Zip: 60115

Race: Black or African

Age: 39 Years

Printed by: GREGORY CPI, TERRIANA Printed on: 10/24/2023 09:18

Patient: MRN:

Home Address: (

Alt Address:

Name: I

>>>>> PATIENT INFORMATION <<<<<<

Sex: Female Date of Birth: 0 Age: 39 Years MS: Single

Religion: None

Previous Name: Social Security Number: (

American Ethnicity: Non-Hispanic or Latino Language: English

City/State: DEKALB, IL City/State: Zip:

Home Phone: (

Employer Name: NONE

Employer Address: City/State: , Zip:

Employer Phone:

Name: Petient

Relationship to Guaran Billing Address:

Zip: 60115

City/State: ,

Celi Phone:

>>>>> EMERGENCY CONTACT INFORMATION <

Name: 5 Relationship to Contact:

Home Address:

Employer Address:

Employer Name: NONE

City/State: ,

Zip: Home Phone:

Relationship to Insured: **Employer Name: NONE**

Employer Address: City/State: .

Zip:

Employer Phone: Insurance Name: BLUE CROSS COMMUNITY HEALTH PLAN MEDICAID

Phone Number: (877) 860-2837 Claim's Address: BLUE CROSS MEDICAID

PO BOX 3418

City/State: SCRANTON, PA

Zip: 18505

Name: 1

>>>>> GUARANTOR INFORMATION <

Sex: Female Date of Birth:

Social Security Number: City/State: DEKALB, IL

Home Phone: (Employer Phone: Employment Status: Not Employed

Cell Phone: (¶

>>>> PRIMARY INSURED/INSURANCE INFORMATION < Sex: Female Date of Birth: 02/22/1984 Age: 39 Years

Employment Status: Not Employed

Policy Number: X

Auth. Number: **Auth. Phone Number: Group Number:**

>>>> SECONDARY INSURED/INSURANCE INFORMATION <<<<<

NO SECONDARY INSURED/INSURANCE INFORMATION

Admit Clerk: ZDROJKOWSKI, ADAM

>>>>> VISIT INFORMATION <<<<<<

FIN: 50036288

Reg Date/Time: 10/18/2023 01:12 Patient Type: Behavioral Health Adult Inpatient Admit Date/Time: 10/18/2023 01:23

OP Assign to Loc Date/Time:

Admit Type: Elective Admit Source: Xfer from a Hospital

Admit Diagnosis: EVALUATION Estimated Date of Arrival: 10/17/2023 23:55

Discharge Date/Time: **Discharge Disposition:**

Admitting Physician Name: BAWDEN MD, DAVID GEORGE Attending Physician Name: BAWDEN MD, DAVID GEORGE Referring Physician Name: BAWDEN MD, DAVID GEORGE

Primary Physician Name:

Advance Directive: Location:

Medical Service: Psychiatry

Room/Bed: (

>>>>>> ACCIDENT INFORMATION <<<<<<<

Accident Date/Time: Accident Type:

123 10:46:14 a.m. 10-24-2023 4 /42

123 10:46:22 a.m. 10-24-2023 5 /42

History and Physical

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Result Type:

History and Physical

Date:

October 18, 2023 15:45 CDT

Result Status:

Auth (Verified)

Result Title:

H&P -M SHAHZAD, MD. FACP.

Performed By:

SHAHZAD MD, MUHAMMAD A on October 18, 2023 15:53 CDT SHAHZAD MD, MUHAMMAD A on October 18, 2023 15:53 CDT

Verified By: Encounter info:

50036288, GLE, Behavioral Health Adult, 10/18/2023 -

* Final Report *

H&P -M SHAHZAD, MD. FACP.

Patient: DANTZLER, SHAVONIA

MRN: 591605

FIN: 50036288

Age: 39 years Sex: Female DOB: 02/22/1984
Associated Diagnoses: None

Author: SHAHZAD MD, MUHAMMAD A

Admission Information

Date of Admission: 10/18/2023.

Subjective::

Chief Complaint:

Bipolar, Schizophrenia/Psychotic

History of Present Illness: HISTORY OF PRESENT ILLNESS:

- -39 year old HOMELESS AAF admitted for severe psychosis
- -she was found wandering about in the store with trespassing order against her.
- -she was aggressive in the emergency room and threatening to kill the staff
- -- Talking without making any sense. She had flight of ideas and was very tangential.
- -she was noncompliant with the medications.
- --her blood sugar in the emergency room was 390 and she was given 18 units of insulin.

ASSOCIATED COMPLAINTS:

- --Hallucinations=Denies AH, VH.
- -- Very delusional and psychotic.
- --Suicidal ideations=None.
- --Horricidal ideation=None.
- --Appetite=Without any change from baseline.
- -- Recent sudden w eight change=none.
- --Sleep=POOR
- --Medication compliance at home=As per the report, home medications are not taken as prescribed.
- --Pain=Scale 0/10.
- --Systemic complaint= none
- --GU complaints=Denies any dysuria,hematuria,flank pain etc.

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- --Gl complaints=No alarm symptoms of hematemesis, melena or weight loss reported.
- --Neurological complaints=Denies any double vision, unusual headache, focal motor or sensory loss, ataxia, paresthesias etc.
- --Endocrine complaints=No heat or cold intolerance or skin changes reported.
- --Pulmonary complaints=No hemoptysis,unusual nocturnal cough or weight loss reported.
- -- Dermatologic complaints=No new rash pruritis or pigmentation reported.
- -- Musculoskeletal complaints=No joint swelling, morning stiffness or decrease in ROM of the joints reported.
- --Renal complaints=No history of any CKD reported. No polyuria, polydipsia, nocturia or incontinence reported.
- --Cardiovascular complaints=Denies any chest pain,,dypnea,orthopnea or PND or ankle swelling reported.

Other Problems: AS PER HPL.

Allergy Profile: Allergy LIST:

shrimo

Medication List:

Active Scheduled Medications

am LODIPine (am LODIPine)

10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT

doxycycline (doxycycline monohydrate)

100 mg, CAP, PO, BID (2 times a day), Other-Enter in Order Comments, 10/18/23 11:15:00 CDT, Stop date 11/28/23 9:00:00 CST

ferrous sulfate (ferrous sulfate)

325 mg, TAB, PO, Dally, 10/18/23 11:20:00 CDT

fluticasone nasal (fluticasone nasal)

100 mcg, SFRAY, Nasal, Daily, 10/18/23 11:23:00 CDT

haloperidoi (Haldol Decanoate)

100 mg, NJ, M, Q4WEEK (Every 4 weeks), 10/18/23 7:18:00 CDT

insulin glargine (insulin glargine)

50 Unit, INJ, Subcut, Daily, 10/18/23 21:00:00 CDT

Insulin lispro (insulin lispro)

18 Unit, INJ, Subcut, TIDAC (3 times a day before meals), 10/18/23 10:00:00 CDT

lisinoprii (lisinoprii)

10 mg, TAB, PO, Daily, 10/18/23 11:14:00 CDT

metFORMIN (metFORMIN)

1,000 mg, TAB, PO, BID (2 times a day), 10/18/23 10:00:00 CDT

OLANZapine (OLANZapine)

20 mg, TAB, PO, QHS (At bedtime), 10/18/23 21:00:00 CDT

PRN Administrations in Last 24 Hours

acetaminophen (acetaminophen)

650 mg, TAB, PO, Q6H (Every 6 hours), PRN Pain, 10/18/23 10:12:00 CDT, 10/18/23 10:12:00 CDT

LORazepam (LORazepam)

1 mg, TAB, PO, Q8H (Every 8 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT

Past Medical History:

HEALTH HISTORY

Bipolar Patient
Diabetes mellitus Patient
Hypertension Patient
Schizoaffective disorder Patient
UTI (urinary tract infection)... Patient

Social History:

Social History: ...

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Education: High school graduate or GED

Preferred Language: English Recent Travel: No recent travel

Signs of Abuse: No

Alcohol Use

Alcohol Use: Never

Tobacco Use

Smoking Status: Current every day smoker

Tobacco cessation information offered: Patient refuses information

Tobacco Type: Cigarettes

Years of Use: 20

Tobacco Type: Cigarettes

Years of Use: 20

Tobacco use: Never smoked cigarettes.
Alcohol use: Never used alcohol.
Licit drug use: Never used illicit drugs.
Living situation: Lives with family,
Occupation: Unemployed,
Family History;
FAMILY HEALTH HISTORY

, Unknow n.

