2960 Sleepy Hollow Road Falls Church, Virginia 22044 Phone (703) 536-2000 WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth.Richard L
D08:07/09/1976 F/33 MR# J000018122

DISCHARGE PLAN FORM

FOLLOW-UP APPO Name	JIIIIII JIII	Telephone	Appt Date	Appt Time	Date Faxed
Psychiatrist		·			
Fax Number	Address				L
Therapist					
Fax Number	Address			L	
Other					
AFTERCARE PLAN	N				
Mental Health/Socia	al /Medical Issues				
Psychiatrist and	d Primary Care Physi	ential for Metabolic Synd cian.	rome and the nee	d for follow up w	ith the
Psychiatrist and	d Primary Care Physi	cian.	rome and the nee	d for follow up w	ith the
Psychiatrist and	d Primary Care Physi	cian.		d for follow up w	ith the
	d Primary Care Physi	cian.		d for follow up w	ith the
Psychiatrist and DISCHARGE DIAG	d Primary Care Physi	cian.	Axis III:	d for follow up w	ith the
Psychiatrist and DISCHARGE DIAG	NOSIS:	Roth Ph	Axis III: Axis IV: Axis: V: One #: 703	-821-23	337
Psychiatrist and DISCHARGE DIAG Axis I: Axis: II	n:	Roth Ph	Axis III: Axis IV: Axis: V:	-821-23	337
Psychiatrist and DISCHARGE DIAGONIS I: Exis: II Attending Physician Physician Signature	n:	Roth Ph	Axis III: Axis IV: Axis: V: One #: 703	-821-23	337
Psychiatrist and DISCHARGE DIAG	n: Dri	Roth Ph	Axis III: Axis IV: Axis: V: One #: 703	- 82/- 23 _Date:/0-	337

Age/Sex: 33 F Unit #: J000018122

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care INITIAL SAFETY ASSESSMENT: ADU

Coded Allergies/Adverse Reactions

Name

Category

Severity Ver? Date Time User

Allergies

Fluoxetine HCl

Reaction

Drug

Y 10/30/09 1240 HEB

RASH

Adult Partial Safety Assessmnt

11/04/09 1548 EMW

Page: 1

What are your goals for this hospitalization: "Adequately address any concerns about my : ability to return to work and cope with stress"

Any History of Abuse or Neglect: N

History of Aggressive/Assaultive Behavior: None

ccess to Lethal Means: N

If Yes please explain:

Patients Social Worker notified: N

History of Suicide Attempts: N

Does the patient have any thoughts of suicide: DENIES Does the patient have any intent of suicide: DENIES es the patient have a plan for suicide: DENIES es the patient have a plan for suicide:

Does the patient have a history of self harm: N Types of Self Harm Behaviors:

Head Banging: N Scratching/Cutting: N Manipulating others to harm self: N Fire Setting: N Hanging: N Overdosing: N Burning: N Self Strangulation: N

Jump in front of car, window, metro: N Poison: N Self Biting: N Other: N

riggers: NA

Level of Impulsivity: Low

Admission history/symptoms indicate potential for self-harm: Commits to notify staff of self harm thoughts, intent, or plans:Y Patient's Protective Barriers against Suicide/Self Harm: Coping Skills

Currently Employed/School Positive Attitude Social Supports Ability Reality Test

Precipitating Factors: If applicable what does the pt identify as the cause of loss of control or acting out behavior? "MY JOB'S CONCERN AFTER THE ACCIDENT REPORT : FOLLOWING MY CAR ACCIDENT ON OCT 27, 2009"

Techniques used to help patient control behavior: "I HAVE BEEN IN CONTROL : OF MY MOOD, NOT OUT OF CONTROL, EXCEPT WHEN DISORIENTED FEW DAYS AFTER ACC.

<< NURSING ADMISSION NOTE>>

Oriented to unit: Y

Appearance: WELL GROOM : PT ADMITTED TO ADULT PARTIAL PROGRAM TODAY. STATES Additional Comments: SHE WAS DISORIENTED AFTER HER CAR ACCIDENT FOR A FEW DAYS BUT DENIES

: LOSS OF CONTROL OF MOOD OR BEHAVIOR RECENTLY. HAS AN INTERVIEW AT WORK

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE	D	
J84090217483 ADM IN	J.222-B	
10/30/09 Roth.Richard L		
DOB: 07/09/1976 F/33	MR# J00001	18122
Domin	nion Hospita	1

REVIEW OF SYSTEMS:
Head: No Abnormalities Identified Recent Trauma Other
Eyes: No Abnormalities Identified Corrective Lenses Other
Ears (hearing): No Abnormalities Identified Infection/Pain Other
Nose: No Abnormalities Identified Rhinitis Other
Mouth / Throat (with dental assessment): No Abnormalities Identified Sore Throat Other
Cardiovascular: No Abnormalities Identified
Respiratory: No Abnormalities Identified Cough Shortness of Breath Other
Gastrointestinal: No Abnormalities Identified Nausea Vomiting Diarrhea Other
Genito-urinary: No Abnormalities Identified Urinary Frequency Urgency Other
Gynecological: No Abnormalities Identified Vaginal Discharge Other
2 LMP: 1 12 K (2
Skeletomuscular (include motor development and functioning): No Abnormalities Identified Pain Other
Skin: No Abnormalities Identified Other
Neurological: No Abnormalities Identified Headaches Other
· · · · · · · · · · · · · · · · · · ·
Weight Change / Dietary Habits:

2

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth, Richard L
DOB: 07/09/1976 F/33 MR# J000018122
Dominion Hospital

CHIEF COMPLAINT AND DRI	ENT II I NESS (INC.	LIDE IDENTIFYING INFORMATION			
CHIEF COMPLAINT AND PRESENT ILLNESS (INCLUDE IDENTIFYING INFORMATION):					
	\\\\	od die			
		<u> </u>			
		/			
CURRENT MEDICATIONS:	1>	+90 MM			
PAST MEDICAL HISTORY:		MOHO			
children include birth and maternal hist					
Surgery:		15 Namis			
· ·					
linesses:					
	77/7	TOC			
Allergies:		70.0			
mmunizations:	U7 \	1			
SOCIAL HISTORY:					
SOCIAL HISTORY:					
obacco Use Yes No					
rug Use Yes No					
Icohol Use Yes No					
FAMILY HISTORY:					

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth.Richard L
DOB:07/09/1976 F/33 MR# J000018122

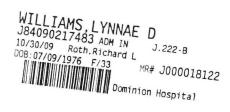
Dominion Hospital

ADMISSION PHYSICAL EXAMINATION

(Note: Examiner is to cross out any description of findings which do not apply to this patient. If any abnormality is noted during the examination, please describe under the "Specify otherwise" section.)

	Pul	se	Respirations		Blood Pressure
		GENERAL APPEARANCE	E	☐ Specify otherwise	
		Patient is a well-developed, v	well-nourished		
	-	individual who does not appe	ear to be acutely		
		or chronically ill. Posture is a	appropriate; no		
		visible disturbance or gait.			
		SKIN		☐ Specify otherwise	
		Palpation: warm, moist, elast	ic. Inspection:		
		without significant eruptions	or discoloration.		
		HEAD		☐ Specify otherwise	
		Scalp is clean. Hair is of nor	mal distribution		
		and color, is not significantly	fine or		
		course to touch.			
1		FACE		☐ Specify otherwise	
		Facial contour, mobility and e	expression		
		are normal. No marked asyn	nmetry or		
1		sagging noted.		·	
		EYES		☐ Specify otherwise	
		Pupils are equal, round, regu	lar and react to		
		light and accommodation. Ex	ktraocular		
		movements are normal. The	sclera is white.		
		Conjunctiva are free from infe	ection. The		
		cornea and lens are clear. The	he Fundoscopic		
		examination reveals sharp dis	sc margins.		
		Vessels are of normal caliber	. No		
-		hemorrhages or exudates are	present.		
		NOSE		☐ Specify otherwise	
		No obvious deformity. Mucou	us membranes		
		are not inflamed. Turbinates	are not swollen.		
		Airways are patent. There is	no septal		
-		perforation. There is no signi	ficant rhinitis.		
		EARS		☐ Specify otherwise	
	\Box	Canals are clear. Tympanic r	membranes are		
		intact and noninjected. Heari	ng is adequate		
		for normal conversation. Exte	ernal canals are		
		free from tophi or other abnor	malities.		

Admission Medical History and Physical Examination



	MOUTH	☐ Specify otherwise
9	Breath odor is within normal variation. There	
-	is not significant change in the color or texture	
	of the lips, tongue or buccal membrane.	
	Tongue protrudes in the midline without	
	unusual tremor. Teeth are in good repair	
	and the gums appear healthy.	
	PHARYNX	☐ Specify otherwise
Q'	Mucosa is not inflamed. No evidence of	
	swelling or exudate. Tonsils are present	
	and not enlarged or inflamed.	
	THYROID	☐ Specify otherwise
D'	The thyroid is not enlarged. No nodules are	
	present.	
	NECK	☐ Specify otherwise
	There is no increased jugular venous	
/	pressure. Carotid pulsations are equal.	
	No bruits are heard.	
	GLANDS	☐ Specify otherwise
4	There is no significant lymph gland	
/	enlargement in the neck, axillae, epitrochlear	
	area, supraclavicular area or groin.	
1	CHEST	☐ Specify otherwise
Ó	Normal contour and movement on inspiration /	
	expiration. No chest wall tenderness.	
	LUNGS	☐ Specify otherwise
þ	Auscultation: Breath sounds are audible.	
	No rales, rhonchi, or wheezes are noted.	
	Percussion: Resonant in all fields.	
	BREASTS	☐ Specify otherwise
	Free from masses and tenderness,	
	discharge, dimpling, wrinkling or	1 5 000
	discoloration of the skin.	6
	HEART	☐ Specify otherwise
7	Not enlarged. Heart sounds are normal	
	regular in rhythm and of normal rate. No	
	murmur, gallops, clicks or rub are heard.	

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D J84090217483 ADM IN J.222-B
10/30/09 Roth Richard
DUB: 07/09/1976 F/33 UD# 1000010101
Dominion Hospital

TANNER STA	AGES (Adolescents Only)		
	FEMALE		MALE
☐ Stage 1	Preadolescent pubic hair and b	reasts.	Preadolescent penis and testes, no pubic hair
☐ Stage 2	Sparse, lightly pigmented straight pubic hair; breasts papilla elevated as small mound; areolas diameter increased.		Scanty pubic hair, slightly enlarged penis; enlarged scrotum, pink texture altered.
☐ Stage 3	Pubic hair darker, beginning to a amount; breast and areola enlar separation.		Pubic hair darker and curly. Penis, scrotum larger.
☐ Stage 4	Pubic hair coarse, curly, more a and papilla form secondary mou	~	Adult-type pubic hair, penis larger, wider; scrotum larger, darker.
☐ Stage 5	Pubic hair is adult feminine trian breast, nipple projects, areola properts contour.		Adult-type pubic hair distribution; full growth of penis and testes.
symptoms ind No evidence bleeding or m of normal size nodules (mal Sphincter ton NOT PERFO Patient les symptoms Recent exa by Patient wis exam. Phy Patient una		□ Specify otherwise □ Specify otherwise	
☐ Other	· · · · · · · · · · · · · · · · · · ·		

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth.Richard L
D0B:07/09/1976 F/33 MR# J000018122
Dominion Hospital

		ABDOMEN	☐ Specify otherwise
		Normal contour - no masses to tenderness,	
	-	no organomegaly (kidney, liver, spleen.)	
		There is no costovertebral angle tenderness	
		and no guarding. Peristaltic sounds are	
		normal. No bruits are heard.	
		GENITALIA / PELVIC - FEMALE	☐ Specify otherwise
		No hernias. No lesions of the labia or	
		introitus are noted. The vaginal mucosa is	
1		moist and normally elastic. Uterus is	
		normal size, shape, position, freely	
		moveable. Cervix is without lesions.	
		There is no significant vaginal discharge.	
		NOT PERFORMED	☐ Specify otherwise
		Patient less than 18 and not sexually active.	
		Recent exam completed on	
		by	
		Patient wishes to have own physician perform	
	1	exam. Physician name	
		Patient unable to cooperate because of	
		psychiatric condition. Describe:	
		Other	
	(GENITALIA - MALE	☐ Specify otherwise
		Both testes palpable. No abnormal masses.	
		No hernias. No urethral discharge. No	
		lesions of glans or shaft noted.	
	1	NOT PERFORMED	☐ Specify otherwise
		Patient less than 18 and not sexually active.	
		Recent exam completed on	
		by	
		Patient wishes to have own physician perform	
		exam. Physician name	
		Patient unable to cooperate because of	
		psychiatric condition. Describe:	
		Other .	

