	,,,							
D	Blood Glucose Monitoring	Start: 11:42	10/28 Stop: 12:07	10/28	Admin	Sched		
	NOW				10/28 12:07		Not Administered/N	agarin
					Other - !	See Note	es	
_					n/a			
D	Care Profile and Crisis Plan	Start: 11:42	10/28 Stop: 12:04	10/28	Admin	Sched		
	EVERY 4 HOURS - UNTIL COMPLETE				10/28 12:04	11:42	Complete	agarin
D	CBC W/O DIFFERENTIAL	Start: 10:00	10/29 Stop: 0:47	10/30	Admin	Sched		
	EVERY MORNING UNTIL COMPLETE		-		10/29 16:01	10:00	Not Administered/N	kslupek
					Other - S			•
D	COMPREHENSIVE METABOLIC	Start: 10:00	10/29 Stop: 0:47	10/30	Admin	Sched		
_	EVERY MORNING UNTIL COMPLETE						Not Administered/N	r kalunek
					Other - 1			поторых
=	Consent and Declination of Seasonal Influenza	Stort: 11.47	10/28 Stop: 12:01	10/29			es	
v	Vaccine	<u> 31411</u> . 11.42	10/28 <u>5100</u> . 12.01	10/28	Admin	Sched	a 1.	
	EVERY 12 HOURS UNTIL COMPLETE				10/28 12:01	11:42	Complete	agarin
_	COWS Scale	Start: 17:00	10/28 Ston: 23:59	12/31	A -!:-	Sched		
A	Every 4 hours - COWS	<u> 31411</u> . 17.00	10/20 <u>3000</u> . 23.33	12/31	Admin 10/28 17:03		Complete	Iralma ale
	If initial score > 10 assess vitals per protocofVerify						Complete	kslupek
	with MD the initiation of the medical detox				10/28 21:10		Complete	mehreo
	protocol.				10/29 9:56	9:00	Complete	kslupek
	F				10/29 12:56		Complete	kslupck
					10/29 16:02		Complete	kslupek
					10/29 21:14	21:00	Complete	sjohn
_					10/30 8:15	9:00	Complete	rsoriano
A	Daily Nursing Progress Note	Start: 16:00	10/28 Stop: 23:59	12/31	Admin	Sched		
	Twice a Day Assessments				10/28 12:07	16:00	Not Administered/N	agarin
					Other - !	See Note	es	
					see adm	ission as	ssessment	
					10/29 1:32	4:00	Complete	mebreo
					10/29 14:55	16:00	Complete	kslupek
					10/29 23:22	4:00	Complete	sjohn
					10/30 10:30	16:00	Complete	jlundang
A	Environment Patient Safety Checklist	Start: 16:00	10/28 Ston: 23:59	12/31	Admin	Sched	•	<u>, , , , , , , , , , , , , , , , , , , </u>
	Twice a Day Assessments	17.10.00	10/20 1/1/1/1. 25.55	1201	10/28 12:07	16:00	Complete	agarin
					10/28 21:08	4:00	Complete	mebreo
					10/29 14:55		Complete	kslupek
					10/29 23:18	4:00	Complete	sjohn
_	T. W. 13T A	64 4 11 42	10/20 04 12:27	10/20			Complete	sjoini
D	Initial Nursing Assessment	Start: 11:42	10/28 Stop: 12:37	10/28	Admin	Sched	~ .	
_	EVERY 4 HOURS - UNTIL COMPLETE				10/28 12:36	11:42	Complete	agarin
D	Initial Treatment Plan	Start: 11:42	10/28 Stop: 12:10	10/28	Admin	Sched		
	EVERY 4 HOURS - UNTIL COMPLETE				10/28 12:10	11:42	Complete	agarin
D	Initiate Treatment Plan for Patient	Start: 11:42	10/28 Stop: 13:52	10/28	Admin	Sched		
	EVERY 4 HOURS - UNTIL COMPLETE				10/28 13:52	11:42	Complete	agarin
D	LIPID PANEL W/HDL	Start: 10:00	10/29 Stop: 10:19	10/30	Admin	Sched		
	EVERY MORNING UNTIL COMPLETE				10/29 16:01	10:00	Not Administered/N	kslupek
					Other - S	See Note		1
					10/30 10:19		Complete	rsoriano
<u> </u>	Patient Unit Orientation Checklist	Start: 11:47	10/28 Stop: 12:02	10/28	Admin	Sched		
v	EVERY 4 HOURS - UNTIL COMPLETE		10.20 <u>1114</u> . 12.02	10/20		11:42	Complete	agarin
_		Ctout: 11.40	10/30 04 13.00	10/20			Complete	eSerm
D	Safety and Health Evaluation One time for ancillary orders	<u>start</u> : 11:42	10/28 Stop: 12:09	10/28	Admin	Sched	a 1.	
_	·		10/80 8:	4.0.0	10/28 12:09	11:42	Complete	agarin
A	buprenorphine TABLET 2 mg	Start: 10:00	10/30 Stop: 23:59	12/31	Admin	Sched		
	(*Subutex)				10/30 10:12	10:00	Complete	rsoriano
	Sublingual TWICE DAILY 0900 & 1700							
	for Maintenance							