Review of Systems

Constitutional: Negative.

Eye: Negative except as documented in history of present illness.

Ear/Nose/Mouth/Throat: Negative except as documented in history of present illness.

Respiratory: Negative except as documented in history of present illness.

Cardiovascular: Negative except as documented in history of present illness.

Gastrointestinal: Negative except as documented in history of present illness.

Genitourinary: Negative except as documented in history of present illness.

Hematology/Lymphatics: Negative except as documented in history of present illness.

Endocrine: Negative except as documented in history of present illness.

Immunologic: Negative except as documented in history of present illness.

Musculoskeletal: Negative except as documented in history of present illness.

Integumentary: Negative except as documented in history of present illness.

Neurologic: Negative except as documented in history of present illness.

Psychiatric: Negative except as documented in history of present illness.

ROS reviewed as documented in chart

Physical Examination VS/Measurements

VITALS:

BP: 136 / 81 Pulse: 101 Temp: 97.5

Resp Rate: 16 Tmax: 97.6 Wt(kg): 90.71

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Pain Score:

O2 Sat: 98 10/18/23 01:57 O2 Status: Roomair 21%

Wt(kg): 90.71 weight date: 10/18/23 Wt(kg): 90.71 weight date: 10/18/23 Wt(kg): 90.71 weight date: 10/18/23

General: Alert and oriented, No acute distress, Breath is within normal limits.

Ambulation status: With steady gait.

Appearance: Obese.

Behavior: Within normal limits. Hydration: Within normal limits.

Skin: Within normal limits, Normal for ethnicity.

Psychiatric: Cooperative, Appropriate mood & affect, Non-suicidal, No pain behavior.

Thought process: Confused, Distractible.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva, Vision unchanged.

HENT: Normocephalic, Normal hearing, Oral mucosa is moist, No pharyngeal erythema, Ear canals patent, No sinus tenderness.

Neck: Supple, Non-tender, No carotid bruit, No jugular venous distention, No lymphadenopathy, No thyromegaly.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion, No chest wall tenderness.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Normal peripheral perfusion, Good pulses equal in all extremities, No edema.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Musculos ke letal: Normal range of motion, Normal strength, No tenderness, No swelling, No deformity, Normal gait.

Integumentary: Warm, Dry, Moist, No pallor, No rash, Fight foot there is a diabetic foot ulcer without any cellulitis or drainage.

Neurologic:

Neurological exam:

Awake alert oriented to time place and person and situation

Speech, language both are fluent and appropriate. There is no aphasia or dysarthria.

Normal fund of knowledge

Normal recent and remote memory

DTR2 +. HMF INTACT. Babinski's downgoing bilaterally.

Normal sensory, Normal motor function, No focal deficits,

Cranial nerves: II: Optic (Intact), III/IV/Vi: Oculomotor/trochlear/abducens (Intact, Pupils equal, round end reactive to light), V: Trigeminal (Bilaterally, Intact, Motor (Mouth opening (Intact), Strength (Intact)), Sensation to light touch (Normal), Sensation to pain (Normal)), VII: Facial (Bilateral, Forehead wrinkle, Eye closing, Eyebrow elevation, Smile, Intact), VIII: Acoustic (Intact), IXX: Glossopharyngeal/Vagus (Uvula elevation (Within normal limits), Symmetric soft palate elevation), Xt. Accessory (Intact, Sternocleidomastoid strength, Trapezius strength), XII: Hypoglossal (Speech (clear and coherent), Tongue strength (protruded in midline without tremor or fasciculation)...

Psychiatric: Cooperative, Appropriate mood & affect.

Glands: Bilateral, Salivary gland, Parotid gland, Submandibular gland, Sublingual glands, Within normal limits.

Objective

Lab Results:

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History and Physical

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LABORATORY RESULTS:

Glucose POC GLE 10/18/23 11:46
Gluc POC GLE 217 H

Glucose POC GLE 10/18/23 07:42
Gluc POC GLE 390 H

LABORATORY RESULTS:

Micro Results:

MICROBIOLOGY STUDIES RESULTED WITHIN THE LAST 2 DAYS. See LAB tab for older results.

No cultures resulted in the last 2 days..

Radiology results:

COMPLETED RADIOLOGY IMAGING STUDIES:

No imaging Results in the last 36 hours.

Diagnostic Tests: All the diagnostic blood work and radiology workup done at the referring facility has been reviewed..

Documentation review: Reviewed old records, Reviewed records from ER of KISHWAUKEE Hospital.

Review / Management

Diagnostic Impression:

Diagnosis List

Anxiety

Bipolar disorder

Paranoia

Hypertension

Schizophrenia

Suicidal ideation

Diabetes mellitus

Atrial flutter

Psychosis

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History and Physical

* Final Report *



Include Orders

Consults:

Consult Physician (Order Processing): 10/18/2023 15:53 CDT, DIABETIC FOOT ULCER, Routine, MCKANNA DPM, ALEXANDER MARTIN, Not Done

Include Orders

Consults:

Consult Wound Ostomy Continence Nurse (WOCN) (Order Processing): 10/18/2023 15:53 CDT, Routine Plan

PENDING LABORATORY TESTS:

TSH Ordered

Hemoglobin A1c Ordered

Microalbumin Urine Random

Ordered

Lipid Panel Ordered

Pregnancy Test Urine Ordered

PENDING RADIOLOGY/IMAGING STUDIES:

ORDERS WITHIN THE LAST HOUR

SHAHZAD MID, MUHAMMAD A

ASSESSMENT & PLAN:-

- -- CHECK FLP IF NOT DONE IN 3 MONTHS. RESUME HOME MEDS. DIETRAY COUNSELING DONE.
- -- MONITOR BP. LIFE STYLE MODIFICATIONS EXPLAINED TO THE PATIENT,
- --CHECK HBA1C LEVEL IF NOT DONE IN 3 MONTHS.ADA DIET.MONTTOR BLOOD SUGARS.DIETARY COUNSELING DONE. STRICT BLOOD SUGAR CONTROL SHOULD BE EXERCISED
- -- OBTAIN PODIATRY CONSULT FOR THE FOOT
- -WEIGHT REDUCTION COUNSELING DONE
- --PAIN MEDICATION USE LIMITS SET WITH THE PATIENT AND AGREED UPON PATIENT VERBALISED UNDERSTANDING.
- -- SLEEP LOG TO BE INITIATED AND AVOID CAFFEINATED DRINKS AND COFFEE.
- -- CHECK TSH LEVEL
- -LOCAL CARE OF THE FOOT WOUND
- -INHALERS AS NEEDED
- -- RESUME ANTIHYPERTENSIVES. PARAMETERS PLACED FOR BLOOD PRESSURE MEDICATION HOLDING
- --THE PATIENT IS HOMELESS THE SOCIAL WORKER SHOULD BE TAKING CARE OF THAT ON DISCHARGE

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- -- CBC IS ACCEPTABLE FOLLOW AS OUTPT.
- -- MEDICATION COMPLIANCE COUNSELING DONE.
- -- CONTINUE CHOLECALCIFEROL.
- -MONITOR HR AND THE RHYTHM.
- --WEIGHT LOSS ADVISED.
- -- PSYCH MANAGEMENT & MED RECONCILIATION AS PER PSYCHIATRIC SERVICES.
- --THE HOME MEDICATION HISTORY HAS BEEN REVIEWED AND RECONCILED AND THE MEDICATIONS ADJUSTED AS NEEDED.
- -- AFTER DISCHARGE FOLLOWUP WITH ME OR PCP WITHIN 3-4 DAYS.
- -- ADVISED TO REPORT TO THE PCP OF DEVELOPMENT OF ANY NEW SYMPTOMS OR ANY SIDE EFFECTS OF THE MEDICINE

Signature Line

[Electronically Signed By:]

MD SHAHZAD MD, MUHAMMAD A On, 10/18/2023 03:53 PM

Completed Action List:

- * Perform by SHAHZAD MD, MUHAMMAD A on October 18, 2023 15:53 CDT
- * Sign by SHAHZAD MD, MUHAMMAD A on October 18, 2023 15:53 CDT
- * VERIFY by SHAHZAD MD, MUHAMMAD A on October 18, 2023 15:53 CDT

10:48:51 a.m. 10-24-2023 12 /42

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Psychiatric Evaluation

* Final Report *



Result Type:

Psychiatric Evaluation

Date:

October 19, 2023 08:30 CDT

Result Status:

Auth (Verified)

Result Title:

Psychiatric Evaluation

Performed By:

BAWDEN MD, DAVID GEORGE on October 19, 2023 08:03 CDT BAWDEN MD, DAVID GEORGE on October 19, 2023 10:14 CDT

Verified By: Encounter info:

50036288, GLE, Behavioral Health Adult, 10/18/2023 -

Contributor system:

GLE MMODAL

* Final Report *

Psychiatric Evaluation

DATE: 10/18/2023

HISTORY OF PRESENT ILLNESS:

39-year-old female born on 02/22/1984 was admitted on 10/18, seen on 10/18 on site. This patient came from Kishwaukee Hospital, was wandering trespassing at best by, making verbal threats at the hospital. She made verbal threats toward the staff, threatened to leave the ER, was agitated, required p.r.n. medication including Ativan and ______ Zyprexa IM. The patient does have a legal guardian.

PAST MEDICAL HISTORY:

Includes diabetes, hypertension, bipolar schizophrenia. The patient has an ulcer wound on the right leg. Left leg ______on the big toe. UDS was negative. Pregnancy test was negative.

LEGAL STATUS:

Competent to sign in voluntarily.

MENTAL STATUS:

The patient was poorly dressed and groomed. She was showing manic-like behavior, pressured speech, poor boundaries. Intelligence and fund of knowledge average. Ability to concentrate distractible. Ability to abstract concrete. Speech was tangential and loud. Denied imminent suicidal or homicidal ideation. She was oriented x3. Memory seemed somewhat vague for remote and recent events.

DIAGNOSIS:

Bipolar disorder, mixed.

REASON FOR ADMISSION:

SEVERITY OF ILLNESS CRITERIA

- Aggressive or homicidal ideations or threats.
- Marked regression or intensification of significant problems or symptoms.

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Printed on: 10/24/2023 09:19 CDT

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Psychiatric Evaluation

* Final Report *



- Severe impairment in ability to perform ADLs.
- 4. Inability to comply with psychiatric medication or other prescribed treatment.
- Clinically dangerous instability of the patient.
- 6. Inability to provide for personal safety, property safety.

INTENSITY OF SERVICE CRITERIA:

- 1. Failure to respond to treatment in an outpatient or other less restrictive milieu such that symptoms are worsened or course of illness has deteriorated.
- 2. Psychotropic medication administration requires monitoring available only in an inpatient setting.
- 3. Diagnostic evaluation or treatment planning requires 24-hour-per-day skilled observations in an inpatient setting.

SHORT-TERM GOAL:

Admit to the locked psychiatric unit. Prevent self-harm.

LONG-TERM GOAL:

Stabilize and return back to the community.

Her projected length of stay is 4 to 5 days. Routine labs were ordered. They showed an elevated glucose, POC glucose of 217 and 390. Dr. Shahzad was assigned to do the H and P and medical management. Projected length of stay is 4 to 5 days.

DISCHARGE PLAN:

Possible ICF placement.

DGB/23812791/MODL

DD: 10/19/2023 08:03:04 DT: 10/19/2023 08:30:39 Job #: 0153709/1008923887

Signature Line

[Electronically Signed By:]

MD BAWDEN MD, DAVID GEORGE On, 10/19/2023 10:14 AM

Completed Action List:

- * Perform by BAWDEN MD, DAVID GEORGE on October 19, 2023 08:03 CDT
- * Transcribe by on October 19, 2023 08:30 CDT
- * Sign by BAWDEN MD, DAVID GEORGE on October 19, 2023 10:14 CDTRequested on October 19, 2023 08:33 CDT

Printed by: GREGORY CPI, TERRIANA

Printed on: 10/24/2023 09:19 CDT

10:49:44 a.m. 10-24-2023 15 /42

Psychiatric Evaluation

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* VERIFY by BAWDEN MD, DAVID GEORGE on October 19, 2023 10:14 CDT

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Printed on: 10/24/2023 09:19 CDT

10:49:54 a.m. 10-24-2023 16 /42

Patient Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/25/2023 10/25/2023 10/25/2023 10/24/2023 10/24/2023 Medications 09:00 07:30 07:00 21:00 17:00 Scheduled amLODIPine :::10 mg 10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT Last given: -- At home, patient was taking medication with _ 10 mg @: 10/24/2023 08:03 CDT amlodipine benzocaine topicai (Orajel) 1 APP 1 APP 1 APP 1 APP, GEL, TOP, 4 times a day, 10/23/23 17:00:00 Last given: Last given: Last given: CDT 1 APP @ 1 APP @ 1 APP @ 10/24/2023 10/24/2023 10/24/2023 08:29 CDT 08:29 CDT 08:29 CDT benzocaine topical cadexomer iodine topical (cadexomer iodine ** ` ` ` O.9 0.9, GEL, TOP, Daily, 10/21/23 9:00:00 CDT Last given; 0.9 % @ 🕐 Cleanse the wounds with NS, pat dry, apply lodos... 10/22/2023 09:00 CDT... cadexomer-iodine topical 100 mg doxycycline (doxycycline monohydrate) Last given: 100 mg, CAP, PO, BID (2 times a day), Other-Enter 100 mg @ in Order Comments, 10/18/23 11:15:00 CDT, Stop 10/24/2023 date 11/28/23 9:00:00 CST 08:03 CDT doxycycline 325 mg Last given: ferrous sulfate 325 mg 🕲 325 mg, TAB, PO, Daily, 10/18/23 11:20:00 CDT 10/24/2023 08:03 CDT 2.3.2 ferrous sulfate fluticasone nasal 100 mcg 100 mcg, SPRAY, Nasai, Daily, 10/18/23 11:23:00 Last given: CDT 100 mcg @ 10/24/2023 08:30 CDT.... fluticasone nasal 8 haloperidol (Haldol Decanoate) 100 mg, INJ, IM, Q4WEEK (Every 4 weeks), 10/18/23 7:18:00 CDT At home, patient was taking medication with ... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate haloperidoi (Haldoi) 10 mg 10 mg Last given: 10 mg, TAB, PO, BID (2 times a day), 10/22/23 10 mg @ 9:00:00 CDT 10/24/2023 08.03 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate

Printed by: GREGORY CPI, TERRIANA Patient_ Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 MRN: 5 10/24/2023 10/25/2023 10/25/2023 10/25/2023 10/24/2023 Medications 07:30 07:00 21:00 17:00 50 Unit Last given: insulin glargine 50 Unit @ 50 Unit, INJ, Subcut, Dally, 10/18/23 21:00:00 CDT 10/23/2023 At home, patient was taking medication with ... 20:41 CDT insulin glargine Blood Glucose, MAR 2nd Clinician Verification Before Admin 18 Unit Last given: insulin lispro 18 Unit @ 18 Unit, INJ, Subcut, TIDAC (3 times a day before 10/23/2023 meals), 10/18/23 10:00:00 CDT 12:13 CDT -- At home, patient was taking medication with ... insulin lispro Blood Glucose, MAR 2nd Clinician Verification Before Admin 10 mg lisinopril 10 mg, TAB, PO, Daily, 10/18/23 11:14:00 CDT -- At home, patient was taking medication with . 08:03 CDT lisinopril 1,000 mg Last given: metFORMIN 1000 mg @ 1,000 mg, TAB, PO, BID (2 times a day), 10/18/23 10/21/2023 10:00:00 CDT -- At home, patient was taking medication with ... 08:53 CDT metFORMIN OLANZapine 20 mg 20 mg, TAB, PO, QHS (At bedtime), 10/18/23 Last given: 21:00:00 CDT 20 mg @ 10/23/2023 - At home, patient was taking medication with ... 20:41 CDT olanzapine Richmond Agitation-Sedation Scale (RASS) Respiratory Rate PRN PRN acetaminophen 650 mg, TAB, PO, Q6H (Every 6 hours), PRN Pain, 10/18/23 10:12:00 CDT, 10/18/23 10:12:00 CDT -- At home, patient was taking medication with ... acetaminophen Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses