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B 10/30/09 Roth,Richard L
UUB: 07/09/1976 E/32 404 30000101
Dominion Hospital

TANNER STAGES (Adolescents Only)			
	FEMALE		MALE
☐ Stage 1	Preadolescent pubic hair and b	reasts.	Preadolescent penis and testes, no pubic hair
☐ Stage 2	Sparse, lightly pigmented straig breasts papilla elevated as sma areolas diameter increased.		Scanty pubic hair, slightly enlarged penis; enlarged scrotum, pink texture altered.
☐ Stage 3	Pubic hair darker, beginning to curl, increased amount; breast and areola enlarged, no conto separation.		Pubic hair darker and curly. Penis, scrotum larger.
☐ Stage 4	Pubic hair coarse, curly, more a and papilla form secondary mou		Adult-type pubic hair, penis larger, wider; scrotum larger, darker.
☐ Stage 5	Pubic hair is adult feminine trian breast, nipple projects, areola p breast contour.		Adult-type pubic hair distribution; full growth of penis and testes.
symptoms in No evidence bleeding or r of normal siz nodules (ma Sphincter tor NOT PERFO	ORMED s than age 45 and no specific	□ Specify otherwise □ Specify otherwise	
by Patient wis exam. Ph	indicating need for examination. am completed on shes to have own physician perform ysician name able to cooperate because of condition. Describe:		

Admission Medical History and Physical Examination

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WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B 10/30/09 Roth.Richard L
DOB: 07/09/1976 F/33 MP# 1000019122
Dominion Hospital

NE	UROLOGICAL EXAM (cond.)	
D	Eyelid Elevation: Able to retract eyelid fully.	☐ Specify otherwise
(1	
	Fundi flat, discs not elevated; no arteriovenous	☐ Specify otherwise
	nicking, no hemorrhages, no retinal	
	pigmentation.	
,	/ÎÎ, IV, VI Movement of Eyes (oculomotor,	☐ Specify otherwise
	trochlear and abducens nerves):	
	Smooth, symmetrical movement through	
	all positions of gaze; no nystagmus	
	present.	
	V. Trigeminal (ophthalmic branch, maxillary	☐ Specify otherwise
	branch, mandibular branch).	
	With eyes closed, indicates facial and	
	aural tacticle perception.	
	Movement of muscles of mastication:	☐ Specify otherwise
9	Symmetrical tension in muscles of	
6	clenched jaw; able to move jaw laterally	
	against resistance; symmetrical muscle	
	mass of temporalis and masseters;	
	absence of lip tremors, involuntary	
	chewing movements and trismus; chews	
	symmetrically.	
1	VII. Facial	☐ Specify otherwise
abla	Normal facial inspection, frowns, and	
/	elevates eyebrows symmetrically (upper),	
	tight closing of eyes (upper), adequate	
	saliva production; able to show teeth;	
1	smiles symmetrically (lower).	
/	VIII. Acoustic	☐ Specify otherwise
	Cochlear branch: Hears finger rubbing and	
	snapping equally in both ears.	
	Vestibular branch	☐ Specify otherwise
$\Box/$	Finger to nose or finger to finger without	
1	past-pointing; normal tandem walk; stands	
	with feet together without posture deviation	
	(absent Romberg)	

Admission Medical History and Physical Examination

		CIRCULATION	☐ Specify otherwise
		No significant varicosities. Pulses are	
***		palpable and regular in neck, wrist, groin,	
		popliteal, and tibial arteries. No audible	
		bruits.	
		EXTREMITIES	☐ Specify otherwise
		Full range of motion of joints. No	
		discolorations, tenderness, edema or	
		evidence of impaired function.	
)		BACK	☐ Specify otherwise
		There is normal curvature of the spine.	
		There is no tenderness of the cervical,	
		dorsal and lumbar spines.	
		NEUROLOGICAL EXAMINATION	
		Level of Consciousness	☐ Alert ☐ Drowsy ☐ Stupor ☐ Coma
		Knowledge	☐ Specify otherwise
		Appropriate to age, education, cultural	
		background, life experiences.	
		Speech and Language	☐ Specify otherwise
		Clear articulation; no slurring, no stuttering,	
)		or other difficulties or impediments of	
		speech; no bizarre intonation; able to use	
		and interpret language with ease; no	
		difficulty sending or receiving verbal or	
		gestural messages.	
		Examination of Cranial Nerves: II - XII	☐ Specify otherwise
		II. Optic:	
		Visual Fields: Full with no deficits on con-	
		frontation; able to distinguish number of	
		fingers in central field; distinguishes move-	
		ment in peripheral fields.	
Ī		Pupillary Reactivity: Pupil size symmetrical;	☐ Specify otherwise
	1	pupils neither widely dilated nor pinpoint in	
. /		average room light; prompt constriction in	
		reaction to direct light stimulus.	

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D J84090217483 ADM IN J.222-B 10/30/09 Roth.Richard L
DOB: 07/09/1976 F/33 MR# J000018122 Dominion Hospital
Dominion Hospital

-		
NE	UROLOGICAL EXAM (cond.)	☐ Specify otherwise
	IX, X. Glossopharyngeal and Vagus Nerves:	
	Normal midline elevation of uvula and palate;	
	laryngeal contour rising with swallowing;	
	phonates without hoarseness or articulation	
	difficulty.	
	XI. Accessory Nerve:	☐ Specify otherwise
	Normal strength and symmetry on turning	
	head and elevation of shoulders.	
	XII. Hypoglossal Nerve:	☐ Specify otherwise
	Tongue protrudes in midline with absence	
	of fasciculations, tremors or atrophy, normal	
	muscle strength of tongue; normal lingual	
	speech.	
	Cerebellar Function:	☐ Specify otherwise
	Balance:	
	No abnormalities of gait (tandem and	
1	heel-toe.)	
	Coordination:	☐ Specify otherwise
	Able to touch finger to nose and heel to shin	
	and vice versa rapidly and accurately with no	
ľ	past pointing; able to perform rapid	
	alternating movements (supination and	
	pronation of forearms) quickly and	
	symmetrically.	
	Motor Functions:	☐ Specify otherwise
	Symmetrical on inspection; good tone	
	without spasticity or rigidity; no contractures	
	or hypotonus; no atrophy.	
	Muscle Strength:	☐ Specify otherwise
	Adequate and symmetrical muscle	
1	strength (5/5) on resistance to opposing	
	force for upper and lower body muscle	
	group on flexion and extension, abduction	
	and adduction.	

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DOMINION HOSPITAL

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth, Richard L
D0B:07/09/1976 F/33 MR# J000018122
Dominion Hospital

	Involuntary Movements:	☐ Specify otherwise
	Absence of tremors, twitches, tics,	
/	fibrillations, fasciculations, athetoid	
	or choreiform movements, myoclonus	
	or myotonia.	
/	Range of Motion:	☐ Specify otherwise
	Full range of motion with no restrictions in	
	upper and lower extremities, spine.	,
1	Sensory System:	☐ Specify otherwise
1	Normal and symmetrical response to touch.	
	Other Reflexes and Signs:	☐ Specify otherwise
	Babinski's sign:	
	Absent (great toes downgoing on right	
	and/or left.)	
	Present (toes upgoing on right and/or left.)	
	Non-reactive or equivocal.	
	Meningeal Signs:	☐ Specify,otherwise
	Present:	H12
	_	

Deep Reflexes:

Please note results of tests of biceps, triceps, radial, quadriceps, and Achilles' reflexes.

0 = Absent 1 = Diminished 2 = Normal 3 = Increased 4 = Hyperactive 5 = Hyperactive with clonus

	LEFT	RIGHT
Biceps		
Triceps		
Radial	+2	リイン
Quadriceps		
Achilles		

WILLIAMS, LYNNAE	D
J84090217483 ADM IN	J.222-B
	MR# J000018122
Domin	ion Hospital

PARTIAL HOSPITALIZATION PROGRAM ADMISSION SUMMARY

To be completed by attending physician at the time of discharge from inpatient level of care to the partial hospitalization program.

	Ω.	
Current Diagnosis:	Axis 1: Psychosis, A	USS
3	Axis ?. Reewell	
	Axis 3: no diagnosis	5
	Axis 4: none unum	
	Axis 5: GAF: 60	
D D	() 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Schange to mande to f
Presenting Problem	(target symptoms and benaviors):	separate incidents of days prov to her
in pt to	10/3/100	access from the second
12/11/10		
Mental Status:	Since admission no	over+ evidence of
	sychosis nuted	
Ű		
Treatment Planning		
Treatment Problem Sta	tement: The behavior/relationship diffic	culties, which require change in order for the p
to function in a less res	trictive setting, require that the patient v	will: 5 how stable word
		7, 100 31ac 6 7040a
Juluaing C	ind behavior	
DIVICIONAL TREA	THE SELECTION OF A MANUAL CONTRACTOR	VITAONG
PHYSICIAN TREA	TMENT PLANNING INTERVEN	NTIONS
Th	The Man ! 11ad	undual Gran
i nerapeutic interve	ntions: Mensy (Ind.	o corocally group
	possibly + my	
Other:	,	
	/ 7 /	
Estimated Length of	Stay 4 to 8 days	in 8HD
		-
Discharge Plan	have, out get TX	
	oct up	14. 3.
	OCO COECMO)	10-31-09
ATTENDING PHYS	SICIAN	DATE:

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment ~std 11/04/09 1533 MXS

Page: 1

Reason For Admission:

Patient was admitted to DH on 10/30/09 and left AMA on 10/31/09. In days/weeks prior to admission patient had reportedly been behaving in a bizarre way at work (State Dept) and was then in a road traffic accident which she is reported to have deliberately caused. Today patient presents stating that she is not sure why she has been admitted to PHP except "that the State Department has ordered this".

Does Patient Meet Criteria for Current Level of Care: Y Supervisor Informed:

Primary Language: ENGLISH ENGLISH

pcial/Cultural/Educational Influences: fatient is one of two sibs born to middle class parents, raised in suburb of Atlanta, attended Spellman College for undergrad, progressed to grad school at Georgetown SFS, was then employed by DOD, sent to Iraq for four months (2007) , returned to DOD where she reports having exceeded work performance expectations, then moved to State Dept n March 09. Patient has supportive parents (tired educators) Patient lives alone in apt in DC Ad currently works for State Dept as an analyst.

--FAMILY HISTORY----Family Psych Hx: Y

Family Psych Relationship: Aunt

Describe Family Psych Hx : Schizophrenia in maternal aunt.

Family Hx of Suicide: N

Family Suicide Relationship:

Describe Family Hx of Suicide:

Family CD Hx: N

Family CD Relationship:

Dr. Roth stated to me that I come being discharged & I specifically asked it it would be AMA, a friend whose mother works for VA advised it was best to comply even it I Know I did not belong there

I was been + roused in Mac AZ, I did not go to Atlanti Until undergood my powerts bought a home in Atlanta m 2006, (Fairbain, 6A). I told them I Started at State in July 2009. They failed to include other mark protond - 1668-1666 Committywide Financial, Prace Corps - 199, 9- 2001 Japan Exchange , stage Program 2001-2003, Studied Japanese at Sophy contracts for 2 6 mos from Full 2003 to 2004. I was an analyst at DOD and told them I was any FSO at the State Dept.

Page: 3

Unit #: J000018122 Account#: J84090218118 J.3PA-Roth,Richard L

Admitted:

Dominion Hospital Patient Care

Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

essment ~std

11/04/09 1533 MXS

Religion: CHR

CHRISTIAN

Spiritual Practices: Church

Pt Believes in Higher Power: Y

Describe Higher Power:

Last Grade Completed: Graduate degree

Degrees/Certificates: Masters in Foreign Relati

Current Student: N

Where:

Change in School Performance:

Describe Change In School Performance:

Problems with Behavior at School: Truancy:

earning Droblems/Special Education.