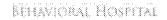
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	,,,					
D	buprenorphine TABLET 8 mg	Start: 17:00 10/28 Stop: 23:59 10/28	Admin	Sched		
	(*Subutex)		10/28 17:32	17:00	Complete	kslupek
	Sublingual DAILY AT 1700 (1 Day)					
_	for Maintenance					
D	buprenorphine TABLET 8 mg	Start: 12:20 10/29 Stop: 12:56 10/29	Admin	Sched		
	(*Subutex)		10/29 12:56	12:20	Complete	kslupek
	Sublingual NOW					
_	for Maintenance	64		<b>-</b>		
A	gabapentin TABLET 1,200 mg (Neurontin)	Start: 17:00 10/28 Stop: 23:59 12/31	Admin	Sched	~ 1.	
	Oral THREE TIMES DAILY 0900 1300		10/28 17:32		Complete	kslupek
	2100		10/28 20:44	21:00	Complete	mebreo
	To give 1,200 mg use 2 of 600 mg		10/29 9:21	9:00	Complete	kslupek
	for Anxiety		10/29 12:55		Complete	kslupek
			10/29 20:36	21:00	Complete	sjohn
_			10/30 8:14	9:00	Complete	rsoriano
A	mirtazapine TABLET 15 mg	Start: 21:00 10/28 Stop: 23:59 12/31	Admin	Sched		
	(Remeron)		10/28 20:44	21:00	Complete	mebreo
	Oral AT BEDTIME		10/29 20:37	21:00	Complete	sjohn
_	for Sleep	844- 0:00 10/20 84 22.50 12/21		<b>5</b> 1 .		
A	multivitamin TABLET 1 tab (Daily Multiple Vitamins)	Start: 9:00 10/29 Stop: 23:59 12/31	Admin	Sched	a 1.	
	Oral ONCE A DAY		10/29 9:21	9:00	Complete	kslupek
	for Nutritional Support		10/30 8:14	9:00	Complete	rsoriano
$\overline{\mathbf{A}}$	omeprazole DR CAP 20 mg	Start: 9:00 10/29 Stop: 23:59 12/31	Admin	Sched		
A	(PriLOSEC)	orari. 9.00 10/29 bioti. 23.59 1231	10/29 9:20	9:00	Complete	kslupek
	Oral ONCE A DAY		10/30 8:14	9:00	•	•
	for GERD		10/30 8:14	9:00	Complete	rsoriano
Ā	prazosin CAPSULE 1 mg	Start: 21:00 10/28 Stop: 23:59 12/31	Admin	Sched		
2.	(Minipress)	<del>-</del>		21:00	Complete	mebreo
	Oral AT BEDTIME		10/29 20:37		Complete	sjohn
	for nightmares		10/25 20/27	21.00	Compact	- John
D	QUEtiapine TABLET 300 mg	Start: 21:00 10/28 Stop: 16:56 10/29	Admin	Sched		
	(SEROquel)		10/28 20:45	21:00	Complete	mebreo
	Oral AT BEDTIME				-	
_	for Mood					
A	QUEtiapine TABLET 600 mg	Start: 21:00 10/29 Stop: 23:59 12/31	Admin	Sched		
	(SEROquel)		10/29 20:37	21:00	Complete	sjohn
	Oral AT BEDTIME					
	To give 600 mg use 2 of 300 mg					
_	for Mood	Start 16.00 10/29 St 22.50 12/21		Oak		
A	Suicidal Ideation Severity Assessment DAILY AT 1600	Start: 16:00 10/28 Stop: 23:59 12/31	Admin	Sched	a 1.	
	DAILI AI 1000		10/28 12:06		Complete	agarin
				16:00	Complete	kslupek
_			10/30 10:14	16:00	Complete	jlundang
D	TSH ONLY, ULTRA SENSITIVE 3RD GEN	Start: 10:00 10/29 Stop: 10:19 10/30	Admin	Sched		
	EVERY MORNING UNTIL COMPLETE		10/29 16:01	10:00	Not Administered/N	le kslupek
			Other - S			
			10/30 10:19	10:00	Complete	rsoriano
D	Urine Drug Screen	Start: 10:00 10/29 Stop: 0:47 10/30	Admin	Sched		
	EVERY MORNING UNTIL COMPLETE		10/29 16:01	10:00	Not Administered/N	N kslupek
_	Nurse Collect		Other - :	See Note	es	
A	Vital Signs	Start: 21:00 10/28 Stop: 23:59 12/31	Admin	Sched		
	TWICE A DAY		10/28 21:09		Complete	mebreo
			10/29 8:37	9:00	Complete	agarin
			10/29 19:57	21:00	Complete	sjohn
			10/30 10:19	9:00	Complete	rsoriano