Page 2

Patient: Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/25/2023 10/25/2023 10/25/2023 10/24/2023 10/24/2023 Medications 09:00 07:30 07:00 21:00 17:00 PRN albuterol (albuterol inhaler) 180 mcg, INHALER, Inhalation, Q4H (Every 4 hours), PRN Shortness of Breath, 10/18/23 10:12:00 CDT ... At home nations was tabled modication with albuterol ;=) benztropine 1 mg, INJ, IM, Q8H (Every 8 hours), PRN Other (see comment), 10/18/23 1:22:00 CDT, 10/18/23 1:22:00 CDT PRN Stiffness/Akethesia benztropine **PRN** calcium carbonate (Tums 500) 1,250 mg, CHEW TAB, Chewed, TID (3 times a day), PRN dvspepsia. 10/18/23 10:14:00 CDT calcium carbonate PRN docusate (Coiace) 100 mg, CAP, PO, BID (2 times a day), PRN Constipation, 10/18/23 10:13:00 CDT, 10/18/23 10·13·00 CDT docusate PRN fluticasone nasal (fluticasone 50 mcg/inh nas... 50 mcg, 1 Spray, SPRAY, Both Nares, Daily, PRN Congestion, 10/18/23 10:13:00 CDT -- At home, patient was taking medication with ... fluticasone nasal PRN haloperidol 5 mg, TAB, PO, Q8H (Every 8 hours), PRN Agitation. 10/18/23 1:22:00 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses التاجي) PRN haloperidol 10 mg, INJ, IM, Q3H (Every 3 hours), PRN Agitation, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **PRN** ibuprofen (Motrin) 400 mg, TAB, PO, Q8H (Every 8 hours), PRN Pain, Mild, 10/23/23 15:15:00 CDT, 10/23/23 15:15:00 CDT ibuprofen

Patient: Printed by: GREGORY CPI, TERRIANA MRN Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/25/2023 10/25/2023 10/25/2023 10/24/2023 10/24/2023 Medications 09:00 07:30 07:00 21:00 17:00 Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses PRN loperamide (imodium A-D) 4 mg, CAP, PO, Q6H (Every 6 hours), PRN as needed for loose stool, 10/18/23 10:13:00 CDT, 10/18/23 10:13:00 CDT loperamide ٦٩ PRN LORazepam 1 mg, INJ, IM, Q6H (Every 6 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler. LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **⊝**⊡ **PRN** LORazepam 1 mg, TAB, PO, Q8H (Every 8 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **# PRN** magnesium hydroxide 2.4 GM, SUSP, PO, Daily, PRN Constipation, 10/18/23 1:22:00 CDT, (Milk of Magnesia) magnesium hydroxide Med Responses PRN ondansetron (Zofran ODT) 4 mg, DiS Tablet, PO, Q8H (Every 8 hours), PRN Nausea/Vomiting, 10/18/23 10:14:00 CDT, 10/18/23 10·14·00 CDT ondansetron **Med Responses**

Patient: Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/24/2023 10/24/2023 10/24/2023 10/24/2023 10/24/2023 Medications 16:30 16:00 13:00 12:00 09:19 Scheduled amLODIPine 10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT -- At home, patient was taking medication with ... amiodipine benzocaine topical (Orajel) 1 APP, GEL, TOP, 4 times a day, 10/23/23 17:00:00 CDT benzocaine topical cadexomer iodine topical (cadexomer lodine ... 0.9, GEL, TOP, Daily, 10/21/23 9:00:00 CDT Cleanse the wounds with NS, pat dry, apply iodos... cadexomer-iodine topical doxycycline (doxycycline monohydrate) 100 mg, CAP, PO, BiD (2 times a day), Other-Enter in Order Comments, 10/18/23 11:15:00 CDT, Stop date 11/28/23 9:00:00 CST doxycycline ferrous sulfate 325 mg, TAB, PO, Daily, 10/18/23 11:20:00 CDT ferrous sulfate fluticasone nasal 100 mcg, SPRAY, Nasal, Daily, 10/18/23 11:23:00 CDT

fluticasone nasal



haloperidol (Haldol Decanoate)

100 mg, INJ, IM, Q4WEEK (Every 4 weeks),

10/18/23 7:18:00 CDT

At home, patient was taking medication with

haloperidol

Richmond Agitation-Sedation Scale (RASS)

Respiratory Rate



haloperidol (Haldol)

10 mg, TAB, PO, BID (2 times a day), 10/22/23

9:00:00 CDT

haloperidol

Richmond Agitation-Sedation Scale (RASS)

Respiratory Rate

Patie Printed by: GREGORY CPI, TERRIANA MR Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/24/2023 10/24/2023 10/24/2023 10/24/2023 10/24/2023 Medications 16:30 16:00 13:00 12:00 09:19 insulin glargine 50 Unit, INJ, Subcut, Daily, 10/18/23 21:00:00 CDT - At home, patient was taking medication with ... insulin glargine Blood Giucose, MAR 2nd Clinician Verification Before Admin ૭ 18 Unit 18 Unit insulin lispro Last given: Last given: 18 Unit, INJ, Subcut, TIDAC (3 times a day before 18 Unit @ 18 Unit @ meals), 10/18/23 10:00:00 CDT 10/23/2023 10/23/2023 -- At home, natient was taking medication with ... 12:13 CDT 12:13 CDT. insulin lispro Blood Glucose, MAR 2nd Clinician Verification Before Admin lisinopril 10 mg, TAB, PO, Daily, 10/18/23 11:14:00 CDT -- At home, patient was taking medication with ... lisinopril **(**) metFORMIN 1,000 mg, TAB, PO, BID (2 times a day), 10/18/23 1000 mg @ 10:00:00 CDT At home, natient was taking medication with. metFORMIN OLANZapine 20 mg, TAB, PO, QHS (At bedtime), 10/18/23 21:00:00 CDT At home, patient was taking medication with ... Richmond Agitation-Sedation Scale (RASS) Respiratory Rate PRN PRN 650 ma acetaminophen Last given: 650 mg, TAB, PO, Q6H (Every 6 hours), PRN Pain, 650 mg @ 10/18/23 10:12:00 CDT, 10/18/23 10:12:00 CDT 10/23/2023 At home, patient was taking medication with ... 12:46 CDT acetaminophen Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses

Patienti			•	it		
Patient MRN:	Date	Range: 10/227	Printed by: GREGORY C			
	2000		2023 09:19 - 10/			Printed on: 10/2
Medications	PRN	10/24/2023 16:30	10/24/2023 16:00	10/24/2023 13:00	10/24/2023 12:00	10/24/2023 09:19
albuterol (albuterol inhaler)						: 180 mcg
180 mcg, INHALER, Inhalation, Q4H (Every 4						Not given with
hours), PRN Shortness of Breath, 10/18/23						5 days.
10:12:00 CDT				-		· •
At home nationt was tabled medication w albuterol		•			•	
	PRN					1 mg
benztropine	•				•	Last given:
1 mg, INJ, IM, Q8H (Every 8 hours), PRN Other	r (see					1 mg @
comment), 10/18/23 1:22:00 CDT, 10/18/23 1:	22:00					
CDT						10/22/2023
PRN Stiffness/Akathesia						12:46 CDT
benztropine *						
•	PRN					
calcium carbonate (Tums 500)	- 1414					1,250 mg
1,250 mg, CHEW TAB, Chewed, TID (3 times a	daw					Not given within
PRN dvspepsia. 10/18/23 10:14:00 CDT	udy),					5 days.
calcium carbonate						
	DDM					
docusate (Colace)	PRN					100 mg
IND ma CAD DO DID (2 4 4- 5 c						Not given within
100 mg, CAP, PO, BID (2 times a day), PRN	<u>i</u>					5 days.
Constipation, 10/18/23 10:13:00 CDT, 10/18/23 10:13:00 CDT docusate	3					
	PRN					
luticasone nasal (fluticasone 50 mcg/inh na	PKN					50 mcg
Some 1 Same Sport Best Many B.	15					Last given:
50 mcg, 1 Spray, SPRAY, Both Nares, Daily, PRN	4					50 mcg @
Congestion, 10/18/23 10:13:00 CDT						10/20/2023
At home, patient was taking medication wi luticasone nasal	th		•			08:58 CDT
***	PRN					5 mg
naloperidol					1	Last given:
mg, TAB, PO, Q8H (Every 8 hours), PRN Agita	tion.					_
10/18/23 1:22:00 CDT	•					5 mg @
						10/22/2023
naloperidol			•	1	(00:48 CDT
tichmond Agitation-Sedation Scale (RASS)						
espiratory Rate						!
Med Responses						
ran i	IDAI					
aloperidol :	PRN					10 mg
					L	ast given:
0 mg, INJ, IM, Q3H (Every 3 hours), PRN		_				0 mg @
gitation, 10/18/23 1:22:00 CDT		•				0/23/2023
ive this medication ONLY if patient cannot tole aloperidol	er		•			1:36 CDT
ichmond Agitation-Sedation Scale (RASS)						·
espiratory Rate						
led Responses						l
•						
	RN		•			400 mg
ouprofen (Motrin)					N	lot given within
00 mg, TAB, PO, Q8H (Every 8 hours), PRN Pain lild, 10/23/23 15:15:00 CDT, 10/23/23 15:15:00						days,
TC TC					•	

	Flowsh				
Patien			Printed by: GREGORY CPI		
MRN; Da	te Range: 10/23/				Printed on: 10/24
Medications	10/2 <i>4</i> /2023 16:30	10/24/2023 16:00	10/24/2023 13:00	10/24/2023 12:00	10/24/2023 09:19
Location of Pain					
Pain Site					
Acute Pain Score					
Acute Pain Goal					•
Chronic Pain Score					
Chronic Pain Goal					
Wong-Baker FACES Pain Rating Scale					
Richmond Agitation-Sedation Scale (RASS)	•				
Respiratory Rate					
Med Responses					
⊘ PRI	N				4 mg
operamide (Imodium A-D)					Not given within
4 mg, CAP, PO, Q6H (Every 6 hours), PRN as					5 days.
needed for loose stool, 10/18/23 10:13:00 CDT,			_		•
10/18/23 10:13:00 CDT			•		
operamide		•			
(⁶ ∕)€• PRI	N				1 mg
LORazepam					Last given:
I mg, INJ, IM, Q6H (Every 6 hours), PRN as needed	i				1 mg @
for anxiety, 10/18/23 1:22:00 CDT					10/23/2023
Give this medication ONLY if patient cannot toler	•				01:36 CDT
LORazepam					
Richmond Agitation-Sedation Scale (RASS)					
Respiratory Rate Med Responses					
A0 (4
	N				1 mg
LORazepam					Last given:
1 mg, TAB, PO, Q8H (Every 8 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT					1 mg @ 10/21/2023
leeded for anxiety, 10/16/25 1:22:00 CD1					20:52 CDT
LORazepam					20.32 CD1
Richmond Agitation-Sedation Scale (RASS)					
Respiratory Rate					
Med Responses					
(\$E) PRI	N	•			2.4 GM
magnesium hydroxide	· -		· ·		Not given within
2.4 GM, SUSP, PO, Daily, PRN Constipation,			1 .		5 days.
10/18/23 1:22:00 CDT, (Milk of Magnesia)		•			- ,
magnesium hydroxide					
Med Responses					
PRI	N	•			4 mg
ondansetron (Zofran ODT)					Not given within
4 mg, DIS Tablet, PO, Q8H (Every 8 hours), PRN					5 days.
Nausea/Vomiting, 10/18/23 10:14:00 CDT,					•
10/18/23 10·14·00 CDT					
ondansetron					
Med Responses					

Respiratory Rate

Flowsheet Print Request

Printed by: GREGORY CPI, TERRIANA Patient Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 MRN: Printed on: 10/24/2023 09:19 10/24/2023 10/24/2023 10/24/2023 10/24/2023 10/24/2023 Medications 09:00 08:30 08:29 08:05 08:03 Scheduled amLODIPine 10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT -- At home, patient was taking medication with ... amiodipine 10 mg Auth (Ve benzocaine topical (Orajel) 1 APP, GEL, TOP, 4 times a day, 10/23/23 17:00:00 CDT benzocaine topical 1 APP Auth (Ver cadexomer iodine topical (cadexomer iodine 0.9, GEL, TOP, Daily, 10/21/23 9:00:00 CDT Last given! Cleanse the wounds with NS, pat dry, apply lodos. 10/22/2023 09:00 CDT. 1 cadexomer-iodine topical doxycycline (doxycycline monohydrate) 100 mg, CAP, PO, BID (2 times a day), Other-Enter in Order Comments, 10/18/23 11:15:00 CDT, Stop date 11/28/23 9:00:00 CST doxycycline 100 mg Auth (V **(**8 ferrous sulfate 325 mg, TAB, PO, Daily, 10/18/23 11:20:00 CDT ferrous sulfate 325 mg Auth (V fluticasone nasal 100 mcg, SPRAY, Nasal, Daily, 10/18/23 11:23:00 CDT fluticasone nasal 100 mcq Auth (\ haloperidol (Haldol Decanoate) 100 mg, INJ, IM, Q4WEEK (Every 4 weeks), 10/18/23 7:18:00 CDT At home, patient was taking medication with ... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate haloperidol (Haldol) 10 mg, TAB, PO, BID (2 times a day), 10/22/23 9:00:00 CDT haloperidol 10 mg Auth (Ve Richmond Agitation-Sedation Scale (RASS)

Patient: Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/24/2023 10/24/2023 10/24/2023 10/24/2023 10/24/2023 Medications 09:00 08:30 08:29 08:05 08:03 insulin glargine 50 Unit, INJ, Subcut, Dally, 10/18/23 21:00:00 CDT -- At home, patient was taking medication with ... insulin glargine Blood Glucose, MAR 2nd Clinician Verification Before Admin (3) insulin lispro 18 Unit, INJ, Subcut, TIDAC (3 times a day before meals), 10/18/23 10:00:00 CDT -- At home, patient was taking medication with ... insulin lispro Not Given: Refu Blood Glucose, MAR 2nd Clinician Verification Before Admin Yes - U-200, U-3 lisinopril 10 mg, TAB, PO, Daily, 10/18/23 11:14:00 CDT --- At home, patient was taking medication with ... lisinopril 10 mg Auth (Ve metFORMIN 1,000 mg, TAB, PO, BID (2 times a day), 10/18/23 10:00:00 CDT -- At home, patient was taking medication with ... metFORMIN Not Given: Refu OLANZapine 20 mg, TAB, PO, QHS (At bedtime), 10/18/23 21:00:00 CDT At home, patient was taking medication with ... olanzapine Richmond Agitation-Sedation Scale (RASS) Respiratory Rate PRN PRN acetaminophen 650 mg, TAB, PO, Q6H (Every 6 hours), PRN Pain, 10/18/23 10:12:00 CDT, 10/18/23 10:12:00 CDT At home, patient was taking medication with ... acetaminophen Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses

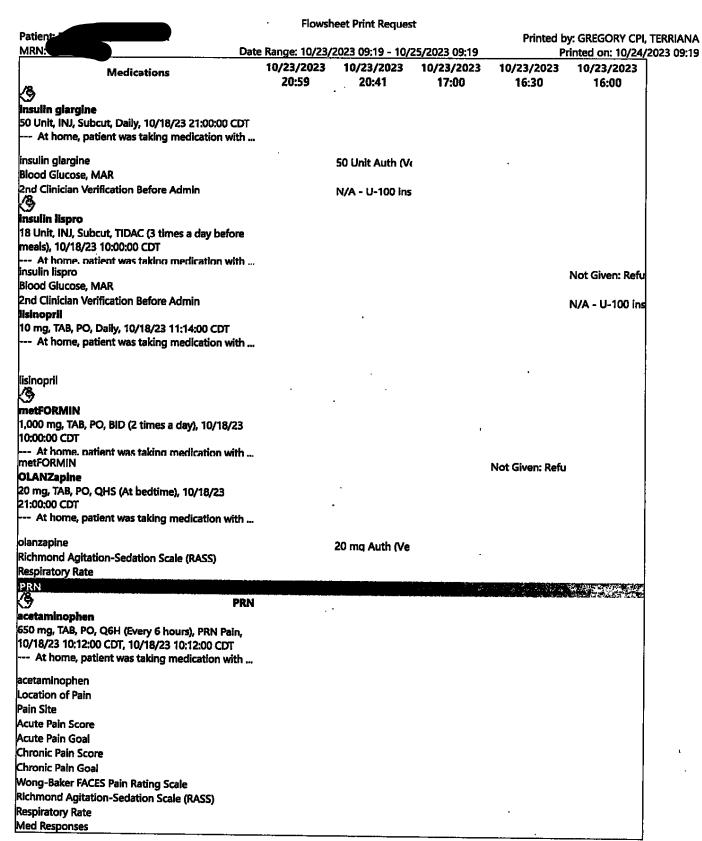
Patient: Printed by: GREGORY CPI, TERRIANA MRN Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/24/2023 10/24/2023 Medications 10/24/2023 10/24/2023 10/24/2023 09:00 08:30 08:29 08:05 08:03 , PRN albuteroi (albuteroi inhaler) 180 mcg, INHALER, Inhalation, Q4H (Every 4 hours), PRN Shortness of Breath, 10/18/23 10:12:00 CDT A+ ha nationt was taking madication with albuterol • benztropine 1 mg, INJ, IM, Q8H (Every 8 hours), PRN Other (see comment), 10/18/23 1:22:00 CDT, 10/18/23 1:22:00 PRN Stiffness/Alrethesia benztropine PRN calcium carbonate (Tums 500) 1,250 mg, CHEW TAB, Chewed, TID (3 times a day), PRN dvspepsia. 10/18/23 10:14:00 CDT calcium carbonate PRN docusate (Colace) 100 mg, CAP, PO, BID (2 times a day), PRN Constipation, 10/18/23 10:13:00 CDT, 10/18/23 10-13-00 CDT docusate PRN: fluticasone nasal (fluticasone 50 mcg/inh nas... 50 mcg, 1 Spray, SPRAY, Both Nares, Daily, PRN Congestion, 10/18/23 10:13:00 CDT - At home, patient was taking medication with ... fluticasone nasal **/9**33 PRN 5 mg, TAB, PO, Q8H (Every 8 hours), PRN Agitation, 10/18/23 1:22:00 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **(35)** PRN haloperidol 10 mg, INJ, IM, Q3H (Every 3 hours), PRN Agitation, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses PRN ibuprofen (Motrin) 400 mg, TAB, PO, Q8H (Every 8 hours), PRN Pain, Mild, 10/23/23 15:15:00 CDT, 10/23/23 15:15:00 rnt ibuprofen

Med Responses

Flowsheet Print Request

Printed by: GREGORY CPI, TERRIANA Patient Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 MRN: 10/24/2023 10/24/2023 10/24/2023 10/24/2023 10/24/2023 Medications 08;03 09:00 08:05 08:30 08:29 Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses PRN loperamide (Imodium A-D) 4 mg, CAP, PO, Q6H (Every 6 hours), PRN as needed for loose stool, 10/18/23 10:13:00 CDT, 10/18/23 10:13:00 CDT loperamide **90** PRN LORazepam 1 mg, INJ, IM, Q6H (Every 6 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT Give this medication ONLY if natient cannot toler... LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses 90 PRN LORazepam 1 mg, TAB, PO, Q8H (Every 8 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **%**: PRN magnesium hydroxide 2.4 GM, SUSP, PO, Daily, PRN Constipation, 10/18/23 1:22:00 CDT. (Milk of Magnesia) magnesium hydroxide Med Responses PRN ondansetron (Zofran ODT) 4 mg, DIS Tablet, PO, Q8H (Every 8 hours), PRN Nausea/Vomiting, 10/18/23 10:14:00 CDT, 10/18/23 10·14·00 CDT ondansetron

Patient Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/23/2023 10/23/2023 10/23/2023 10/23/2023 10/23/2023 Medications 20:59 20:41 17:00 16:30 16:00 Scheduled amLODIPine 10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT -- At home, patient was taking medication with ... amlodipine benzocaine topical (Orajel) 1 APP, GEL, TOP, 4 times a day, 10/23/23 17:00:00 CDT benzocaine topical 1 APP Auth (Ver Not Given: Othe cadexomer iodine topical (cadexomer iodine . 0.9, GEL, TOP, Daily, 10/21/23 9:00:00 CDT Cleanse the wounds with NS, pat dry, apply lodos... cadexomer-iodine topical doxycycline (doxycycline monohydrate) 100 mg, CAP, PO, BID (2 times a day), Other-Enter in Order Comments, 10/18/23 11:15:00 CDT, Stop date 11/28/23 9:00:00 CST doxycycline 100 mg Auth (V (3 ferrous sulfate 325 mg, TAB, PO, Daily, 10/18/23 11:20:00 CDT ferrous sulfate fluticasone nasal 100 mcg, SPRAY, Nasal, Daily, 10/18/23 11:23:00 CDT fluticasone nasal /8 haloperidol (Haldol Decanoate) 100 mg, INJ, IM, Q4WEEK (Every 4 weeks), 10/18/23 7:18:00 CDT At home, patient was taking medication with ... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate haloperidol (Haldol) 10 mg, TAB, PO, BID (2 times a day), 10/22/23 9:00:00 CDT haloperidol 10 mg Auth (Ve Richmond Agitation-Sedation Scale (RASS) Respiratory Rate



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Patient Printed by: GREGORY CPI, TERRIANA MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 Printed on: 10/24/2023 09:19 10/23/2023 10/23/2023 10/23/2023 10/23/2023 10/23/2023 Medications 20:59 20:41 17:00 16:30 16:00 **PRN** albuterol (albuterol inhaler) 180 mcg, INHALER, Inhalation, Q4H (Every 4 hours), PRN Shortness of Breath, 10/18/23 10:12:00 CDT ... At home nationt was taking medication with albuterol PRN benztropine 1 mg, INJ, IM, Q8H (Every 8 hours), PRN Other (see comment), 10/18/23 1:22:00 CDT, 10/18/23 1:22:00 CDT PRN Stiffness/Akethesia benztropine PRN calcium carbonate (Tums 500) 1,250 mg, CHEW TAB, Chewed, TID (3 times a day), PRN dvspepsia, 10/18/23 10:14:00 CDT calcium carbonate PRN docusate (Colace) 100 mg, CAP, PO, BID (2 times a day), PRN Constipation, 10/18/23 10:13:00 CDT, 10/18/23 10-13-00 CDT docusate fluticasone nasal (fluticasone 50 mcg/inh nas... 50 mcg, 1 Spray, SPRAY, Both Nares, Daily, PRN Congestion, 10/18/23 10:13:00 CDT At home, patient was taking medication with ... fluticasone nasal **(3)** PRN haloperidol 5 mg, TAB, PO, Q8H (Every 8 hours), PRN Agitation, 10/18/23 1:22:00 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses PRN haloperidol 10 mg, INJ, IM, Q3H (Every 3 hours), PRN Agitation, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **PRN** ibuprofen (Motrin) 400 mg, TAB, PO, Q8H (Every 8 hours), PRN Pain, Mild, 10/23/23 15:15:00 CDT, 10/23/23 15:15:00 K-DT ibuprofen