Learning Problems/Special Education: N Describe Learning/Behavioral Problems^:

~~~EMPLOYMENT HISTORY~~~~

Currently Employed: Y

Pt Occupation: Analyst

Time at Current Job: 4.5 years

Job Satisfaction: High

Longest Time at One Job: 4.5 years

Frequent Job Changes: N

Reason for Job Changes:

I have only been employed at current employer since July 2009.

-> ≈ 2.6 yems

Unemployed in Last Year: N Reason for Unemployment:

Parent Occupation: Spouse Occupation:

Financial Needs: Denies any stressors

Denies debts

Denies compulsive spendin

States she manages money "very well and I have good savings"

Military Hx: N Branch(es): Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR)

Page: 4

Unit #: J000018122 Account#: J84090218118

J.3PA-Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

# of Years: Military Reserve: Discharge Type:

Year:

Discharge R/T Substance Abuse: Discharge R/T Psych Condition:

~~~~ARREST HISTORY~~~~

Arrest or Pending Litigation/Civil Charges Hx: Y

Number of Arrests: 1

Reason for Arrest: leaving scene of accident

Arrests Involving Violence: N

DUI/DWI: N

When:

Public Intoxication: N

When:

Probation Hx: N

Why/When: Parole Hx: N

Why/When:

Describe Pending Litigation/Civil Charges:

above note re. recent charges. Patient has retained an attorney

~~~~CAFFEINE HISTORY~~~~

Pt Use Caffeine: Y

Amt per Day: 1-2

I rarely drink caffening, only time Types of Caffeine: Coffee 15 Starbucks maybe a couple times

a month. I will writell's get a commo! Exampleseing when I do go to sturbucks

L) I have mener drank this amount of B

Caffenine except once or twing in collège when I was staying up late to

Stude for an exem.

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

~std

11/04/09 1533 MXS

Psychosocial Assessment ~~~~NICOTINE HISTORY~~~~ Nicotine Hx: N Kind of tobacco: Age First Used: Packs/tins per day: How many years: Any Consequences: Ouit: When:

Does Patient Drink Alcoholic Beverages: Y Type of Alcohol: WINE How Often: 1 - 2 times/month How Long: 10 years How Much: glass Last Drink: of Alcohol:
How Often:
How Long: Type of Alcohol: How Much: Last Drink: Type of Alcohol: How Often: How Long: How Much: Last Drink: Alcohol Comment: Patient denies any abuse of alcohol and states she seldom drinks Pt Believes ETOH Use a Problem: N Negative Effects on Life: Medical Problems from CD Use: Longest Sobriety: When: Sober Support System: Who: AA/NA: Last Contact: Sponsor: Last Contact:

ETOH Sobriety/Support/Treatment Comments: None

Page: 6

Unit #: J000018122

J.3PA-

Account#: J84090218118

Roth, Richard L
Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Admitted:

Psychosocial Assessment ~std

11/04/09 1533 MXS

```
Additional Drugs or Chemical Use: N
           Type of Drug:
            How Often:
          How Long Used:
             How Much:
             Last Used:
           Type of Drug:
            How Often:
Long Used:
          How Long Used:
             How Much:
             Last Used:
           Type of Drug:
            How Often:
          How Long Used:
             How Much:
             Last Used:
Drug Use Comment ::
  Believes Drug Use a Problem: N
  Negative Effects on Life:
Medical Problems from CD Use:
        Longest Sobriety:
                When:
```

Sober Support System: Who:
AA/NA:
Last Contact:

Last Contact:

Sponsor:

CD Sobriety/Support/Treatment Comments:
Patient denies any CD recent or past

~~~~ABUSE HISTORY~~~~

(Emotional, Physical, Neglect, Sexual) Abuse: N

Physical:

Describe Physical Abuse:

Emotional: cribe Emotional Abuse^:

Sexual:

Describe Sexual Abuse:

WILLIAMS, LYNNAE D (REG RCR) J.3PA-

Page: 7

Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment ~std 11/04/09 1533 MXS

Neglect:

Describe Neglect ::

Patient Has Hx of Abuse to Others: N Describe Hx of Abuse to Others:

Was CPS/APS Report Made: N Describe CPS/APS Report ::

Describe CPS/APS Involvement:

"buse Comments":

~~~STRENGTHS/WEAKNESSES~~~~

Stability of Home Environment: Strength

Motivation for Tx: Weakness

Insight into Current Problems: Weakness

Judgement Regarding Current Problems: Weakness

Stability and Support of Employment:

Strength

Function of Marriage/Family System:

Strength

Support System in and Beyond Family:

Strength

Education Attainment: Strength

Intellectual Skills: Strength

Range of Leisure Activities": - I stated in group & during impatient that Cheming

Mostly exercise

Socializing wiferends taking on the Phone, Studying In were regular points is my sectial activities Type of Recent Leisure Activities :

Also studed in daily contisheets + during groups that I unning, working out in gym Had several Resure activities, Including exercise, talking socialis w/ friends, studying foreign language, watching TV.

What Do You Do When Bored/Lonely :

Go running on the mall - I said I call friends/mist will triends

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

~std

contradicts what they said earlier in the report. I told them I was here

I never stated this Indially

I told Dr. Newman that I did

not think comments would sprained

elimination, I determined that

esma for mais only some palout

Supervisor, People diving training

I have now made e.

have stated reportedly

Statement like this. As I

it and exhibition chances to

diemiss me due to fals:

Mesotions, I have the

skillset to be successful

enother tield of and chairs

of my Positive voletionship we

Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

11/04/09 1533 MXS

Page: 8

Does Your Work Schedule Interfere With Your Leisure Activities: N Do You Belong to Any Social Groups/Community Organizations: N

Improvement Needed in ANY of the following areas: Patient denies

Patient is bewildered as to why she is here.

Patient states that her co-worker who were the states that the s

Patient states that her co-worker who reported her Single, who come and some and

bizarre behavior at work is disgruntled, leaving

his job and moving to California. She contends that

e has had a conflictual relationship with this co-

worker.

Pt Perception of Needs:

Patient states she will "do whatever you tell me here

and whatever I need to get back to my job" ~

Pt's Goals for Treatment:

Return to work

Have attorney advocate that legal charges be dropped

Te able to convince her boss that she is stable

I have emphatically stated the charges are fake to community Resources Current/Needed: told them my supervises

Unable to assess

toid them to my expressed there were Anticipated Treatment Mgr Role in TX/DC Planning:

COORDINATION OF CARE/OPP

DISCHARGE PLANNING

REFERRAL TO COMM. RESOURC

Goals of Treatment: STABILIZE MOOD - Weser discussion

IMPROVE COPING SKILLS + 110+ on 15502, now discussed with me

Monogram Initials

Name

Nurse Type

be nouse.

MXS

J.NUR.MFS1 SANDIFORD, MARY

SW

WILLIAMS, LYNNAE D (DIS RCR) Age/Sex: 33 F Page: 1 Unit #: J000018122 J.3PA-Printed 11/12/09 at 0701 | D.3PA- | Printed 11/12/09 at 0701 | Roth, Richard L | Period ending 11/12/09 at 0701 | Account#: J84090218118 imitted: Dominion Hospital Patient Care ADMINISTRATIVE DATA SCREEN Administrative Data TEMPORARY LOCATION HOLD TRAY: DATE MEAL RELEASE EAL RELEASE HT ft in VISITORS ALLOWED WT lb oz kg CONDITION CMT VISIT REASON PHP --- Observation Patient ---Dt in Tm in Tm out Dt out Coded Allergies/Adverse Reactions Name Category Severity Ver? Date Time User Reaction

lergies

Fluoxetine HCl RASH

Drug

M Y 10/30/09 1240 HEB

Monogram Initials Name

Nurse Type

HEB J.NUR.HEB BLACK, ELIZABETH

RN

Run Date/Time: 10/31/09 1327

# DISCHARGE - Patients Medication List

# MEDICATION RECONCILIATION

WILLIAMS, LYNNAE D

ATTENDING: Roth, Richard L

ALLERGIES: Fluoxetine HC1 (From Prozac)

ADRs: \*\*\*NO ADRS ENTERED\*\*\*

WEIGHT: 60.78 kg

134 lbs

\*\*\*\*

ACCOUNT: J84090217483

Printed by: J.NUR.GSL1

\*\*\*\*\* Home Medications

DRUG NAME

DOSE/ROUTE

FREQUENCY

No Home Medications Documented

WILLIAMS, LYNNAE D AC# J84090217483 ADM IN J.222 B MR# J000018122 ADM 10/30/09 SCH Roth, Richard L DOB 07/09/76 SEX F AGE 33

Page: 1 (FINAL PAGE)

RUN DATE: 11/11/09 RUN TIME: 1217 DOMINION HOSP ADMISSIONS
PARTIAL HOSPITALIZATION DISCHARGE LIST

PAGE 1

RUN USER: J.NUR.EMW2

MD Signature: \_\_\_

| WILLIAMS, LYNNAE                                           | DOCTOR                        | R: Roth,Richard L    |                       |                           |
|------------------------------------------------------------|-------------------------------|----------------------|-----------------------|---------------------------|
| Allergies: Fluoxetine HCl (From ADRS: ***NO ADRS ENTERED** |                               |                      |                       |                           |
| Medication                                                 | Patient                       | Medication List Dose | Engguenov             | Pauta                     |
| , sometimes = = = = = = = = = = = = = = = = = = =          |                               | Dose                 | Frequency             | Route                     |
| kno psychiatac<br>school +                                 | molicutions                   |                      |                       |                           |
| )                                                          |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
| )                                                          |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
|                                                            |                               |                      |                       |                           |
| I have reviewed the Medications                            | s listed above and understand | that this is the l   | ist of Medications to | be taken after Discharge. |
| Patient/Family/Guardian Signatu                            | ire: Jynnoe Wil               | Date:                | 11/11/09 Time: 1      | 2: 20                     |

1 10/10 Date: 11/13/09 Time:

Nurse Signature: 8 2008 7/16, 20 Date: 11/1/09 Time: 12:23

| PHYSICIAN ADMISSION INSTRUCTION SHEET |  |
|---------------------------------------|--|
| ADULT PARTIAL PROGRAM                 |  |

|   | ADULT PAR                       | RTIAL PROGRAM                                                                         | N.                                                                                      |                 |               |                            |
|---|---------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|---------------|----------------------------|
|   | (CIRCLE TH                      | HE ANSWER, YES                                                                        | S OR NO)                                                                                |                 |               |                            |
|   | Y Y X Y                         | Admit to the Partic<br>Regular Diet (spec<br>Medical History at<br>Vital Signs (B.P., | al Hospitalization Program<br>cify other:nd Physical Examination (ONI<br>TPR x1) Other: | LY FOR A DIRE   | )<br>ECT ADMI | SSION)                     |
|   | DUAL DIAG                       | NOSIS EDUCATI                                                                         | ION GROUPS                                                                              |                 |               |                            |
|   | Y N<br>Y N                      | Assessment<br>Groups                                                                  |                                                                                         |                 |               |                            |
|   | decompensatio                   | on and subsequent a                                                                   | d as "partial hospitalization" as<br>dmission to inpatient treatmen                     | t.              |               |                            |
|   | Telephone Ord<br>(RN Signature) |                                                                                       | per Dr. Rod<br>Physician Name                                                           | 1/4/09<br>Date  | 7.00<br>Time  | Read Back<br>(RN Initials) |
| ) | Transcribed By                  | KibA WA                                                                               | . RN                                                                                    | 11/4/09<br>Date | 1503<br>Time  |                            |
|   | Physician Signa                 | nture                                                                                 | Statius                                                                                 |                 | 7<br>Time     | _                          |

DH-207 (10,05) 18.07) (10:07)

|           | )            | POINT PEN  Authorization is hereby given to dispense the ge                                             | FIRMLY ) neric equivalent unless otherwise indicated by the ph | ) T 4 0 0 3     |
|-----------|--------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|
| Date      | Time         | Complete top portion with each Level                                                                    | of Care change. Indicate order with a Ch                       | eck Mark.       |
|           |              | Outpatient Procedure:                                                                                   | (procedure) for                                                | (medical reaso  |
|           |              | ☐ Place in Outpatient Observation Ser                                                                   | vices for                                                      | (medical reason |
|           |              | ☐ Admit as Inpatient for                                                                                |                                                                | (medical reaso  |
| Physiciar | n Signatu    | ire:                                                                                                    |                                                                |                 |
| Date      | Time<br>(2め) | Additional Orders: (Dates/Times required T.O. Dr. Roth / Elaste Admit gt to 20 motal E-meta, and 11/4/0 |                                                                | Scotturs)       |
| 11/9/     | 69           | Pt. will not at                                                                                         | Level this PM "/le<br>peareure in DC C                         | 109 due         |
|           |              |                                                                                                         |                                                                | 8 Cottus        |
| ((/(1     | 09           | DIX have Too                                                                                            | lay scottus                                                    |                 |
|           |              | - 12 cm C // stay por 12-00 (1)                                                                         | 110:                                                           |                 |
|           |              |                                                                                                         |                                                                |                 |
|           |              |                                                                                                         |                                                                |                 |
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|           |              |                                                                                                         |                                                                |                 |
|           |              |                                                                                                         |                                                                |                 |
| llergies  | & Sens       | sitivities                                                                                              | * 981 E.                                                       | iny s           |
| *         |              |                                                                                                         |                                                                |                 |
|           |              |                                                                                                         | WILLIAMS.LYNNAE<br>J84090218118 REG<br>11/04/09 Roth.Richard L | D<br>RCR J.3PA  |
|           |              |                                                                                                         | : ±1/47/U3 KDIN K1chard I                                      |                 |
| eight     | Height       | Diagnosis                                                                                               | 00B:07/09/1976 F/33                                            | MR# J000018122  |

Physician's Orders

ORDERS UNLESS RED # APPEARS

#### PARTIAL HOSPITALIZATION PROGRAM ADMISSION SUMMARY

| Current Diagnosis: Axis 1: PSYChosis, USS not the Many of the diagnosis: Axis 2: defende (?) despende with These Axis 3: No despende (?) despende with These Axis 3: No despende (?) despende with These Axis 4: Note that the property of the despendence of the language with These Axis 5: GAF: (00)  Presenting Problem (target symptoms and behaviors): 3 Separate Incuduts of officery behavior dutting the few days prove to the following the language of the language | To be completed by a      | attending phy       | sician at the time of di                | ischarge from inpatient level of care to the          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|-----------------------------------------|-------------------------------------------------------|
| Current Diagnosis: Axis !: Sychosis, Nos was told this was a control of the Animals and the control of the Axis 2: defence (?) damposis was told the was a control of the Axis 3: No diagnosis may be a control of the Axis 3: No diagnosis may be a control of the Axis 3: No diagnosis may be a control of the Axis 3: GAF: (60 damposis): 3 Separate Inculuts of the loss down of the los | partial hospitalization   | ı program.          |                                         | T was never asked for                                 |
| Axis 3:  Axis 4:  Axis 5: GAF: (00  Axis 5: GAF: (00)  Axis 5: GAF: (00)  Axis 5: GAF: (00)  Axis 6:  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6: (00)  Axi |                           |                     | Develones                               | 11.6 - opinion of this diagnosi                       |
| Axis 3:  Axis 4:  Axis 5: GAF: (00  Axis 5: GAF: (00)  Axis 5: GAF: (00)  Axis 5: GAF: (00)  Axis 6:  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6:  Axis 7: (00)  Axis 6: (00)  Axi | Current Diagnosis:        | Axis 1:             | 934640311                               | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7               |
| Axis 5 GAF: 60 drawn to see of the hours of drawn and behaviors): 3 Separate incidents of bizare behavior during the few days provide incidents of bizare behavior during the few days provide incidents of the part of the pa |                           | Axis 2:             | age will                                | *                                                     |
| Axis 5. GAF: 60  Area years the last day  Presenting Problem (target symptoms and behaviors): 3 Separate Inculus of  otzave behavior during the few days prove to hear  In pt the 10/32/09 (November special) what the 3 millioners of events on one  Mental Status: Since admission no trier tendence of events on one  graphing world with me, be them to large in order for the patient of function in a less restrictive setting, require that the patient will: Show Stable moved  Aliuling and behavior  Therapeutic Interventions: Mental of the patient will of the patient of the patie |                           | 6                   |                                         | <del></del>                                           |
| Presenting Problem (target symptoms and behaviors): 3 Separate Inculuits of bizarre behavior during the few days prove to the form of the period of the peri |                           | - 100 <sub>0</sub>  | <del></del>                             |                                                       |
| bizavie behavior during the few days phar to her  In pt told 10/31/09 (Notice) special provides the 3 microdishs want)  Mental Status:  Since admission no trient enrollment  gsychous vated  Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patie to function in a less restrictive setting, require that the patient will:  Show Stable word  Aliuling and behavior  Dr. Hoiles was sound the analy receives of the companion of the patient will:  Therapeutic Interventions:  Mental Status  Dr. Hoiles was sound the analy receives of the companion of the patient will and the companion of the compa |                           | Axis 5: <u>GA</u>   | LF: <b>(00</b>                          | diagnosis The last day                                |
| bizavie behavior during the few days phar to her  In pt told 10/31/09 (Notice) special provides the 3 microdishs want)  Mental Status:  Since admission no trient enrollment  gsychous vated  Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patie to function in a less restrictive setting, require that the patient will:  Show Stable word  Aliuling and behavior  Dr. Hoiles was sound the analy receives of the companion of the patient will:  Therapeutic Interventions:  Mental Status  Dr. Hoiles was sound the analy receives of the companion of the patient will and the companion of the compa |                           | *                   |                                         | 3 Second we late f                                    |
| Mental Status:  Since admission no treat endured  Systematic representations in a street endured  Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patient of function in a less restrictive setting, require that the patient will:  Show Stable word  Ali whing and behavior  Dr. Roth sold the street specients on Dr. Holles were sound the sold presented of the company of the comp | Presenting Problem        | (target symp        | toms and behaviors):                    | separare includes of                                  |
| Mental Status: Since admission no trient en dure of psychogis weter granted most from the dure of psychogis weter and the psychogis weter.  Treatment Planning: Was not as a seried with me, De Roth total me I was be treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patiet of function in a less restrictive setting, require that the patient will: Show Stable word  Alie wing and behavior  Dr. Holle was sound the same of the same three ways because of the company of the comp | orzavne bena              |                     |                                         |                                                       |
| Mental Status:  Since admission no trient en dure of psychologic voted  Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patient of function in a less restrictive setting, require that the patient will:  Show Stable word  An white and behavior  Die derto so de tries specified my Dr. Holks who soud the song resconse of the company of destroyed of the company of | in pt to                  | 1 10/24             | 120 ectaria                             |                                                       |
| Treatment Planning: Was not discussed with me Dr. Roth to live I would not be to function in a less restrictive setting, require that the patient will: Show Stable world the patient of function in a less restrictive setting, require that the patient will: Show Stable world Alive and behavior.  Dr. Letter and this other speciency will Dr. Holiza with sould the same most of the company of the company of the company.  Dr. Letter and this other speciency will Dr. Holiza with sould the same most of the company.  Dr. Letter and this other speciency will Dr. Holiza with sould the same way because of the company.  Dr. Letter and this other speciency will Dr. Holiza with sould the same way because of the company.  Therapeutic Interventions:  Therapeutic Interventions:  Dr. Letter and this other speciency will be a company of discussed of the company.  Therapeutic Interventions:  Population to story of discussed and company and will be seen to story of discussed and the company.  Discharge Plan home, on that Tx  Discharge Plan home, on that Tx  Date:  Discharge Physician  DATE:  Discharg | Mantal Chatana            | SIMIN 1             | days sto confirm                        |                                                       |
| Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patie to function in a less restrictive setting, require that the patient will:  Show Stable mood  Alluling and behavior  Dr. Hollo was sound the same and because of the confidence of the patient will:  Therapeutic Interventions:  Therapeutic Interventions:  Werray:  Individual, group  possible finals (This was not his was sell above on only show of the confidence of  |                           |                     |                                         | 0.00 / 20/000 -20/                                    |
| Treatment Planning:  Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patie to function in a less restrictive setting, require that the patient will:  Show Stable word  Alluding and behavior  Dr. Holks was sound the same and because of the confidence of the patient will:  PHYSICIAN TREATMENT PLANNING INTERVENTIONS  Therapeutic Interventions:  Werray: Individual, group  possible finals (This was not discussed and confidence of the confid | <del></del>               | 750 Co-491          | NOTER                                   |                                                       |
| Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the paties to function in a less restrictive setting, require that the patient will:  Show Stable word  Aliubing and behavior  Dr. Holles who sould the strong of the control of the patient will:  Therapeutic Interventions:  Physician Treatment Planning Interventions  Therapeutic Interventions:  Physician for strong of discussed, concern possibly from the provided for a copy of discussed, concern possibly from the provided for a copy of discussed.  Provided for a copy of discussed for an original for a copy of discussed for an original form.  Therapeutic Interventions:  Light of the provided for an original former is the sould find form.  Therapeutic Interventions:  10-31-09  DATE:  Therapeutic Interventions:  10-31-09  DATE:  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she sould she could not form.  Therapeutic Interventions are a she she sould she could not form.  Therapeutic Interventions are a she she sould not form.  Therapeutic Interventions are a she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Treatment Planning        | 1 1000              | ~~! director! W                         | with me Dr. Roth told me I was be                     |
| Therapeutic Interventions:  Therapeutic Interventions:  Discharge Plan  None of the state of the state of the state of the control of the con | I rootmant Uroblam to     | tamant. Inah        | about or relationship dith              | coulting which require change in order for the notice |
| De deriver sond thing and behaviors  De deriver sond thing after specified only Dr. Hollies who said the sonly massing I was PHYSICIAN TREATMENT PLANNING INTERVENTIONS there was because of the competitions:  Therapeutic Interventions:  Therapeutic Interv | to function in a less res | trictive setting    | require that the patient                | will:                                                 |
| PHYSICIAN TREATMENT PLANNING INTERVENTIONS  Therapeutic Interventions:    Mentagy (   Individual   Gray     possibly family ( 7 his was not discussed) again   Asked for a copy of discussed     Proportion of Stay   For days   In OHO     Proportion of Stay   Proportion     Proportion of Stay   Proportion     Discharge Plan   Now   on + pt Tx     | 4 /                       | /                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | show state word                                       |
| PHYSICIAN TREATMENT PLANNING INTERVENTIONS  Therapeutic Interventions:    Mentagy (   Individual   Gray     possibly family ( 7 his was not discussed) again   Asked for a copy of discussed     Proportion of Stay   For days   In OHO     Proportion of Stay   Proportion     Proportion of Stay   Proportion     Discharge Plan   Now   on + pt Tx     | Mululing C                | ivel bel            | ravun                                   |                                                       |
| PHYSICIAN TREATMENT PLANNING INTERVENTIONS  Therapeutic Interventions:    Mentagy (   Individual   Gray     possibly family ( 7 his was not discussed) again   Asked for a copy of discussed     Proportion of Stay   For days   In OHO     Proportion of Stay   Proportion     Proportion of Stay   Proportion     Discharge Plan   Now   on + pt Tx     | 1                         |                     |                                         |                                                       |