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	,,,						
D	Weight NOW	Start: 11:42 10/28	Stop: 12:08 10/28	Admin 10/28 12:08	Sched 11:42	Complete	agarin
A	rivaroxaban TABLET 10 mg (*Xarelto) Oral ONCE ADAY	Start: 9:00 10/29	Stop: 23:59 12/31	Admin 10/29 9:21	Sched 9:00	Complete	kslupek
	for dvt			10/30 8:14	9:00	Complete	rsoriano
A	sertraline TABLET (Zoloft) 50 mg	Start: 9:00 10/29	Stop: 23:59 12/31	Admin	Sched		
	Oral ONCE A DAY			10/29 9:20	9:00	Complete	kslupek
	for Mood Simultaneous with			10/30 8:14	9:00	Complete	rsoriano
	sertraline TABLET (Zoloft) 25 mg						
A	sertraline TABLET (Zoloft) 25 mg	Start: 9:00 10/31	Stop: 23:59 12/31	Admin	Sched		
	Oral ONCE A DAY						
	for Depression						
	take with 50mg (total 75mg) Simultaneous with						
	sertraline TABLET (Zoloft) 50 mg						
P	buprenorphine TABLET 8 mg	Start: 18:47 10/29	Ston: 9:55 10/30	Admin	Sched		
-	(*Subutex) PRN	<del></del>	_				
	Sublingual TWICE DAILY 0900 & 2100						
	PRN for Maintenance						
	Max Daily Doses: 2						
Ā		Start: 13:59 10/28	Ston: 23:59 12/31	Admin	Sched		
	(Bentyl) PRN		_				
	Oral THREE TIMES DAILY 0900 1300						
	1700 PRN for Stomach Cramps						
	Max Daily Doses: 3						
Ā	LORazepam TABLET (*Ativan) 1 mg PRN	Start: 14:29 10/28	Stop: 23:59 12/31	Admin	Sched		
	Oral EVERY 6 HOURS PRN			10/28 14:56		Complete	kslupek
	for Anxiety			10/29 1:24		Complete	mebreo
	Max Daily Doses: 4			10/29 9:20		Complete	kslupek
				10/29 17:46		Complete	kslupek
				10/30 0:12 10/30 8:16		Complete Complete	sjohn rsoriano
_	melatonin TABLET 5 mg PRN	Start: 13:59 10/28	Stop: 23:59 12/31	Admin	Sched	Complete	Iscriano
A	Oral AT BEDTIME PRN	DIA. 10109 10/20	<u> </u>	10/28 20:49	Oched	Complete	mebreo
	for Insomnia					, <b>,</b>	
_	Max Daily Doses: 1						
A	methocarbamol TABLET 500 mg	Start: 21:00 10/28	Ston: 23:59 12/31	Admin	Sched	~ 4.	,
	(Robaxin) PRN Oral THREE TIMES DAILY 0900 1300			10/29 5:57 10/29 20:38		Complete	mebreo
	2100 PRN			10/30 11:08		Complete Complete	sjohn rsoriano
_	for muscle spasm			1000 11.00		Complete	190114110
A	nicotine GUM (Nicorette) 2 mg PRN	Start: 14:11 10/28	Stop: 23:59 12/31	Admin	Sched		
	Oral Transmucosal EVERY 2 HOURS			10/28 16:17		Complete	agarin
	PRN for Smoking Cessation			10/28 19:58		Complete	mebreo
	Max Daily Doses: 12			10/29 7:26 10/29 9:22		Complete	mebreo
	•			10/29 9:22		Complete Complete	kslupek kslupek
_	traMADol TABLET (Ultram) 100 mg PRN	Start: 21:00 10/28	Stop: 23:59 12/31	Admin	Sched	Complete	калирык.
A	Oral THREE TIMES DAILY 0900 1300	2001 21.00 10/20	. <u></u>	10/28 21:08	Juled	Complete	mebreo
	2100 PRN			10/29 10:34		Complete	kslupek
	To give 100 mg use 2 of 50 mg			10/29 16:50		Complete	kslupek
	for Pain			10/30 2:54		Complete	sjohn
				10/30 11:08		Complete	rsoriano

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Facesheet pdf



# Date/Time 10/29/2023 10:21

#### Medical Diagnosis

Diagnosis	Class	Туре	Priority	Date	
Code System					
Acute embolism and thrombosis	Medical	Working	Secondary	Diagnosis	10/29/2023
I82.401 ICD-10					
of unspecified deep veins of					
right lower extremity					
Alcoholic hepatitis without	Medical	Working	Secondary	Diagnosis	10/29/2023
K70.10 ICD-10					
ascites					
Gastro-esophageal reflux	Medical	Working	Secondary	Diagnosis	10/29/2023
K21.00 ICD-10					
disease with esophagitis,					
without bleeding					
Other pulmonary embolism	Medical	Working	Secondary	Diagnosis	10/29/2023
126.99 ICD-10		3	*	,	
without acute cor pulmonale					
Unspecified convulsions	Medical	Working	Secondary	Diagnosis	10/29/2023
R56.9 ICD-10					
	Medical	Working			

#### Psychiatric Diagnoses

Diagnosis Code	System	Class	Туре	Priority	Date
MAJOR DEPRI F33.9 RECURRENT,	ESSIVE DISORDER, ICD10 UNSPECIFIED	Psychiatric	Admitting	g Primary Diagno	sis 10/28/2023

Reason for admission SI with plan to OD on prescription meds

Gender Male

Preferred Pronouns He/Him/His
Informant Patient.chart

Reliabile Yes

Past Medical History

LLE DVT, PE, GERD, Congenitalspondylosethesis, left hip acascular necrosis. hx hip replacement, hx back surgery,