Patient: Printed by: GREGORY CPI, TERRIANA Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 MRN Printed on: 10/24/2023 09:19 10/23/2023 10/23/2023 10/23/2023 10/23/2023 Medications 20:59 20:41 17:00 16:30 16:00 Location of Pain Pain Site Acute Pain Score Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses (3) PRN loperamide (Imodium A-D) 4 mg, CAP, PO, Q6H (Every 6 hours), PRN as needed for loose stool, 10/18/23 10:13:00 CDT, 10/18/23 10:13:00 CDT loperamide PRN LORazepam 1 mg, INJ, IM, Q6H (Every 6 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler... LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **9**0 PRN LORazepam 1 mg, TAB, PO, Q8H (Every 8 hours), PRN as needed for anxiety, 10/18/23 1:22:00 CDT LORazepam Richmond Agitation-Sedation Scale (RASS) Respiratory Rate **Med Responses** 95 PRN magnesium hydroxide 2.4 GM, SUSP, PO, Daily, PRN Constipation, 10/18/23 1:22:00 CDT, (Milk of Magnesia) magnesium hydroxide Med Responses PRN ondansetron (Zofran ODT) 4 mg, DIS Tablet, PO, Q8H (Every 8 hours), PRN Nausea/Vomiting, 10/18/23 10:14:00 CDT, 10/18/23 10-14-00 CDT ondansetron Med Responses

Patient MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 10/23/2023 10/23/2023 Medications 10/23/2023 13:46 12:46 12:13 Scheduled amLODiPine 10 mg, TAB, PO, Daily, 10/18/23 11:13:00 CDT -- At home, patient was taking medication with ... amlodipine benzocalne topical (Orajel) 1 APP, GEL, TOP, 4 times a day, 10/23/23 17:00:00 CDT benzocaine topical cadexomer iodine topical (cadexomer lodine ... 0.9, GEL, TOP, Dally, 10/21/23 9:00:00 CDT Cleanse the wounds with NS, pat dry, apply lodos... cadexomer-iodine topical (3) doxycycline (doxycycline monohydrate) 100 mg, CAP, PO, BID (2 times a day), Other-Enter in Order Comments, 10/18/23 11:15:00 CDT, Stop date 11/28/23 9:00:00 CST doxycycline ferrous sulfate 325 mg, TAB, PO, Deily, 10/18/23 11:20:00 CDT ferrous sulfate fluticasone nasal 100 mcg, SPRAY, Nasal, Daily, 10/18/23 11:23:00 fluticasone nasal haloperidol (Haldol Decanoate) 100 mg, INJ, IM, Q4WEEK (Every 4 weeks), 10/18/23 7:18:00 CDT - At home, patient was taking medication with ... haloperidoi Richmond Agitation-Sedation Scale (RASS) Respiratory Rate /3 haloperidoi (Haidoi) 10 mg, TAB, PO, BID (2 times a day), 10/22/23 9:00:00 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate

Printed by: GREGORY CPI, TERRIANA Printed on: 10/24/2023 09:19

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Printed on: 10/24/2023 09:19

Flowsheet Print Request

Patient: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 MRN: 10/23/2023 10/23/2023 10/23/2023 Medications 12:13 12:46 13:46 insulin glargine 50 Unit, INJ, Subcut, Daily, 10/18/23 21:00:00 CDT At home, patient was taking medication with ... insulin glargine Blood Glucose, MAR 2nd Clinician Verification Before Admin insulin lispro 18 Unit, INJ, Subcut, TIDAC (3 times a day before meals), 10/18/23 10:00:00 CDT -- At home, patient was taking medication with ... 18 Unit Auth (V insulin lispro Blood Glucose, MAR 2nd Clinician Verification Before Admin N/A - U-100 ins lisinoprii 10 mg, TAB, PO, Daily, 10/18/23 11:14:00 CDT -- At home, patient was taking medication with ... lisinopril ૭ metFORMIN 1,000 mg, TAB, PO, BID (2 times a day), 10/18/23 10:00:00 CDT --- At home, gatient was taking medication with ... metFORMIN **OLANZapine** 20 mg, TAB, PO, QHS (At bedtime), 10/18/23 21:00:00 CDT At home, patient was taking medication with ... olanzapine Richmond Agitation-Sedation Scale (RASS) Respiratory Rate PRN PRN acetaminophen 650 mg, TAB, PO, Q6H (Every 6 hours), PRN Pain, 10/18/23 10:12:00 CDT, 10/18/23 10:12:00 CDT -- At home, patient was taking medication with ... acetaminophen * 650 mg Auth (Location of Pain Pain Site Acute Pain Score 9 Auth (Verified Acute Pain Goal Chronic Pain Score Chronic Pain Goal Wong-Baker FACES Pain Rating Scale Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses Med Response /

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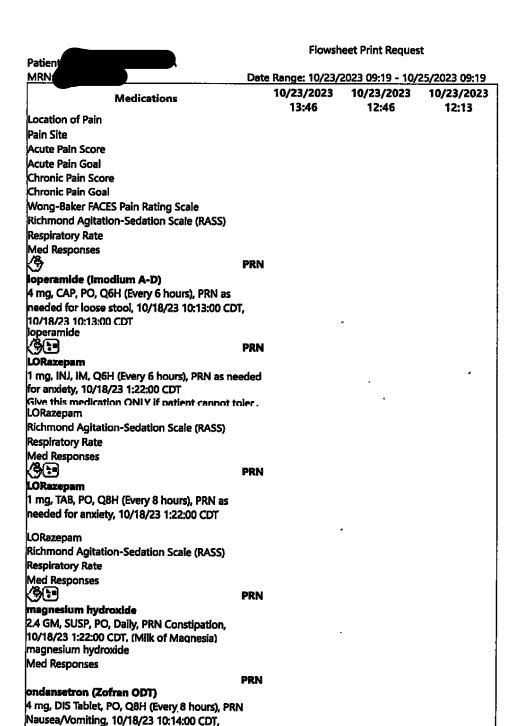
Printed by: GREGORY CPI, TERRIANA

Printed on: 10/24/2023 09:19

Flowsheet Print Request

Patient: MRN: Date Range: 10/23/2023 09:19 - 10/25/2023 09:19 10/23/2023 10/23/2023 10/23/2023 **Medications** 13:46 12:46 12:13 PRN albuterol (albuterol inhaler) 180 mcg, INHALER, Inhalation, Q4H (Every 4 hours), PRN Shortness of Breath, 10/18/23 10:12:00 CDT . At home instignt was tabled medication with albuterol • **PRN** benztropine 1 mg, INJ, IM, Q8H (Every 8 hours), PRN Other (see comment), 10/18/23 1:22:00 CDT, 10/18/23 1:22:00 CDT PRN Stiffness/Akethesia benztropine **PRN** calcium carbonate (Tums 500) 1,250 mg, CHEW TAB, Chewed, TID (3 times a day), PRN dvspepsia. 10/18/23 10:14:00 CDT calcium carbonate **PRN** docusate (Colace) 100 mg, CAP, PO, BID (2 times a day), PRN Constipation, 10/18/23 10:13:00 CDT, 10/18/23 10-13-00 CDT docusate PRN fluticasone nasal (fluticasone 50 mcg/inh nas... 50 mcg, 1 Spray, SPRAY, Both Nares, Daily, PRN Congestion, 10/18/23 10:13:00 CDT -- At home, patient was taking medication with ... fluticasone nasal **/}**! PRN haloperidol 5 mg, TAB, PO, Q8H (Every 8 hours), PRN Agitation, 10/18/23 1:22:00 CDT haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses **(**\$(**) PRN haloperidol 10 mg, INJ, IM, Q3H (Every 3 hours), PRN Agitation, 10/18/23 1:22:00 CDT Give this medication ONLY if patient cannot toler... haloperidol Richmond Agitation-Sedation Scale (RASS) Respiratory Rate Med Responses PRN ibuprofen (Motrin) 400 mg, TAB, PO, Q8H (Every 8 hours), PRN Pain, Mild, 10/23/23 15:15:00 CDT, 10/23/23 15:15:00 CDT ibuprofen

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10/18/23 10:14:00 CDT

ondansetron Med Responses Printed by: GREGORY CPI, TERRIANA Printed on: 10/24/2023 09:19