| Therapeutic Interventions: Newny: Individual, gray  possibly family (This was not discussed, assume  asked for a copy of discussed to provide on only provide  Estimated Length of Stay 4 to 8 days (n OHO) provided.  Discharge Plan home, out get TX  ATTENDING PHYSICIAN  DATE:  I specy to CSW who was assigned to me is she said she could not live  DS- Roth would come to discharge me because it was clear I was not  OH-210 (10.05) Experiencing any symptoms, was conserved, and most likely nocide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dr. Roth Soud this        | s chien spe,        | extins wi Dr. Hoile                     | is who said the sing recision I wa                    |
| Therapeutic Interventions: Newny: Individual, gray  possibly family (This was not discussed, assume  asked for a copy of discussed to provide on only provide  Estimated Length of Stay 4 to 8 days (n OHO) provided.  Discharge Plan home, out get TX  ATTENDING PHYSICIAN  DATE:  I specy to CSW who was assigned to me is she said she could not live  DS- Roth would come to discharge me because it was clear I was not  OH-210 (10.05) Experiencing any symptoms, was conserved, and most likely nocide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PHYSICIAN TREA            | TMENT PL            | ANNING INTERVE                          | INTIONS there was because of the co                   |
| Other:  Discharge Plan  ATTENDING PHYSICIAN  To spoke to CSW who was assigned to me is she said she could not line.  Discharge To spoke to CSW who was assigned to me is she said she could not line.  Discharge Plan  Discharge Plan  DATE:  DATE:  DATE:  Discharge Plan  DATE:   |                           |                     |                                         |                                                       |
| Other:  Discharge Plan  ATTENDING PHYSICIAN  To spoke to CSW who was assigned to me is she said she could not line.  Discharge To spoke to CSW who was assigned to me is she said she could not line.  Discharge Plan  Discharge Plan  DATE:  DATE:  DATE:  Discharge Plan  DATE:   | Therapeutic Interve       | ntions:             | review ( Ind                            | hordual, gray,                                        |
| Estimated Length of Stay 4 to 8 days (n 8th) Provided.  Discharge Plan home, on t pet TX  ATTENDING PHYSICIAN  To spoke to CSW who was assigned to me is she said she would not tome.  Discharge Plan bould colored to discharge me because it was clear I was not a new order.  DH-210(10.05 Experiencent and most likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | no                  | SSIEla famil                            | (This was not discussed, again                        |
| Estimated Length of Stay 4 to 8 days (n 8th) Provided.  Discharge Plan home, on t pet TX  ATTENDING PHYSICIAN  The spoke to CSW who was assigned to me is she said she would not tome of the said she would not tome of the said she was clear I was clear I was clear I was not a rearrange any symptoms, was coherent, and most likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |                                         | asked for a copy of discharge 1                       |
| Discharge Plan  More, on tyt TX   ATTENDING PHYSICIAN  The spoke to CSW who was assigned to me to she said she would not toman one of the said she would not toman one of the said she would not toman one of the said she was clear. I was clear to the said she was to the said she was clear to the said she was to | Other:                    |                     |                                         |                                                       |
| Discharge Plan  AUNE, on t pt TX  ATTENDING PHYSICIAN  I spoke to CSW who was assigned to one is she said she could not image the Roth would come to discharge me because it was clear I was not ph-210(10.05 Experiencing and symptoms, was coherent, and most likely needle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | ,                   | 1/01                                    |                                                       |
| ATTENDING PHYSICIAN  DATE:  I spoke to CSW who was assigned to me I she said she could not image one because it was clear I was not made of the could not image one because it was clear I was not one of the could not image one because it was clear I was not one of the could not image one because it was clear I was not one of the could not likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Estimated Length of       | Stay                | tuo days                                | S In 81101 Propoded.                                  |
| ATTENDING PHYSICIAN  DATE:  I spoke to CSW who was assigned to me I she said she would not image one because it was clear I was not made of the could not image one because it was clear I was not one of the could not image one because it was clear I was not one of the could not image one because it was clear I was not one of the could not likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 6.00                | m. Last Ty                              |                                                       |
| ATTENDING PHYSICIAN  I spoke to CSW who was assigned to me I she said she would not image  DS. Roth would refuse to discharge me because it was clear I was not  OH-210(10.05 experiencing any symptoms, was conserent, and most likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Discharge Plan            | 1024                | our for 1x                              |                                                       |
| ATTENDING PHYSICIAN  I spoke to CSW who was assigned to me I she said she would not image  DS. Roth would refuse to discharge me because it was clear I was not  OH-210(10.05 experiencing any symptoms, was conserent, and most likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     | 7                                       |                                                       |
| ATTENDING PHYSICIAN  I spoke to CSW who was assigned to me I she said she would not image  DS. Roth would refuse to discharge me because it was clear I was not  OH-210(10.05 experiencing any symptoms, was conserent, and most likely needle.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | $\times 1 \times 1$ | not un                                  | 10.31.0                                               |
| I spoke to CSW who was assigned to me & she said she could not image one because it was clear I was not one.  DE. Roth would calculate to discharge me because it was clear I was not one of the said most likely needs.  OH-210(10.05 Experiencing any symptoms, was coherent, and most likely needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                     | 2004/001/                               | 10-31-07                                              |
| OH-210 (10.05 = xperiencing any symptoms, was conserent, and most likely medde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ATTENDING PHYS            | SICIAN              |                                         | DATE:                                                 |
| OH-210 (10.05 = xperiencing any symptoms, was conserent, and most likely medde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | FINA C              | a Zelk                                  |                                                       |
| OH-210 (10.05 = xperiencing any symptoms, was conserent, and most likely visible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T STORY TO CS             | sw man              | a of lempices and                       | me & She said She could not in                        |
| a neurological exam to exale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ds. Roth we               | mald cefins         | se to discharge in                      | re buchase it was clein T                             |
| she was the first Person on Dominion's Stafe to express concern when the accident everyone else focused on the integral modern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DH-210 (10.05 => person   | SUCIAL CA           | 14 Symptoms, we                         | as consert and                                        |
| She was the first Person on Dominion's Stafe to expires concern whom the accidents everyone else focused on the integral modernt will also met all on the integral modernt with the conservation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a News                    | alogical &          | whom to exolor.                         | sely and most likely needs                            |
| about the accident, everyone else focused on the integral modern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 he w                    | s the f             | wit Person on the                       | manary loss tollowing the acide                       |
| us/ my coworker, ms. Zulk also met us/ my colleged modent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | choont                    | the arrive          | eth everyone ele                        | aminion's state to express concern                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |                                         |                                                       |

WILLIAMS, LYNNAE D (DIS RCR) Age/Sex: 33 F Page: 1 Unit #: J000018122 J.3PA-Printed 11/12/09 at 0701 J.3PA- Printed 11/12/09 at 0701 Roth, Richard L Period ending 11/12/09 at 0701 Account#: J84090218118 Dominion Hospital Patient Care ADMINISTRATIVE DATA SCREEN Admitted: Administrative Data TEMPORARY LOCATION MEAL RELEASE HT ft in cm VISITORS ALLOWED WT lb oz kg HOLD TRAY: DATE CONDITION CMT VISIT REASON PHP --- Observation Patient ---Dt in Tm in Dt out Tm out Coded Allergies/Adverse Reactions Name Category Severity Ver? Date Time User Reaction lergies M Y 10/30/09 1240 HEB Fluoxetine HCl Drug RASH Monogram Initials Name Nurse Type

RN

HEB J.NUR.HEB BLACK, ELIZABETH

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR) J.3PA-

Page: 1

Unit #: J000018122 Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care INITIAL SAFETY ASSESSMENT: ADU

Coded Allergies/Adverse Reactions

Name

Category Severity Ver? Date

Time User

I was told by a now are

700 stass

cones I was discharged that I had to list someth

under sidety plan & I

complied, saying/writing

Reaction

RASH

Allergies Fluoxetine HCl

Drug

10/30/09 1240 HEB

Adult Partial Safety Assessmnt

11/04/09 1548 EMW

What are your goals for this hospitalization: "Adequately address any concerns about my : ability to return to work and cope with stress" - I did not make any Statements regarding stress.

Any History of Abuse or Neglect: N

History of Aggressive/Assaultive Behavior: None

ccess to Lethal Means: N If Yes please explain:

Patients Social Worker notified: N

History of Suicide Attempts: N

Does the patient have any thoughts of suicide: DENIES Does the patient have any intent of suicide: DENIES Oges the patient have a plan for suicide: DENIES

Does the patient have a history of self harm: N Types of Self Harm Behaviors:

Head Banging: N Scratching/Cutting: N Manipulating others to harm self: N Fire Setting: N Hanging: N Overdosing: N Burning: N Self Strangulation: N

Jump in front of car, window, metro: N Poison: N Self Biting: N Other: N

riggers: NA

Level of Impulsivity: Low

Commits to notify staff of self harm thoughts, intent, or plans: Y - wrote on popular to Patient's Protective Barriers against Suicide/Self Harm: Coping Skills this had never been a

Currently Employed/School Positive Attitude Social Supports Ability Reality Test

Precipitating Factors: If applicable what does the pt identify as the cause of loss of control or acting out behavior? "MY JOB'S CONCERN AFTER THE ACCIDENT REPORT : FOLLOWING MY CAR ACCIDENT ON OCT 27, 2009"

Techniques used to help patient control behavior: "I HAVE BEEN IN CONTROL

: OF MY MOOD, NOT OUT OF CONTROL, EXCEPT WHEN DISORIENTED FEW DAYS AFTER ACC.

Never made this statement. I made no statements about my mock. << NURSING ADMISSION NOTE>>

Oriented to unit: Y

Appearance: WELL GROOM: PT ADMITTED TO ADULT PARTIAL PROGRAM TODAY. STATES Additional Comments: SHE WAS DISORIENTED AFTER HER CAR ACCIDENT FOR A FEW DAYS BUT DENIES : LOSS OF CONTROL OF MOOD OR BEHAVIOR RECENTLY. HAS AN INTERVIEW AT WORK

Page: 2

Unit #: J000018122

J.3PA-

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

Inaccurates rever reported this

I likely would not go back to

11/04/09 1533 MXS

Describe Family CD Hx :

Patient Psych/CD Treatment Hx: Y

Describe Treatment Hx :

Outpatient treatment at Georgetown Univ Counseling Center for depression, anxiety, sleep disturbance information. in 2006. Overnight in DH on 10/30/09 and then

AMA discharge. I was told by Dr. Roth that the discharge was not AMA, he represently tweeteness with pro saying he could other me" and it I did Additional Suicide Risk Elements: Hx of risky behavior not do enot he said (remain)

micidal/Violence Risk Factors:

ratient denies

Marital Status: Single

Sexual Orientation:

# of Marriages: 0 How Long/Current: 0

Long Previous Marriages ::

Number of Children: 0

Ages: 0

Living Arrangement: Own Place

Needs Alt Living Arrangement: N

Social Support Network: Good

Support Person(s): Family

Friends

Treatment Participants: Patient's parents

who are in town

Support Comments:

"My parents came because my cousin in Baltimore called them. My cousin took me to the ER at Georgetown two days after my accident because .. I did not receive any medical treatment .. I was just taken by the police and put in a cell, finger printed... and then charged with leaving the scene of an accident"

Describe Typical Day: Wake at 7.0 am

Work by 8.30 - 5.30

Evening - outdoor running

or work out in gym Dinner alone or with

a friend

Bed 11.0 pm

Hobbies/Interests: Exercise

When it was clear that Dr. Rath had no intentions of releasing me, I told my parents this was serious & I needed them to come here mison estal was took me to the hospite after my employer called (mostger asking for my whose abouts foiles. the accordant my cousin's BF Picky we up & thick me to the hospital my cousin Met us at the hospital. My cousin went to buy 5 Julys for me enitions where we show white Coome.

# AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

| Patient's name: Lynnae William                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Birth Date 7/9/19719                                                                                                                                                                  |                                                                                                      |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Social Security Number: (00/09)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone Number                                                                                                                                                                          | : 202-577-6974                                                                                       |                                                                                                       |
| Date(s) of Service: 10/30 - 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       | to 11/1                                                                                              |                                                                                                       |
| I authorize: Domini                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on Hospital or disclose the following info                                                                                                                                            | ormation to:                                                                                         |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                      | 577-6476                                                                                              |
| Name of person, physician or agency to rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eive information                                                                                                                                                                      | Phone Number                                                                                         | of receiver                                                                                           |
| 70 I. St. Ad. 1210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Washington                                                                                                                                                                            | DC                                                                                                   | 5003                                                                                                  |
| 70 I. St. Apt. 1210 Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City                                                                                                                                                                                  | State                                                                                                |                                                                                                       |
| Information to be Released/Disclosed:  Admission History  Discharge Summary  History & Physical  Operative Report  Consultation  Physician Orders  Labs/EKG's/X-rays                                                                                                                                                                                                                                                                                                                                         | ☐ Medication Records Nursing Assessment Nursing Progress Notes ☐ Transfer Forms ☐ Psychosocial Assessmen ☐ Emergency Room Record                                                      | (a)<br>(a)<br>(a)<br>(b)<br>(c)                                                                      | Itemized Bill/UB-92                                                                                   |
| Purpose: ☐ Medical Follow-up ☐ Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Individual Use☐ Disability                                                                                                                                                          | 0                                                                                                    | Insurance Other                                                                                       |
| Patient advised of charges: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ No                                                                                                                                                                                  |                                                                                                      | □ N/A                                                                                                 |
| I acknowledge, and hereby consent to such, that the results or AIDS information.  I understand that:  I may refuse to sign this authorization and that it is My treatment, payment, enrollment or eligibility for a limit of the receiving the revocation. Further details may be the requester or receiver is not a health plan or high privacy regulations and may be redisclosed.  I understand that I may see and obtain a copy the interpretation of the requester of the requester of the redisclosed. | Initial)  s strictly voluntary.  or benefits may not be conditioned  ing, but if I do, it will not have any  found in the Notice of Privacy Pra  ealth cure provider, the released in | in alcohol, drug at<br>d on signing this au<br>y affect on any acti-<br>ctices.<br>aformation may no | buse, psychiatric, HIV testing. HI  otherization.  ons taken prior to  longer be protected by federal |
| have read the above and authorize the disclosure of the symmetry of Patient must be igned flage 14 years or older                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                      | opire of months after date aigned)                                                                    |
| agnature of Farent Guardian af applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       | Relationship to                                                                                      | o Parient                                                                                             |
| 2960 SLEEPY HOLLOW ROAD: FALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S CHURCH, VA 22044; PH                                                                                                                                                                |                                                                                                      |                                                                                                       |
| OR HOSPITAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                      |                                                                                                       |
| Completed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       | Data                                                                                                 |                                                                                                       |

Admission Medical History and Physical Examination

WILLIAMS, LYNNAE D
J84090217483 ADM IN J.222-B
10/30/09 Roth, Richard L
DDB:07/09/1976 F/33 MR# J000018122
Dominion Hospital

| ☐ No Restrictions on Physical Activity |
|----------------------------------------|
| 2                                      |
|                                        |
|                                        |
| □ Physical Activity restricted due to: |
| ☐ Physical Activity restricted due to: |
|                                        |
| Imparations / Decommendations          |
| Impressions / Recommendations:         |
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| Signature Date                         |
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|                                        |

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Unit #: J000018122 Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

~std

PSYCHOSOCIAL ASSESSMENT

Page: 1

Psychosocial Assessment

11/04/09 1533 MXS

Reason For Admission:

Patient was admitted to DH on 10/30/09 and left AMA on 10/31/09. In days/weeks prior to admission patient had reportedly been behaving in a bizarre way at work (State Dept) and was then in a road traffic accident which she is reported to have deliberately caused. Today patient presents stating that she is not sure why she has been admitted to PHP except "that the State Department has ordered this".

Does Patient Meet Criteria for Current Level of Care: Y Supervisor Informed:

Primary Language: ENGLISH ENGLISH

pcial/Cultural/Educational Influences^: atient is one of two sibs born to middle class parents, raised in suburb of Atlanta, attended Spellman College for undergrad, progressed to grad school at Georgetown SFS, was then employed by DOD, sent to Iraq for four months (2007), returned to DOD where she reports having exceeded work performance expectations, then moved to State Dept March 09. Patient has supportive parents ( cired educators) Patient lives alone in apt in DC And currently works for State Dept as an analyst.

~~FAMILY HISTORY~~~~ Family Psych Hx: Y

Family Psych Relationship: Aunt

Describe Family Psych Hx : Schizophrenia in maternal aunt.

Family Hx of Suicide: N

Family Suicide Relationship:

Describe Family Hx of Suicide:

Family CD Hx: N

Family CD Relationship:

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Unit #: J000018122

Account#: J84090218118 Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

Page: 2

Describe Family CD Hx :

Patient Psych/CD Treatment Hx: Y

Describe Treatment Hx :

Outpatient treatment at Georgetown Univ Counseling Center for depression, anxiety, sleep disturbance in 2006. Overnight in DH on 10/30/09 and then AMA discharge.

Additional Suicide Risk Elements: Hx of risky behavior

micidal/Violence Risk Factors:

Marital Status: Single Sexual Orientation:

# of Marriages: 0

How Long/Current: 0

Long Previous Marriages:

Number of Children: 0

Ages: 0

Living Arrangement: Own Place

Needs Alt Living Arrangement: N

Social Support Network: Good

Support Person(s): Family

Friends

Treatment Participants: Patient's parents

who are in town

Support Comments:

"My parents came because my cousin in Baltimore called them. My cousin took me to the ER at Georgetown two days after my accident because ..I did not receive any medical treatment ..I was just taken by the police and put in a cell, finger printed.. and then charged with leaving the scene of an accident"

Describe Typical Day: Wake at 7.0 am

Work by 8.30 - 5.30

Evening - outdoor running

or work out in gym
Dinner alone or with

a friend Bed 11.0 pm

Hobbies/Interests: Exercise

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR) J.3PA-

Page: 2

Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care INITIAL SAFETY ASSESSMENT: ADU

Adult Partial Safety Assessmnt

11/04/09 1548 EMW

: TODAY; VERY ELEGANTLY AND NEATLY DRESSED IN BUSINESS SUIT. DENIES SI/HI/SIB

: GIVES SL=10

Monogram Initials Name Nurse Type EMW J.NUR.EMW2 WITTING, ELIZABETH RN HEB J.NUR.HEB BLACK, ELIZABETH RN

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Account#: J84090218118

Unit #: J000018122

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

Page: 3

Religion: CHR

CHRISTIAN

Spiritual Practices: Church

Pt Believes in Higher Power: Y

Describe Higher Power :

Last Grade Completed: Graduate degree

Degrees/Certificates: Masters in Foreign Relati

Current Student: N

Where:

Change in School Performance:

Describe Change In School Performance:

Problems with Behavior at School:

Truancy:

Learning Problems/Special Education: N Describe Learning/Behavioral Problems^:

~~~~EMPLOYMENT HISTORY~~~~

Currently Employed: Y

Pt Occupation: Analyst

Time at Current Job: 4.5 years

Job Satisfaction: High

Longest Time at One Job: 4.5 years

Frequent Job Changes: N

Reason for Job Changes:

Unemployed in Last Year: N

Reason for Unemployment ::

Parent Occupation:

Spouse Occupation:

Financial Needs: Denies any stressors

Denies debts

Denies compulsive spendin

States she manages money "very well and

I have good savings"

Military Hx: N Branch(es):

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Account#: J84090218118

Unit #: J000018122

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

Page: 4

of Years: Military Reserve: Discharge Type:

Year:

Discharge R/T Substance Abuse: Discharge R/T Psych Condition:

~~~~ARREST HISTORY~~~~

Arrest or Pending Litigation/Civil Charges Hx: Y

Number of Arrests: 1

Reason for Arrest: leaving scene of accident

Arrests Involving Violence: N

DUI/DWI: N

When:

Public Intoxication: N

When:

Probation Hx: N Why/When:

> Parole Hx: N Why/When:

Describe Pending Litigation/Civil Charges:
above note re. recent charges.
Patient has retained an attorney

~~~~CAFFEINE HISTORY~~~~

Pt Use Caffeine: Y

Types of Caffeine: Coffee

Amt per Day: 1-2

WILLIAMS, LYNNAE D (REG RCR) J.3PA-

Page: 5

Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment ~std

11/04/09 1533 MXS

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~~~NICOTINE HISTORY~~~
      Nicotine Hx: N
  Kind of tobacco:
   Age First Used:
Packs/tins per day:
   How many years:
 Any Consequences:
             Quit: .
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Does Patient Drink Alcoholic Beverages: Y
          Type of Alcohol: WINE
               How Often: 1 - 2 times/month
                How Long: 10 years
                How Much: glass
               Last Drink:
          Type of Alcohol:
               How Often:
                How Long:
                How Much:
              Last Drink:
          Type of Alcohol:
               How Often:
                How Long:
                How Much:
              Last Drink:
  Alcohol Comment:
  Patient denies any abuse of alcohol and states she
  seldom drinks
Pt Believes ETOH Use a Problem: N
  Negative Effects on Life:
Medical Problems from CD Use:
         Longest Sobriety:
                   When:
      Sober Support System:
                    Who:
                  AA/NA:
            Last Contact:
                 Sponsor:
            Last Contact:
```

ETOH Sobriety/Support/Treatment Comments:

None

When:

WILLIAMS, LYNNAE D (REG RCR)
J.3PA-

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Unit #: J000018122

Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

```
Additional Drugs or Chemical Use: N
               Type of Drug:
                 How Often:
              How Long Used:
                  How Much:
                 Last Used:
               Type of Drug:
                 How Often:
              How Long Used:
                  How Much:
                 Last Used:
              Type of Drug:
                How Often:
             How Long Used:
                 How Much:
                 Last Used:
```

Believes Drug Use a Problem: N Negative Effects on Life:

Medical Problems from CD Use:

Drug Use Comment:

Longest Sobriety:
When:
Sober Support System:
Who:
AA/NA:
Last Contact:
Sponsor:
Last Contact:

CD Sobriety/Support/Treatment Comments^{*}: Patient denies any CD recent or past

~~~~ABUSE HISTORY~~~~ (Emotional, Physical, Neglect, Sexual) Abuse: N

Physical: Describe Physical Abuse:

Emotional:

cribe Emotional Abuse^:

Sexual:

Describe Sexual Abuse:

WILLIAMS, LYNNAE D (REG RCR)

J.3PA-

Unit #: J000018122 Account#: J84090218118

Roth, Richard L

Admitted:

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

11/04/09 1533 MXS

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Neglect:

Describe Neglect :

Patient Has Hx of Abuse to Others: N Describe Hx of Abuse to Others:

Was CPS/APS Report Made: N Describe CPS/APS Report :

Describe CPS/APS Involvement:

ise Comments:

~~~~STRENGTHS/WEAKNESSES~~~~

Stability of Home Environment: Strength

Motivation for Tx: Weakness ?

Insight into Current Problems: Weakness

Judgement Regarding Current Problems:

Weakness

Stability and Support of Employment:

Strength

Function of Marriage/Family System:

Strength

Support System in and Beyond Family:

Strength

Education Attainment: Strength

Intellectual Skills: Strength

Range of Leisure Activities^:

Mostly exercise

Time of Recent Leisure Activities:

ning, working out in gym

What Do You Do When Bored/Lonely:

Go running on the mall

WILLIAMS, LYNNAE D (REG RCR)
J.3PA-

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-

Unit #: J000018122

Roth, Richard L

Account#: J84090218118

Admitted:

Dominion Hospital Patient Care

~std

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

11/04/09 1533 MXS

Does Your Work Schedule Interfere With Your Leisure Activities: N
Do You Belong to Any Social Groups/Community Organizations: N

Improvement Needed in ANY of the following areas: Patient denies

Pt Perception of Illness^:

Patient is bewildered as to why she is here.
Patient states that her co-worker who reported her bizarre behavior at work is disgruntled, leaving his job and moving to California. She contends that e has had a conflictual relationship with this co-worker.

Pt Perception of Needs^:

Patient states she will "do whatever you tell me here and whatever I need to get back to my job" Pt's Goals for Treatment:

Return to work

MXS

Have attorney advocate that legal charges be dropped able to convince her boss that she is stable

Immunity Resources Current/Needed: Unable to assess

Anticipated Treatment Mgr Role in TX/DC Planning: FAMILY CONTACT COORDINATION OF CARE/OPP DISCHARGE PLANNING REFERRAL TO COMM. RESOURC

Goals of Treatment: STABILIZE MOOD

IMPROVE COPING SKILLS

Monogram Initials Name Nurse Type

J.NUR.MFS1 SANDIFORD, MARY

SW

DOMINION HOSPITAL

WILLIAMS, LYNNAE D J84090217483 ADM IN J.222-B 10/30/09 Roth.Richard L D0B:07/09/1976 F/33 MR# J000018122 Dominion Hospital

Physician' Admission Instruction Sheet Adult Services (Inpatient)

| ð | (CIRCLE THE N N N N N N N | HE ANSWER, YES OR ADMIT TO THE ADMIT TO THE ADMIT TO THE ADMIT (SPECIAL PROPERTY OF ADMITS AND ADMITS AND ADMITS A | ULT UNIT ECIFY OTH AND PHYS KE: thdrawal Treasychiatric Syr | SICAL EXA | AMINATION uplications |) | | | |
|---|---|--|---|-------------|--------------------------------------|---|----------------------------|--|--|
|) | PRECAUTION LOCK 15 MI BELO | GNOSIS SERVICES: DUAL DIAGNOSIS E ONS: ALL APPLY KED UNIT NUTE CHECKS ONGINGS/CLOTHES SI RPS RESTRICTIONS | YES | | | | | | |
|) | Y Y Y N Y N Y N Y N N Y N N N N N N N N | CBC with differential CMP (fasting) TSH LIPID PANEL (fasting) URINE DRUG SCREEN SERUM BETA HCG (women of childbearing potential) OTHER: | | | | | | | |
| | I certify that Ir Telephone Ord (RN Signature) | npatient psychiatric servi | per | ally necess | Date | Time | Read Back
(RN Initials) | | |
|) | | y: (RN Signature) | 884 | othur | Date $\int \frac{Date}{\sqrt{30/6}}$ | $\frac{09}{\text{Time}}$ $\frac{56}{\text{Time}}$ | pm | | |
| | Physician Sign | ature | Date | lime | | | | | |

T4003 Rev 4/00 (RC# 0914041)

WILLIAMS, LYNNAE D (DIS IN) Age/Sex: 33 F Unit #: J000018122

Printed 11/02/09 at 0633

 J.2A-J.222-B
 Printed 11/02/09 at 0633

 Roth, Richard L
 Period ending 11/02/09 at 0633

 J.2A-J.222-B

Account#: J84090217483

Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care ADMINISTRATIVE DATA SCREEN

Page: 1

Administrative Data

TEMPORARY LOCATION

HOLD TRAY: DATE

MEAL RELEASE

HT 5 ft 8 in 172.72 cm

VISITORS ALLOWED WT 134 lb 0.02 oz 60.782 kg CONDITION

CMT

VISIT REASON IP SERVICES --- Observation Patient ---

Dt in

Tm in

Tm out Dt out

Coded Allergies/Adverse Reactions

Name

Category Severity Ver? Date Time User

Reaction

lergies

Fluoxetine HCl

Drug

M Y 10/30/09 1240 HEB

RASH

Monogram Initials Name

Nurse Type

HEB

J.NUR.HEB BLACK, ELIZABETH

RN

WILLIAMS, LYNNAE D (ADM IN)

Page: 1

Unit #: J000018122

J.2A-J.222-B

Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment ~std 10/31/09 0948 AXZ

Reason For Admission: Pt is psychotic.

Does Patient Meet Criteria for Current Level of Care: Y Supervisor Informed:

Primary Language: ENGLISH ENGLISH

Social/Cultural/Educational Influences: Pt works in the State Department. She gratuated from GTU from the School of Foreign Services. She was in a car accident 10/27/09. She reported to police that she - According to Police expert that wanted to know what it would feel like to be in a car Jident. Later she did not recall saying that. Pt suspicious, talking to herself, and is exhibiting anxiety. Pt denies A/V hallucinations.

I have dispersed.

~FAMILY HISTORY~~~~

Family Psych Hx: Y

Family Psych Relationship: MA AUNT C SCHIZOPHRENIA

Describe Family Psych Hx ::

E ABOVE

Family Hx of Suicide: N

Family Suicide Relationship: N/A

Describe Family Hx of Suicide:

N/A

Family CD Hx: N

Family CD Relationship: N/A

Describe Family CD Hx :

Patient Psych/CD Treatment Hx: N

Describe Treatment Hx :

WILLIAMS, LYNNAE D (REG RCR)

Page: 2

Unit #: J000018122

J.3PA-

Account#: J84090218118 Roth, Richard L

Admitted:

Dominion Hospital Patient Care INITIAL SAFETY ASSESSMENT: ADU

Adult Partial Safety Assessmnt

11/04/09 1548 EMW

: TODAY; VERY ELEGANTLY AND NEATLY DRESSED IN BUSINESS SUIT. DENIES SI/HI/SIB

: GIVES SL=10

Monogram Initials Nurse Type Name

EMW

J.NUR.EMW2 WITTING, ELIZABETH

RN

HEB J.NUR.HEB BLACK, ELIZABETH RN

WILLIAMS, LYNNAE D (ADM IN)

Page: 2

Unit #: J000018122

J.2A-J.222-B

~std

Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

10/31/09 0948 AXZ

N/A

Additional Suicide Risk Elements: Hx of risky behavior

Sev. anxiety/panic/agitat

IDS WORK AS STRESSOR (T. 1941) House to an in the Street Company

Homicidal/Violence Risk Factors:

N/A

Marital Status: Single

Sexual Orientation:

of Marriages: 0

How Long/Current: N/A

Long Previous Marriages ::

Number of Children: 0

Ages: N/A

Living Arrangement: Own Place 2 I like a sea

Needs Alt Living Arrangement: Y

Social Support Network: Excellent

Support Person(s): Family

Friends

Treatment Participants: Parents

Support Comments:

Pt states that she expects to be d/c today, but if she

re to stay, she would like her parents to be

Avolved in her tx here.

Describe Typical Day: work, shower, eat, talk

with friends on the phone

Hobbies/Interests: Reading

Exercise

Watching movies

Studying languages

Religion: CHR

CHRISTIAN

Spiritual Practices: None

Pt Believes in Higher Power: Y

Describe Higher Power :

God

Last Grade Completed: MS

Degrees/Certificates: FOREIGN SERVICE FROM

GTU

Current Student: N

J.2A-J.222-B

Unit #: J000018122 Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Page: 3

Psychosocial Assessment ~std 10/31/09 0948 AXZ

Where: N/A

Change in School Performance: N

Describe Change In School Performance:

Problems with Behavior at School: N

Truancy: N

Learning Problems/Special Education: N Describe Learning/Behavioral Problems^:

N/A