hx seizures from withdrawal,

HOME MED LIST AND ADMISSION MED REC



Home Meds: Description		Bran	nd	Dos	se R	toute	Frequ	uency	PRN		
Indication					-						
			. <b>-</b>								
clindamycin Ora	1 300 mg capsule		leocin Cl								
gabapentin Oral	300 mg capsule	N	euronti	n							
gabapentin Oral	400 mg capsule	N	euronti	n	1,200 mg	PO		TID913	317		Anxiety
	800 mg TAB 1 ea rochloride Oral !		euronti tarax	n							
lamoTRIgine Ora Seizures	1 25 mg tablet	L	aMICtal		25 mg	PO		DAILY			
	ral 500 mg tablet	R	obaxin		500 mg	PO		TID913	321	P	muscle
mirtazapine Ora nicotine 21 mg/			emeron abitrol		15 mg	PO		HS			Sleep
omeprazole Oral release capsule	20 mg delayed		riLOSEC		20 mg	PO		DAILY			GERD
prazosin Oral 1		М	inipres	s	1 mg	PO		HS			
QUEtiapine Oral	100 mg tablet	S	EROque1								
QUEtiapine Oral	300 mg tablet	S	EROquel		300 mg	PO		HS			Mood
sertraline Oral	50 mg tablet	Z	oloft		50 m.g	PO		DAILY			Mood
traMADol 50 mg	TAB	U	ltram		100 mg	PO		TID913	321	P	Pain
Admission Meds:											
Description		В	rand		Dose	Route		Freque	ncy	PRN	
Indication								-	-		
		-									
gabapentin Oral	400 mg capsule	N	euronti	n	1,200 mg	PO		TID913	317		Anxiety
methocarbamol O spasm	ral 500 mg tablet	R	obaxin		500 mg	PO		TID913	321	P	muscle
mirtazapine Ora	l 15 mg tablet	R	emeron		15 mg	PO		HS			Sleep
omeprazole Oral release capsule		P	riLOSEC		20 mg	PO		DAILY			GERD
prazosin Oral 1 nightmares	mg capsule	М	inipres	S	1 mg	PO		HS			
QUEtiapine Oral		S	EROquel		300 mg			HS			Mood
sertraline Oral		Z	oloft		50 mg	PO		DAILY			Mood
traMADol Oral 5	0 mg tablet	Ū	ltram		100 mg	PO		TID913	321	P	Pain
Allergy Comments	Type	Reactio	on S	ever	rity	Date	Code		Syst	em	

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Bředviorai Hospital

# Observation Date/Time: 10/29/23 18:53

BÜHAVIORAL	. Hospital			Observation Date/Ti	me: 10/29/23 18:53
ARIPIPRAZOLE	Drug Allergy		Severe	7704567	RB Alg ID
blurred vision BEE STING DUST MITE KETOROLAC PENICILLIN	Drug Allergy Drug Allergy Drug Allergy Drug Allergy	Swelling Swelling Hives	Severe Mild Mild Severe	7708918 7708910 7700739 7702923	RB Alg ID RB Alg ID RB Alg ID RB Alg ID
Dietary Restrictions			No	,,,,,,,,,,	
Activity Restrictions			No		
Height			67 in		
Weight			151 lb		
Body Mass Index			23.6		
Systolic			106 mmHg		
Diastolic			66 mmHg		
Blood Pressure			119 / 70		
Heart Rate			82 beats/min		
Temperature			97.6 °F		
Respirations			20 Resp/Min		
SPO2			99 %		
Past Medical Histor	n				
Last Dental Exam	ıy		2 yrs ago		
Last Eye Exam			2 yrs ago		
Immunizations			UTD		
Last PPD			Neg		
Recent Illnesses/Inju	ries		pt denies		
Past Hospitalizations			Yes		
	··· -,-··				
Substance Use					
Does patient admit to	Substance Use?		Yes and Positive	Drug Screen	
SUBSTANCE USE.					
Row Substance	Does pt Route have Rx?	Amount/F uency	req Age of 1st Las Use	st Used Current/ torical	His

80	HAVIORAL	Hospital				Observation Da	te/Time: 10/29/23 18:53		
1	Alcohol	No	Oral	1/2 gallon of alcohol / daily	teen	10/26/2023	Current		
2	Cannabis	No	Smoke/Vap	sporadicall y	teen	10/26/2023	Current		
3	Cocaine/Cra ck	No	Snort/Inhal e	\$40 / daily	7 20's	10/26/2023	Current		
4	Opiates (heroin/Oxy etc.)	No	Injects	\$80 / heroin	18	10/26/2023	Current		
Subs	tance Use								
Does	patient admit to	Tobacco Use?		,	Yes				
тов	ACCO USE								
Row 1	Row Type Amount/Frequency								
Subs	tance Use								
Other	r Addictive Behav	iors		1	No				
Educ	cation								
Curre	ently in School?			-	No				
Highe	est level of Educa	tion?		;	Some College				
Socia	al/Family Histor	у							

	- · ·	a
Family	/Living	Situation

Current living situation?	Pt reported that he is currently homeless.
---------------------------	--------------------------------------------

Can patient return? Yes

Patient raised by? adopted parents

Number of Siblings? 2

Describe Relationship 1 twin brother, only close with twin brother

Number of Children? 0
Describe Relationship N/a

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# Social/Family History

# FAMILY PSYCH/SUBSTANCE ABUSE HISTORY

Row Relationship History of mental health/chemical dependency issues

1 Sibling depression, drug addiction

Social/Family History

Family Medical History pt denies

Legal History

Any Legal Issues? Yes

Number of arrests multiple

Current/Pending Charges No

Arrest Details drug possession
Time incarcerated 1 month in jail

Probation/Parole No

Social/Family History

Military Service

Military Service?

No
History of Service?

No

Review of Systems

RESPIRATORY No History of Problems

Have you been vaccinated for COVID-19? (Corona)

No

Do you want to be vaccinated?

No

Date of last TB Test

UNK

SKIN No History of Problems



CENTRAL NERVOUS SYSTEM No History of Problems

ics

GENITOURINARY No History of Problems

GASTROINTESTINAL GERD

CARDIOVASCULAR: "history of DVT and PE"

MUSCULOSKELETAL No History of Problems

ADDITIONAL seizures
SURGICAL HISTORY Yes

Lumbar fusion, back surgery and total left hip arthoplasty

# Sexual History

Sexual History

Recent contraception

STI

None

Sexual activity in last five days

No

# Assessment

Reviewed Lab Results Yes

UDS-Benzos/cocaine/fentanyl-+

# Physical Assessment

General/Mental Status	WNL
Skin	WNL
Head	WNL
Eyes	WNL
ENT	WNL
Neck	WNL
Lungs	WNL
Heart	WNL
Abdomen	WNL
Extremities	WNL

# BEHAVIORAL HOSPITAL

 Back
 WNL

 Neuro
 WNL

 GU
 Deferred

 Tanner stage
 WNL

# Cranial Nerves

CN I:

How was CN I tested?