BH MTP Flan of Care Shift Assessment 10/23/23 16:31 CDT Performed by GROCE RN,CPI, RACHEL M. Entered on 10/23/23 16:34 CDT

```
BH Problem 1
BH MTP Problem 1: schizophrenia and ineffective coping
BH MTP Problem 1 Status: Active
BH MTP Problem 1 Symptoms: Bipolar, Schizophrenia/Psychotic
BH MTP Problem 1 Goal 1: Shavonia will not show any aggressive behavior once while admitted
BH MTP Problem 1 Goal Target Date 1: 10/25/23
BH MTP Problem 1 Goal Type 1: Short term
BH MTP Problem 1 Goal Status 1: Not progressing
BH MTP Problem 1 Goal 1 Grid
     BH MTP Problem 1
     Intervention 1
                               Allow patient to
                                                         Encourage patient to
                               verbalīze
                                                         reframe/refute
                               frustrations
                                                         negative thoughts
     BH MTP Problem 1
     Discipline 1
                               Team
                                                         Team
     BH MTP Problem 1
                               q shift
                                                         q shift
     Frequency 1
     BH MTP Problem 1
                               7 days
                                                         7 days
     Duration 1
     BH MTP Problem 1
     Status 1
                               Done
                                                         Done
BH MTP Problem 1 Goal 2: Shavionia will be compliant with ordered meds here and after discharge BH MTP Problem 1 Goal Target Date 2: 11/01/23
BH MTP Problem 1 Goal Type 2: Long term
BH MTP Problem 1 Goal Status 2: Progressing BH MTP Problem 1 Goal 2 Grid
     BH MTP Problem 1
     Intervention 2
                               RN will explain
                                                         Assess patient's
                                                         thought process and current level of
                               purpose of each
                               medication
                               administered and
                                                         psycho
     BH MTP Problem 1
                                                         Team
                               Team
     Discipline 2
     BH MTP Problem 1
                                                         q shift
                               q shift
     Frequency 2
     BH MTP Problem 1
                               until discharge
                                                         until discharge
     Duration 2
     BH MTP Problem 1
                                                         Done
                               Done
     Status 2
```

POC Shift Narrative

BH Shift Narrative: Pt has been anxious, delusional, having frequent requests, labile, paranoid and restless. Pt has been medication compliant with no complaints of medication side effects. Pt attended partial groups. Pt currently denies SI/HI or A/V hallucinations but has been responding to internal stimuli.

Patient Name: A) SEX: 02/22/84 39 Years Female

Admitting Physician: BAWDEN MD, DAVID GEORGE

Admission Date / MRN / Financial Num: 10/18/23 591605 50036288

Page 1 of 1 Print Date: 10/24/23 Print Time: 10:26 CDT Printed by:GREGORY CPI, TERRIANA 123 10:57:25 a.m. 10–24–2023 38 /42

BH MTP Plan of Care Shift Assessment 10/22/23 04:57 CDT Performed by Costales RN, CPI, Raymond Entered on 10/22/23 05:00 CDT

```
BH Problem 1
BH MTP Problem 1: schizophrenia and ineffective coping
BH MTP Problem 1 Status: Active
BH MTP Problem 1 Symptoms: Bipolar, Schizophrenia/Psychotic
BH MTP Problem 1 Goal 1: Shavonia will not show any aggressive behavior once while admitted
BH MTP Problem 1 Goal Target Date 1: 10/25/23
BH MTP Problem 1 Goal Type 1: Short term
BH MTP Problem 1 Goal Status 1: Progressing
BH MTP Problem 1 Goal 1 Grid
     BH MTP Problem 1
                                Allow patient to 
verbalize
                                                           Encourage patient to
     Intervention 1
                                                           reframe/refute
                                                           negative thoughts
                                frustrations
     BH MTP Problem 1
                                                           Team
     Discipline 1
     BH MTP Problem 1
                                                           g shift
                                q shift
     Frequency 1
     BH MTP Problem 1
                                7 days
                                                           7 days
     Duration 1
     BH MTP Problem 1
                                                           Done
     Status 1
                                Done
BH MTP Problem 1 Goal 2: Shavionia will be compliant with ordered meds here and after discharge BH MTP Problem 1 Goal Target Date 2: 11/01/23
BH MTP Problem 1 Goal Type 2: Long term
BH MTP Problem 1 Goal Status 2: Progressing
BH MTP Problem 1 Goal 2 Grid
     BH MTP Problem 1
                                                           Assess patient's
      Intervention 2
                                RN will explain
                                                           thought process and current level of
                                purpose of each
                                 medication
                                 administered and
                                                           psycho
      BH MTP Problem 1
                                                           Team
                                 Team
      Discipline 2
      BH MTP Problem 1
                                                           q shift
                                 g shift
      Frequency 2
      BH MTP Problem 1
                                                           until discharge
                                 until discharge
      Duration 2
      BH MTP Problem 1
                                                            Done
                                 Done
      Status 2
```

POC Shift Narrative

BH Shift Narrative: Pt has been isolative to her room, guarded , no group attendance, compliant with her HS meds, slept on and off during the night, attention-seeking and needy, focused on having snacks, anxious, easily irritable, given PRN meds, redirectable; moitored for acute distress nd untoard behavior.

cation AGE / GEA: 02/22/84 39 Years Female Patient Name: Di

Admitting Physician BAWDEN MD, DAVID GEORGE

Admission Date / MRN / Financial Num: 10/18/23 591605 50036288

Page 1 of 1 Print Date: 10/24/23 Print Time: 10:27 CDT Printed by: GREGORY CPI, TERRIANA

10:57:57 a.m. 10-24-2023 40 /42

BH MTP Plan of Care Shift Assessment 10/20/23 05:27 CDT Performed by PATEL RN, CPI, AKASHCHANDRA Entered on 10/20/23 05:35 CDT

```
BH Problem 1
BH MTP Problem 1: schizophrenia and ineffective coping
BH MTP Problem 1 Status: Active
BH MTP Problem 1 Symptoms: Bipolar, Schizophrenia/Psychotic
BH MTP Problem 1 Goal 1: Shavonia will not show any aggressive behavior once while admitted BH MTP Problem 1 Goal Target Date 1: 10/25/23
BH MTP Problem 1 Goal Type 1: Short term
BH MTP Problem 1 Goal Status 1: Progressing
BH MTP Problem 1 Goal 1 Grid
     BH MTP Problem 1
                              Allow patient to verbalize
     Intervention 1
                                                        Encourage patient to
                                                        reframe/refute
                                                        negative thoughts
                              frustrations
     BH MTP Problem 1
                                                        Team
     Discipline 1
                              Team
     BH MTP Problem 1
     Frequency 1
                              q shift
                                                        q shift
     BH MTP Problem 1
     Duration 1
                              7 days
                                                        7 days
BH MTP Problem 1 Goal 2: Shavionia will be compliant with ordered meds here and after discharge
BH MTP Problem 1 Goal Target Date 2: 11/01/23
BH MTP Problem 1 Goal Type 2: Long term
BH MTP Problem 1 Goal Status 2: Progressing
BH MTP Problem 1 Goal 2 Grid
     BH MTP Problem 1
     Intervention 2
                              RN will explain
                                                        Assess patient's
                                                        thought process and current level of
                              purpose of each
                              medication
                              administered and
                                                        psycho
     BH MTP Problem 1
     Discipline 2
                              Team
                                                        Team
     BH MTP Problem 1
                              q shift
                                                        q shift
     Frequency 2
     BH MTP Problem 1
                              until discharge
                                                        until discharge
     Duration 2
```

POC Shift Narrative

Patient Name:

BH Shift Narrative: Pt Aox3, delusional, paranoid, oppisitional, defiant. Pt can become loud at times. Hesistant with insulin and accuchecks stating "I don't need it, i'm fine without it" Staff able to redirect pt into taking insulin and allow blood sugar monitoring. Wound on right foot assessed and documented. Pt observed to sit in bathroom, turn shower on and read book. Pt redirected from behavior, unstanding at that time. Woke up early morning around 4:30AM, began singing and responding to internal stimuli. Complaint with medications, denie si/hi. Monitored q15 minutes for safety and well-being.

GLE (Location:

02/22/84 39 Years Female DOB / AGE /

Admitting Physician: BAWDEN MD, DAVID GEORGE
Admission Date / MRN / Financial Num: 10/18/23 591605 50036288

Page 1 of 1 Print Date: 10/24/23 Print Time: 10:31 CDT Printed by:GREGORY CPI, TERRIANA