1.	Cellphone & case	
2.	Cellphone charger	
	14 Keys	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
<p>REPOSSESSION OF VALUABLES — PATIENT ACKNOWLEDGEMENT OF RECEIPT IN ENTIRETY</p>		
<p>PATIENT/RELATIVE/OTHER: _____ DATE: _____ TIME: _____</p>		<p>STAFF: <i>[Signature]</i> DATE: 10/6/20 TIME: _____</p>

3165

MEDICAL RECORDS

Visit Account Information

Hospital Account



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

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

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

Visit Account Information (continued)

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

Guarantor Account (for Hospital Account #3101954307)

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

[REDACTED ADDRESS] [REDACTED PHONE]

Coverage Information (for Hospital Account #3101954307)

Not on file

09/29/2020 - ED in NHPMC Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	09/29/2020 2:37 PM	Admit Date/Time:	09/29/2020 2:37 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	NOVANT HEALTH	Unit:	NHPMC Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/29/2020 2:59 PM	Home Or Self Care	None	None	NHPMC Emergency Department

Reason for Visit

Chief Complaint

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

Patient Summary as-of Visit

Problem List as of 9/29/2020

No documentation.

Allergies as of 9/29/2020

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

Immunization History as of 9/29/2020

No documentation.

History as of 9/29/2020

Medical History as of 9/29/2020

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

Past Medical History

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

Surgical History as of 9/29/2020

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