CN II:

How was CN II tested?

CN III, IV, VI:

How was CN III, IV, VI tested?

CN V:

How was CN V tested?

CN VII:

How was this CN VII tested?

CN VIII:

How was this CN VIII tested?

CN IX, X:

How was CN IX, X tested?

CN X:

How was CN X tested?

CN XI:

How was this CN XI tested?

CN XII:

Plan Of Care

How was CN XII tested?

WNL

"Sniff and Identify"

WNL

Confrontation Test

WNL

Finger Tracking

WNL

Light touch forehead

WNL

Eyebrow raise

WNL

Finger rub near ear

WNL

Palate elevation

WNL

Palate elevation

WNL

Shoulder Shrug

WNL

Extend tongue side to side

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Observation Date/Time: 10/29/23 18:53

Impression

- 1. Major depression
- 2.SI w/plan to OD
- 3. Polysubstance abuse
- 4. Seizure-d/t alcohol withdrawal
- 5. LLE DVT/PE-Xarelto 6.GERD-omeprazole
- 7. Alcoholic hepatitis
- 8. left hip avascular necrosis/pain- Tramadol
- 9. Nicotine dependence-patch
- 10. Medical consultation-pmh, labs &meds reviewed

Inpatient Meds:
Description
Indication

Brand	Dose	Route	Frequency	PRN

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BEHAVIORAL HOSPITAL			ı	Observation Date/Tin	ne: 10/29	)/23 18:53
acetaminophen Oral 325 mg tablet	APAP	650 mg	PO	Q4H	P	Pain
LORazepam Oral 1 mg tablet	*Ativan	1 mg	PO	Q6H	P	Anxiety
dicyclomine Oral 20 mg tablet	Bentyl	20 mg	PO	TID91317	P	Stomach
Cramps						
gabapentin Oral 600 mg tablet	Neurontin	1,200	PO	TID91321		Anxiety
		mg				
loperamide Oral 2 mg capsule	Imodium	2 mg	PO	Q2H	P	
Diarrhea						
Notes: Not more than 16mg per day		_				
LORazepam Injectable 2 mg/mL	Ativan	2 mg	IM	Q4H	P	FOR
SEIZURE ONLY						
solution		F	70	HS	Б.	
melatonin Oral 5 mg TAB 1 ea Insomnia		5 mg	PO	пъ	P	
methocarbamol Oral 500 mg tablet	Robaxin	500 mg	PO	TID91321	P	muscle
spasm	RODEXIII	Joo mg	FO	11091321	F	muscre
mirtazapine Oral 15 mg tablet	Remeron	15 mg	PO	HS		Sleep
multivitamin Oral tablet	Daily	1 tab	PO	DAILY		
Nutritional Support		1				
11	Multiple					
	Vitamins					
nicotine Oral Transmucosal 2 mg	Nicorette	2 mg	MO	Q2H	P	Smoking
Cessation						
gum						
omeprazole Oral 20 mg delayed	PriLOSEC	20 mg	PO	DAILY		GERD
release capsule						
ondansetron Oral 4 mg tablet,	Zofran	4 mg	PO	Q6H	P	
Nausea/Vomiting						
disintegrating	ODT				_	
Patient Own Medication - Stored in	POM	1 ea	NA	UD	P	Patient
Own Med Notes:Patient Own Medications						
"Stored in the Pharmacy"						
Pharmacy						
prazosin Oral 1 mg capsule	Minipress	1 mg	PO	HS		
nightmares		1 1119				
QUEtiapine Oral 300 mg tablet	SEROquel	600 mg	PO	HS		Mood
	5-1-5t	500 mg		DATIN		11000

# Ancillary Orders:

Maintenance tablet

Description	Frequency	PRN
-Admit to: 4N, Dual Diagnosis - Substance Abuse and Detox		
-Environment Patient Safety Checklist	BID -	
	Assessmen	

Zoloft

\*Subutex

Ultram

\*Xarelto

-Patient/Family Education -Daily Nursing Progress Note

sertraline Oral 50 mg tablet

buprenorphine Sublingual 8 mg

traMADol Oral 50 mg tablet rivaroxaban Oral 10 mg tablet

-Psychotropic Medication Notice and Consent Form -LIPID PANEL W/HDL  $\,$ 

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50 mg

100 mg 10 mg

8 mg

PO

SL

PO

PO

DAILY

BID921

TID91321

DAILY

ts

Q4H BID -Assessmen ts

Q4H

IN AM-UC

Ρ

Mood

Pain

dvt

BRIAVIORAL HOSPITAL

#### Observation Date/Time: 10/29/23 18:53

-Suicidal Ideation Severity Assessment -TSH ONLY, ULTRA SENSITIVE 3RD GEN IN AM-UC -COMPREHENSIVE METABOLIC IN AM-UC -CBC W/O DIFFERENTIAL IN AM-UC -Special Diet Heart Healthy: Finger Foods: No Consult Needed? Yes Reason: -Vital Signs VS\_BID -Level Of Observation: Q10 minutes (Q10) Reason: SI with plan to OD on prescription meds LOS Rational;
-Precautions SUICIDAL Precaution, HIGH RISK Precaution and DETOX -Provisional Diagnosis SI with plan to OD on prescription meds -Legal Status Voluntary -Urine Drug Screen IN AM-UC Notes: Nurse Collect -COWS Scale Q4H-COWS

Notes: If initial score >10 assess vitals per protocolVerify with MD the initiation of the medical detox protocol.