~~~EMPLOYMENT HISTORY~~~~

Currently Employed: Y

Pt Occupation: Foreign Service

Time at Current Job: 5 months
Job Satisfaction: High
Longest Time at One Job: 2.5 years

Frequent Job Changes: N

Reason for Job Changes:

Unemployed in Last Year: N Reason for Unemployment:

> Parent Occupation: Spouse Occupation:

> > Financial Needs: Finances are not a

problem for pt.

Military Hx: N
Branch(es):

# of Years:

Military Reserve: Discharge Type:

bisenarge Type.

Year:

Discharge R/T Substance Abuse: Discharge R/T Psych Condition:

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Page: 4

Unit #: J000018122 J.2A-J.222-B

Roth, Richard L

Account#: J84090217483 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment ~std

10/31/09 0948 AXZ

Number of Arrests:

Reason for Arrest:

Arrests Involving Violence:

DUI/DWI:

When:

Public Intoxication:

When:

Probation Hx:

Why/When:

Parole Hx: Why/When:

Describe Pending Litigation/Civil Charges:

~~~~CAFFEINE HISTORY~~~~

Pt Use Caffeine: N

Types of Caffeine: None

Amt per Day:

~~~~NICOTINE HISTORY~~~~

Nicotine Hx: N

Kind of tobacco:

Age First Used:

Packs/tins per day:

How many years:

Any Consequences:

Quit:

When:

J.2A-J.222-B

Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Page: 5

```
Psychosocial Assessment
                                                          ~std
                                                                            10/31/09 0948 AXZ
Does Patient Drink Alcoholic Beverages: N
            Type of Alcohol:
                  How Often:
                   How Long:
                   How Much:
```

How Often: How Long: How Much: Last Drink: Type of Alcohol: How Often: How Long: How Much: Last Drink:

Last Drink: Type of Alcohol:

Alcohol Comment :

Pt Believes ETOH Use a Problem: N Negative Effects on Life: N/A

dical Problems from CD Use:N/A

Longest Sobriety:

When: Sober Support System:

AA/NA:

Last Contact:

Sponsor:

Last Contact:

ETOH Sobriety/Support/Treatment Comments: N/A

Additional Drugs or Chemical Use: N Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Much:

Last Used:

WILLIAMS, LYNNAE D (ADM IN)

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Unit #: J000018122

J.2A-J.222-B

Account#: J84090217483

Roth, Richard L

Dominion Hospital Patient Care

~std

PSYCHOSOCIAL ASSESSMENT

Admitted: 10/30/09 at 1158

Psychosocial Assessment

10/31/09 0948 AXZ

Drug Use Comment :

Pt Believes Drug Use a Problem: N Negative Effects on Life:

Medical Problems from CD Use:

Longest Sobriety:
When:
Sober Support System:
Who:
AA/NA:
Last Contact:

Sponsor: Last Contact:

CD Sobriety/Support/Treatment Comments^:
N/A

motional, Physical, Neglect, Sexual) Abuse: N

Physical: Describe Physical Abuse^:

Emotional:

Describe Emotional Abuse^:

Describe Sexual Abuse:

Neglect:

Describe Neglect :

Patient Has Hx of Abuse to Others: N Describe Hx of Abuse to Others:

Was CPS/APS Report Made: N
Describe CPS/APS Report^:

Describe CPS/APS Involvement:
N/A

J.2A-J.222-B

Unit #: J000018122 Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

10/31/09 0948 AXZ

Page: 7

Abuse Comments: N/A

~~~~STRENGTHS/WEAKNESSES~~~~

Stability of Home Environment: Strength

Motivation for Tx: Weakness

Insight into Current Problems: Weakness

Judgement Regarding Current Problems:

akness

Strength

Jability and Support of Employment:

Function of Marriage/Family System:

Strength

Support System in and Beyond Family:

Strength

Education Attainment: Strength

Intellectual Skills: Strength

Range of Leisure Activities ::

Adequate

Type of Recent Leisure Activities :

Reading, learning languages, watching movies.

Lat Do You Do When Bored/Lonely:

"I'll call someone on the phone or go out to eat with

friends."

Does Your Work Schedule Interfere With Your Leisure Activities: N

Do You Belong to Any Social Groups/Community Organizations: Y

Improvement Needed in ANY of the following areas:

Pt does not identify

needing any improvements.

Pt Perception of Illness^:

"I think the car accident precipitated me being here.

I don't think I need to be here. I think there are

misunderstandings, which caused me to be here."

Pt Perception of Needs^:

pthing."

Pt's Goals for Treatment:

"To be discharged as soon as possible."

WILLIAMS, LYNNAE D (ADM IN)

J.2A-J.222-B

Unit #: J000018122 'Account#: J84090217483

Roth, Richard L

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PSYCHOSOCIAL ASSESSMENT

Psychosocial Assessment

~std

10/31/09 0948 AXZ

Page: 8

Community Resources Current/Needed:
N/A. Pt seems totally
clear in her thinking at
this time.
Anticipated Treatment Mgr Role in TX/DC Planning:
DISCHARGE PLANNING
FAMILY CONTACT

Goals of Treatment: IMPROVE COPING SKILLS

| Monogram | Initials | Name | Nurse Type |
|----------|-----------|-------------|------------|
| AXZ | J.NUR.AXZ | ZALK, ANITA | SW |

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN) Page: 1 Printed 10/30/09 at 1424 Unit #: J000018122 J.2A-J.222-B Account#: J84090217483 Roth, Richard L Period ending 10/30/09 at 1424 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT Coded Allergies/Adverse Reactions Category Severity Ver? Date Time User Name Reaction Allergies Fluoxetine HCl M Y 10/30/09 1240 HEB Drug RASH Adult Safety Assessment 10/30/09 1420 MVP << LESS RESTRICTIVE TO RESTRICTIVE >> << HOSPTIAL WIDE PRECAUTIONS >> Locked Unit Y Lounge Restriction N Sign-In Requirement N Unit Restriction Y Building Restriction Y Sharps Restriction Y 15 Minute Checks Y Open Quiet Room N 1:1 Constant Observation (M.D. ordered) N Belongings Searched Y Clothes Searched Y afety Search (M.D. Ordered) N Sharps Precautions Y Elopement Precautions N Mouth Checks Y Fall Precautions N Triage - NUR/CON ~std 10/30/09 1239 HEB ~~~~TRIAGE ASSESSMENT~~~~ Alerts: None Document Allergies now? Y Legal Status: Voluntary Marital Status: Single REFERRAL SOURCE: STATE DEPARTMENT Specify Referral Source: Name, Location, Phone #: DR LITOVITZ CALLED Wt - Lb: 134 Oz: Temperature: 97.8 Kg: Ht - Ft: 5 Pulse: 89 Respirations: 17 In: 8.00 Blood Pressure: 127/76 Cm: 172.720 BMI: 20.3 Mode of Arrival: Public Transportation Accompanied by: Self General Appearance: Alert Patient admitted/arriving from= WORK Name of facility- STATE DEPARTMENT Skin: Rashes or Bites: N Describe: NONE Breathing: Normal Verbal: Confused

MEDICAL Hospitalization :

GALL BLADDER 2005

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Page: 2

J.2A-J.222-B Unit #: J000018122

Printed 10/30/09 at 1424 Period ending 10/30/09 at 1424

Account#: J84090217483 Roth, Richard L Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON

~std

10/30/09 1239 HEB

Medical Conditions :

CRRENT COLD

PSYCH Hospitalizations :

NONE

OUTPATIENT TEAM:

Primary Care Physician: DR PAYTON

How Often: AS NEED

Last Seen: SPRING 2009

Psychiatrist: NONE

How Often:

Last Visit:

Length of time with:

Phone Number:

herapist: NONE

How Often:

Last Visit: Phone Number:

Length of time with:

, Sleep P Burnama Difficulty to during large

Sleep/Appetite Pattern: SLEEP P ACCIDENT DIFFICULT, PRIOR TO ACCIDENT IT

WAS FINE; APPETITE DECLINED P ACCIDENT BUT PRIOR

WAS NORMAL

Appearance: APPROPRIATE ATTIRE

~~~MENTAL STATUS EXAM~~~~ DRESSED IN SUIT

Behavior: COOPERATIVE

TEARFUL SUSPICIOUS RESTLESS

"I HAVE A LOT ENERGY"

HAS ADD

Mood: ANXIOUS

"I FEEL GOOD"

SUPERFICIAL

Affect: RESTRICTED

ANXIOUS

Orientation: Oriented X3

Thought Process: INDECISIVE

BLOCKING RAMBLING

DENIES RACING THOUGHTS

DISORGANIZED CIRCUMSTANTIAL

Thought Content: PARANOIA

PERSEVERATIVE

CONCERN FOR JOB SECURITY

POOR MEMORY

POOR CONCENTRATION

Perceptual: DENIES

Speech: COHERENT

HESITANT

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN) Unit #: J000018122 J.2A-J.222-B Account#: J84090217483 Roth, Richard L Period ending 10/30/09 at 1424 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT Triage - NUR/CON ~std REPEATS QUESTIONS Motor/Activity: Normal Insight: Poor Judgement: Poor Impulse Control: High ~~~~Chemical Dependency History~~~~ ~~~~CAFFEINE HISTORY~~~~ Types of Caffeine: None Amt per Day: Additional Drugs or Chemical Use: N Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Much: Last Used: Does Patient Drink Alcoholic Beverages: N Type of Alcohol: How Often: How Long:

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10/30/09 1239 HEB

How Much: Last Drink: Type of Alcohol: How Often: How Long: How Much: Last Drink: Type of Alcohol: How Often: How Long:

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN)

Unit #: J000018122

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Roth, Richard L Period ending 10/30/09 at 1424

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Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON ~std 10/30/09 1239 HEB

How Much:

Last Drink:

Drug Use Comment :

Alcohol Comment:

Takes Daily Medications, Vitamins, Herbal or OTC Medications: Y

Suicidal Ideation: N Suicide Plan? N Describe Suicidal Thoughts/Plan/Means^:

Previous Suicide Attempts: Y
hen/How^:
IMPULSIVIELY DROVE INTO CAR AND CAUSED 2 CAR COLLISION
ON WED 10/27/09, WENT TO GEORGETOWN UNIVERSITY HOSP
YESTERDAY. HAS EXHIBITED BIZARRE BEHAVIOR SINCE THAT
TIME BUT PT IS POOR HISTORIAN AND DENIES REPORTED

Age/Sex: 33 F Unit #: J000018122

WILLIAMS, LYNNAE D (ADM IN)

J.2A-J.222-B

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Roth, Richard L

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Dominion Hospital Patient Care

INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON

~std

10/30/09 1239 HEB

## BEHAVIORS

Have you known someone who has attempted/committed suicide? N

When/How/Relation/Impact^:

Additional Suicide Risk Elements: Hx of risky behavior

Sev. anxiety/panic/agitat

IDS WORK AS STRESSOR ( Post Control Control

bmicidal Ideation: N Homicidal Plan? N Describe Homicidal Thoughts/Plans/Means:

Homicidal/Violence Risk Factors:

N/A

Self Destructive Behavior: Y Self Destructive/Harm Behaviors:

INTENTIONAL CAR ACCIDENT

THIS WEEK

Describe Self-Destructive Behaviors:

SEE ABOVE

Intoxicated: N Breathalyzer: N/A

Last Use :

Psychotic: Y

Describe Psychosis:

REPORTEDLY PARANOID BY STATE DEPT PSYCHIATRIST,

BIZARRE BEHAVIORS R/T CAR ACCIDENT THAT ARE NOT

WILLIAMS, LYNNAE D (ADM IN)

J.2A-J.222-B

Page: 6
Printed 10/30/09 at 1424

Unit #: J000018122 Account#: J84090217483

Roth, Richard L

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Dominion Hospital Patient Care

INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON

~std

10/30/09 1239 HEB

TYPICAL OF PT---CURSING, FEELING THAT PEOPLE WERE FOLLOWING HER, PT C MANY, MANY QUESTIONS RE HER JOB SECURITY TO THIS WRITER.