# Telehealth

This visit was conducted with the use of interactive audio and video telecommunication that permits real time communication between the patient and the provider.

No

The patient consent for virtual visit obtained on

Originating Site: Chicago Behavioral Hospital

Distant Site: Provider Home

# Plan Of Care

Documented by Scribe	No
APN Signature	e-Signed by Ethakattu, Sosimol, NP at 10/29/2023 10:22
Medical Provider Signature	e-Signed by Papanos, Nicholas, MD at 10/30/2023 00:28



Date/Time 10/29/2023 10:43

Legal status Voluntary

Gender Male

Reason for Admission from Intake SI with plan to OD on prescription meds

Identifying Data 43-year-old male with past psychiatric history of bipolar

disorder, PTSD, and polysubstance abuse

Chief complaint from Intake "im depressed"

Chief Complaint in patient's own words "i'm dealing with a lot of trauma"

History of Present Illness Patient is a 43-year-old male with past psychiatric history

of bipolar disorder, PTSD, and polysubstance abuse who presents as a transfer from Illinois Masonic for suicidal ideation with plan to overdose. Reports he has been feeling increasingly depressed and hopeless since his fiancé passed away in June. Prior to presentation to the ED, he reports taking "a bunch of pills" combined with cocaine and alcohol to try to end life. In addition he feels like he has poor support system and is homeless. He states he is "dealing with a lot of trauma" and that he has been coping with heroin, reports using \$80-100 worth daily. He states he is currently on quetiapine 600mg and suboxone 8mg twice daily. Utox +benzos, cocaine, fentanyl. Patient presents depressed, anxious, hopeless, helpless, with avolition, anhedonia, racing ruminating thought process, poor sleep, poor insight and poor self care. Patient is unable to contract for safety and requires immediate hospitalization for safety and stabilization.

Detox Status Detox Monitoring

COWS Total 2.00000

#### Risk of Harm to self and others

Risk of harm to SELF Inability to care for self, Thoughts to harm self, Active

suicidal ideation/intention, Active suicide plan and Unable

to contract for safety

SI with plan to OD

C-SSRS Score from Intake 18

Note: A score of 15 or more indicates "high risk".

Recent suicidal Intent Notes plan to OD

Risk of Harm to OTHERS "Denies thought, plan or ideation to harm others"

History of assaultive thoughts or behaviors?

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# BEHAVIORAL HOSPITAL

# IF ANY ABOVE ARE AFFIRMATIVE, RN MUST BE INFORMED TO INITIATE ASSESSMENT

Evidence of failure at, or inability to benefit from a less intensive

outpatient setting

yes

Medical History (current, recent, chronic, disabilities)

hx blood clot disorder, hx hip replacement, hx back surgery, hx seizures from withdrawal, sciatica, hx bipolar

Surgical History Y

Lumbar fusion, back surgery and total left hip arthoplasty

Does any of the patient's medical or surgical history contribute

to current psychiatric presentation?

No

Allergies and Home Meds

Allergies reviewed in banner Yes

Home Meds: Description Indication

Brand Dose

Route

Frequency PRN

-----

# Observation Date/Time: 10/29/23 16:56

clindamycin Oral 300 mg capsule	Cleocin HCl					
qabapentin Oral 300 mg capsule	Neurontin					
qabapentin Oral 400 mg capsule	Neurontin	1,200	PO	TID91317		Anxiety
gasapenein orar 100 mg capsare	Nearonein	mq	10	TIDDIST		minicey
qabapentin Oral 800 mg TAB 1 ea	Neurontin	ing .				
hydrOXYzine hydrochloride Oral 50	Atarax					
mg TAB 1 ea	ALGIGA					
lamoTRIgine Oral 25 mg tablet	LaMICtal	25 mg	PO	DAILY		
Seizures	Lamictai	25 Ilig	PO	DAILI		
methocarbamol Oral 500 mg tablet	Robaxin	500 mg	PO	TID91321	P	muscle
<del>-</del>	RODAXIII	500 mg	PO	11091321	P	muscre
spasm	D	1 5	DO.	77.0		01
mirtazapine Oral 15 mg tablet	Remeron Habitrol	15 mg	PO	HS		Sleep
nicotine 21 mg/24 hr TERF		20	7.0			
omeprazole Oral 20 mg delayed	PriLOSEC	20 mg	PO	DAILY		GERD
release capsule	****	4	70	***		
prazosin Oral 1 mg capsule	Minipress	1 mg	PO	HS		
nightmares						
QUEtiapine Oral 100 mg tablet	SEROquel					
QUEtiapine Oral 300 mg tablet	SEROquel	300 mg	PO	HS		Mood
sertraline Oral 50 mg tablet	Zoloft	50 mg	PO	DAILY		Mood
traMADol 50 mg TAB	Ultram	100 mg	PO	TID91321	P	Pain
Admission Meds:		_		_		
Description	Brand	Dose	Route	Frequency	PRN	
Indication						
				0.4.0.4.5		
gabapentin Oral 400 mg capsule	Neurontin	1,200	PO	TID91317		Anxiety
		mg				
methocarbamol Oral 500 mg tablet	Robaxin	500 mg	PO	TID91321	P	muscle
spasm						
mirtazapine Oral 15 mg tablet	Remeron	15 mg	PO	HS		Sleep
omeprazole Oral 20 mg delayed	PriLOSEC	20 mg	PO	DAILY		GERD
release capsule						
prazosin Oral 1 mg capsule	Minipress	1 mg	PO	HS		
nightmares						
QUEtiapine Oral 300 mg tablet	SEROquel	300 mg	PO	HS		Mood
sertraline Oral 50 mg tablet	Zoloft	50 mg	PO	DAILY		Mood
traMADol Oral 50 mg tablet	Ultram	100 mg	PO	TID91321	P	Pain

# Treatment History

History of Inpatient Treatment

Yes

Number of hospitalizations

16+

Most recent admission: date and location Swedish Covenant 2 weeks ago

Age of first hospitalization 20

Reason for admission suicidal ideation, detox

# TRAUMA AND ABUSE

Row Type of abuse Age of abuse By whom Details DCFS/APS DCFS/APS Involvement Report Filed

# BEHAVIORAL HOSPITAL

# Observation Date/Time: 10/29/23 16:56

1	Sexual Assault	18	stranger	pt reported was raped and drugged by a man as a teenager. Pt denies legal action.	N/A	N/A
2	Neglect	childhood	biological parents	pt reported was adopted when he was very young and was neglected by his biological parents.	N/A	N/A

# Substance Use

Does patient admit to Substance Use?

Yes and Positive Drug Screen

#### SUBSTANCE USE.

Row		Does :	-		mount/Fr iency	eq Age Use	of 1st	Last	Used	Curre toric	nt/His al
1	Alcohol	No		Oral	1/2 ga of alo / dail		teen		10/26/2	:023	Current
2	Cannabis	No		Smoke/Vap	sporac Y	dicall	teen		10/26/2	:023	Current
3	Cocaine/Crack	No.		Snort/Inha e	1 \$40 /	daily	20's		10/26/2	:023	Current
4	Opiates (heroin/Oxy etc.)	No		Injects	\$80 / heroir	n	18		10/26/2	:023	Current

# Substance Use

Does patient admit to Tobacco Use?

Yes

# TOBACCO USE

Row Type Amount/Frequency
1 Cigarettes 1 ppd

# Substance Use

Other Addictive Behaviors

No

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# SUBSTANCE ABUSE TREATMENT

Row	Type of	Treatment	Location	οf	Treatment	Dates	οf	Treatment

1 RTC LSSI 2020

2 RTC ECS - Joliet, IL "a few months ago"

3 dual diagnosis CBH - Des Plaines, IL 2018

Family/Living Situation

Current living situation? Pt reported that he is currently homeless.

Can patient return? Yes

Patient raised by? adopted parents

Number of Siblings? 2

Describe Relationship 1 twin brother, only close with twin brother

Number of Children? 0

Describe Relationship N/a

Legal History

Any Legal Issues? Yes

Number of arrests multiple

Current/Pending Charges No

Arrest Details drug possession
Time incarcerated 1 month in jail

Probation/Parole No

Military Service

Military Service?

History of Service?

ADL's

Sleep disturbance(s) Yes

"I get about 4 hours a night."

Sleep disturbance type difficulty falling asleep and frequent awakening

Normal hours of sleep

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Activities of Daily Living Comments

none

_			
140	วทางไร	7 H1	story

Known Family History Yes

# FAMILY PSYCH/SUBSTANCE ABUSE HISTORY

Row Relationship History of mental health/chemical dependency issues

l Sibling depression, drug addiction

Education

Currently in School?

Highest level of Education? Some College

**Employment** 

Currently employed? No Receives Disability? No

Mental Status Exam

Orientation: Place, Person and Situation

Appearance: Disheveled, Malodorous and Poor hygiene

Behavior: Anxious, Isolated and Withdrawn

Eye Contact Avoidant
Speech: Slow and Soft

Psychomotor: Sedated

Mood: Anxious, Depressed, Dysphoric and Sad

Affect Dysphoric and Restricted

Thought Process: Perseveration and Ruminating

Thought Content Anhedonia, Avolition and Hopelessness

What is the year, date, day, month, and season?

What is the name of the hospital, city, and state?

Perceptual Disturbance

Hallucinations

None

JUDGEMENT

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BEHAVIORAL HOSPITAL

Judgement abilities Difficulty predicting results of choices, Inability to maintain

safety of self/others and "Inability to utilize food, shelter

and/or clothing"

Poor

Poor

Overall estimate of Judgement from patient response

INSIGHT

Insight ability Patient inability to understand: Nature of illness, Patient

inability to understand: Need for medication and Patient

inability to understand: Need for treatment

Overall estimate of Insight from patient response

GENERAL INTELLECTUAL FUNCTIONING

ATTENTION SPAN Intact

How tested? Spelling backwards

RECENT MEMORY Not Impaired

How tested? Current Medications

REMOTE MEMORY Not Impaired

How tested? Recollection of childhood history

ABSTRACT REASONING

Not Impaired

How tested?

Perceptiveness

INTELLIGENCE Average

How tested? Fund of knowledge

Is there a need for further testing?

#### Plan Of Care

Problem: Danger to Self (SI with plan to OD on prescription meds ) Problem: High Risk (SI with plan to OD on prescription meds )  $\,$ 

Special Program Services Individual Therapy, Group Therapy and Expressive

Therapy

# Indications for Inpatient Hospitalization

Severity of Illness Criteria "a) Suicidal, self-injurious threats, gestures or behaviors", e) Marked regression or intensification of

significant symptoms and f) Severe impairment in ability

to perform ADLs

Intensity of Service Criteria a) Failure to respond to treatment in an outpatient or other less restrictive milieu such that symptoms are

other less restrictive milieu such that symptoms are worsened or course of illness has deteriorated

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Observation Date/Time:



# Communication

Is there a reasonable expectation that this patient will make timely and significant practical improvement in the presenting acute symptoms as a result of inpatient hospitalization services?

Yes

# MEDICATION AND ANCILLARY ORDERS

Inpatient Meds:					
Description	Brand	Dose	Route	Frequency	PRN
Indication					

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	1.00		100,000	****	
Car Sec. 4	and the second section	ORAL	The second second	a marin a same	
92 9 3	. 21 30 30 6 9	1702 SE SE SE	40.00	322 8	12: 3
5.5.2.0	5 400 M	2 10 600 600 9	2. 5 5 15 5	C4 8 8	200 S

# Observation Date/Time: 10/29/23 16:56

acetaminophen Oral 325 mg tablet LORazepam Oral 1 mg tablet	APAP *Ativan	650 mg 1 mg	PO PO	Q4H Q6H	P P	Pain Anxiety
dicyclomine Oral 20 mg tablet Cramps	Bentyl	20 mg	PO	TID91317	P	Stomach
gabapentin Oral 600 mg tablet	Neurontin	1,200 mg	PO	TID91321		Anxiety
loperamide Oral 2 mg capsule Diarrhea	Imodium	2 mg	PO	Q2H	P	
Notes:Not more than 16mg per day LORazepam Injectable 2 mg/mL SEIZURE ONLY	Ativan	2 mg	IM	Q4H	Р	FOR
solution melatonin Oral 5 mg TAB 1 ea Insomnia		5 mg	PO	HS	P	
methocarbamol Oral 500 mg tablet spasm	Robaxin	500 mg	PO	TID91321	P	muscle
mirtazapine Oral 15 mg tablet multivitamin Oral tablet Nutritional Support	Remeron Daily	15 mg 1 tab	PO PO	HS DAILY		Sleep
	Multiple Vitamins					
nicotine Oral Transmucosal 2 mg Cessation gum	Nicorette	2 mg	OM	Q2H	P	Smoking
omeprazole Oral 20 mg delayed release capsule	PriLOSEC	20 mg	PO	DAILY		GERD
ondansetron Oral 4 mg tablet, Nausea/Vomiting	Zofran	4 mg	PO	Q6H	P	
disintegrating Patient Own Medication - Stored in Own Med	ODT POM	1 ea	NA	UD	P	Patient
Notes:Patient Own Medications "Stored in the Pharmacy"						
Pharmacy prazosin Oral 1 mg capsule nightmares	Minipress	1 mg	PO	HS		
QUEtiapine Oral 300 mg tablet	SEROquel	300 mg	PO	HS		Mood
sertraline Oral 50 mg tablet	Zoloft	50 mg	PO	DAILY		Mood
traMADol Oral 50 mg tablet rivaroxaban Oral 10 mg tablet	Ultram *Xarelto	100 mg 10 mg	PO PO	TID91321 DAILY	Р	Pain dvt
Ancillary Orders:						
Description				Frequency	PRN	
-Admit to: 4N, Dual Diagnosis - Su	bstance Abus	e and Det	ox			
-Environment Patient Safety Checklis				BID -		
				Assessmen		
				ts		
-Patient/Family Education -Daily Nursing Progress Note				Q4H BID -	P	
				Assessmen ts		
-Psychotropic Medication Notice and -LIPID PANEL W/HDL		l		Q4H IN AM-UC	P	
-Suicidal Ideation Severity Assessme -TSH ONLY, ULTRA SENSITIVE 3RD GEN -COMPREHENSIVE METABOLIC	II C			1600 IN AM-UC IN AM-UC		

BEHAVIORAL HOSPITAL	Observation Date/Time: 10/29/23 16:56
-CBC W/O DIFFERENTIAL -Special Diet Heart Healthy: Finger Foods: No O	IN AM-UC Consult Needed?
-Vital Signs -Level Of Observation: Q10 minutes (Q10) Reason to OD on prescription meds LOS Rational; -Precautions SUICIDAL Precaution, HIGH RISK Pre-Provisional Diagnosis SI with plan to OD on placed Status Voluntary	ecaution and DETOX
-Urine Drug Screen Notes:Nurse Collect	IN AM-UC
-COWS Scale	$$\operatorname{\mathtt{Q4H-COWS}}$$ er protocolVerify with MD the initiation of the
Estimated Length of Stay	8 Days
Strengths	
Who do you call for when you when need support?	Yes
Pt reported that his brother,	mother, and "NA people" are supportive of him.
Do you have an outpatient treatment team that supports you?	Yes
Dr. Dalawari - Christ Hospital	
Tell me one goal you have for yourself for the future.	Yes
Pt reported that he would like	e to
Liabilities	
How has your living situation changed or impacted your stress levels?	Yes
Pt is currently homeless.	
Patient has been engaging in using the following substances:	Yes
Pt abuses alcohol, heroin, and	I cocaine.

Yes

Discharge

Diagnosis - Must have at least one ACTIVE and one PRIMARY Diagnosis

Patient is currently involved with the following legal issues:

Diagnosis		Class	Type	Priority	Date
Code	System				

Pt has a history of legal issues.