Physical/Sexual/Emotional/Verbal Abuse or Neglect Hx: N Describe Abuse^:

Altered Mental Status: Y
Describe Mental Status:
PSYCHOSIS, ANXIETY, SUSPICION, TALKING TO SELF DURING
ASSESSMENT, DENIES A/V HALLUCINATIONS
Chief Complaint:

PT UNDERSTANDING OF COMING TO HOSP IS TO HAVE AN SSESSMENT D/T HER DISORGANIZATION FOLLOWING HER CAR ACCIDENT WAS PRIMARY REASON. ACCORDING TO POLICE STATEMENT SHE SAID SHE WANTED TO KNOW HOW IT WOULD FEEL TO BE IN A CAR ACCIDENT, STATES THAT SHE MADE SEVERAL INCONSISTENT STATEMENTS, SHE CANNOT REMEMBER THE STATEMENTS AT THE TIME OF ASSESSMENT. STATES THAT SHE SAW DR NEWMAN, A PSYCHIATRIST AT STATE DEPT AND WAS MAKING LOUD STATEMENTS, CURSING IN THE STATE DEPARTMENT AFETERIA. DID NOT CALL INTO WORK THE DAY AFTER HE HER CAR ACCIDENT. HAD FRIEND CALLED DAY LATER. DR NEWMAN CONTACTED DR LITOVITZ RE NEED FOR HOSPITALIZATION FOR PSYCHOSIS, NOS. PT C A HX OF DEPRESSION, HAS BEEN ON PROZAC IN PAST (HAD A RASH REACTION TO PROZAC). PT STATES THAT SHE WENT TO CABINET LEVEL ADMINISTRATOR'S OFFICE AT STATE DEPT TO ACCESS COMPUTER INFO ON HERSELF. SHE IS NOT A GOOD HISTORIAN ABOUT ERSELF. SHE RECOGNIZES NOW THAT WAS POOR JUDGEMENT ON HER PART. PT IS NEW EMPLOYEE AT THE STATE DEPT AND FEARS HER JOB SECURITY.

~~~FAMILY HISTORY~~~~

Family Psych Hx: Y

Family Psych Relationship: MA AUNT C SCHIZOPHRENIA

Describe Family Psych Hx : SEE ABOVE

Family Hx of Suicide: N

amily Suicide Relationship: N/A

Describe Family Hx of Suicide : N/A

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Unit #: J000018122

J.2A-J.222-B

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Roth, Richard L

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Dominion Hospital Patient Care

INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON

~std

10/30/09 1239 HEB

Page: 7

Family CD Hx: N

Family CD Relationship: N/A

Patient Psych/CD Treatment Hx: N

escribe Treatment Hx : N/A

Last Grade Completed: MS

Degrees/Certificates: FOREIGN SERVICE FROM

GTU

Current Student: N

Where: N/A

Change in School Performance: N

Describe Change In School Performance:

Problems with Behavior at School: N

Truancy: N

Learning Problems/Special Education: N

Describe Learning/Behavioral Problems:

N/A

Is Patient Present? Y

Able to perform TB & Contagious Respiratory Infection Point of Entry Screen Y

Reason-

Is patient currently experiencing any of following in last 7 days:

Fever greater than 100.4? N (37.8 C)

Cough? N (not related to

allergy or COPD)

Persistent Cough greater than 3 weeks?

Cough with blood produced?

Sore Throat? Y

Night sweats? N

Unexplained weight loss? N

Fatigue? N

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN)

J.2A-J.222-B

Printed 10/30/09 at 1424

Unit #: J000018122 Account#: J84090217483

Roth, Richard L

Period ending 10/30/09 at 1424

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

INITIAL ADMISSION ASSESSMENT

Triage - NUR/CON

~std

10/30/09 1239 HEB

Body Aches? N Rash? N

Nasal Congestion (not related to allergies or sinus infections)? N

Pt reports prior history of TB or positive TB skin test? N

Close contact with a person who has TB? N

Close contact with any person having an Influenza-like Illness? N

TB Point of Entry Screen:

Contagious Respiratory Infection Point of Entry Screen-

NEGATIVE NEGATIVE

Mask applied, patient isolated, and receiving unit/department notified?

Axis 1-V I: PSYCHOSIS, NOS

II: DEF III: COLD

IV: EMPLOYMENT, RECENT CAR ACCIDENT

V: GAF 30

Final Disposition Inpatient: Y

Home: N

Partial Hospitalization: N

Medical Hospital: N

>>Additional Admission Assessment Comments/Information/Summary<<
PT IN RECENT CAR ACCIDENT, CONFUSED AND DISORGANIZED, CHANGED BEHAVIORS POTHE ACCIDENT, SEEN BY STATE DEPT PSYCHIATRIST WHO RECOMMENDED INPATIENT PSYCH FOR FURTHER ASSESSMENT, EVALUATION FOR TREATMENT. PT PRESENTS AS ANXIOIUS, GUARDED, FEARS SECURITY OF HER JOB, NOTED TO TALK TO HERSELF DURING ASSESSMENT. ADMITS TO DISORGANIZED STATEMENTS AND CONFUSION POTE ACCIDENT. REPORTED STATED THAT SHE WANTED TO SEE HOW IT WOULD FEEL TO BE IN A CAR ACCIDENT. PT MEDICALLY CLEARED AT GTU HOSP ER ON WED 10/28/09. SAW STATE DEPT PSYCHIATRIST THIS MORNING THEN TOOK A CAB TO HOSP.

Nome Medications:

--- PATIENT'S HOME MEDICATION LIST ---

Medication-Strength

Dose/Route

Frequency (Last Dose Taken)

ADDERALL

30 MG ORAL

DAILY

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Unit #: J000018122 J.2A-J.222-B Printed 10/30/09 at 1424 Account#: J84090217483 Roth, Richard L Period ending 10/30/09 at 1424 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT Triage - NUR/CON ~std 10/30/09 1239 HEB (10/30/09)End of Medication List

Sources Used For This Documentation: PATIENT REPORTED

putine Pharmacies Used: CVS

Clarification needed for any Medication: N

Home Medication Disposition: AT HOME

INPT Admission Assessment ~std

10/30/09 1412 MVP

~~~ Inpatient Admission History & Assessment ~~~
Alerts: None

Time of arrival to unit: 1200

Chief Complaint :

PT UNDERSTANDING OF COMING TO HOSP IS TO HAVE AN ASSESSMENT D/T HER DISORGANIZATION FOLLOWING HER CAR ACCIDENT WAS PRIMARY REASON. ACCORDING TO POLICE STATEMENT SHE SAID SHE WANTED TO KNOW HOW IT WOULD FEEL TO BE IN A CAR ACCIDENT, STATES THAT SHE MADE SEVERAL INCONSISTENT STATEMENTS, SHE CANNOT REMEMBER THE STATEMENTS AT THE TIME OF ASSESSMENT. STATES THAT SHE SAW DR NEWMAN, A PSYCHIATRIST AT STATE DEPT AND WAS MAKING LOUD STATEMENTS, CURSING IN THE STATE DEPARTMENT CAFETERIA. DID NOT CALL INTO WORK THE DAY AFTER THE HER CAR ACCIDENT. HAD FRIEND CALLED DAY LATER. DR NEWMAN CONTACTED DR LITOVITZ RE NEED FOR HOSPITALIZATION FOR PSYCHOSIS, NOS. PT C A HX F DEPRESSION, HAS BEEN ON PROZAC IN PAST (HAD A RASH REACTION TO PROZAC). PT STATES THAT SHE WENT TO CABINET LEVEL ADMINISTRATOR'S OFFICE AT STATE DEPT TO ACCESS COMPUTER INFO ON HERSELF. SHE IS NOT A GOOD HISTORIAN ABOUT

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Page: 10 Printed 10/30/09 at 1424

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Account#: J84090217483 Roth, Richard L Period ending 10/30/09 at 1424 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT

INPT Admission Assessment ~std

10/30/09 1412 MVP

HERSELF. SHE RECOGNIZES NOW THAT WAS POOR JUDGEMENT ON HER PART. PT IS NEW EMPLOYEE AT THE STATE DEPT AND FEARS HER JOB SECURITY.

Isolation: STND

Code Status: FULL CODE

Age Categories: YOUNG ADULT 18-40 years

Developmentally Delayed:

Primary Language: ENGLISH ENGLISH

Language Barrier:

Interpreter Needed: Language Line Used:

atient admitted/transferred from=

Cultural/Religious Beliefs affecting care:

Does Patient have any Mental Health Advance Directives: N

Name pt prefers to be called:

F Patient Currently Participating in Research Projects:

Where:

Ht - Ft: 5 Kg: 60.782 Wt - Lb: 134

In: 8.00 Cm: 172.7200000 Oz:

Wt Source: STANDING

BSA Method: Haycock BSA: 0.00 BMI: 20.3

History of Chronic pain: N Chronic pain location:

Describe pain:

~~~ Pain Assessment ~~~

Presence of Pain: NO

Observed Behavior/Indication:

Pain Tool: Pain Level: Patients Functional Pain Goal:

Pain Quality:

Pain Location:

Pain Comment :

Neurological Hx: Denies

Neurological Assessment WDP: Y

Oriented To:

Hand Grips:

~~~ Neurological Assessment ~~~

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN) Page: 11
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Unit #: J000018122 J.2A Account#: J84090217483 Roth,R

Roth, Richard L Period ending 10/30/09 at 1424

Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT

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Eyes Open: Best Motor Response: Best Verbal Response:

Total: .

Movement Right Arm:
Movement Left Arm:
Movement Right Leg:
Movement Left Leg:

Neuro Comment :

~~~ Eye/Ear/Nose/Throat Assessment ~~~ EENT Hx: GLASSES

EENT Assessment WDP: Y Visual Impairment:

Hearing Impairment:

Throat Complaint:

Mucous Membranes:

Left Nares:

Right Nares:

EENT Comment :

~~~ Cardiovascular Assessment ~~~
Cardiovascular Hx: DENIES

Cardiovascular Assessment WDP: Y

Skin Color:

Skin:

Associated Signs & Symptoms:

Does Patient Have a Pacemaker: Implantable Defibrillator:

Cardiovascular Comment:

Circulatory Assessment WDP: Y
Altered Circulatory Site:

WILLIAMS, LYNNAE D (ADM IN)

J.2A-J.222-B

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Roth, Richard L

Period ending 10/30/09 at 1424

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

INITIAL ADMISSION ASSESSMENT

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Proximal Pulse to Affected Site Evaluated:

Proximal Pulse Character: Amount of Edema Noted Proximal to Affected Site:

Capillary Refill Proximal to Affected Site:

Skin Proximal to Affected Site:

Skin Color Proximal to Affected Site:

Sensation Proximal to Affected Site:

Distal Pulse to Affected Site Evaluated:

Distal Pulse Character:
Amount of Edema Noted Distal to Affected Site:

Capillary Refill Distal to Affected Site:

kin Distal to Affected Site:

Skin Color Distal to Affected Site:

Sensation Distal to Affected Site:

irculatory Comment:

~~~ Respiratory Assessment ~~~ Respiratory Hx: DENIES

Previous treatment of asthma: Tobacco Use Now or in Previous 12 Months: NONE

Kind of tobacco:

Packs/tins per day:

How many years: Quit? When: Smoking Referral:

Smoking cessation instruction given to the patient and/or caregiver-Smoking Comment^:

WILLIAMS, LYNNAE D (ADM IN) Age/Sex: 33 F Page: 13 Unit #: J000018122 J.2A-J.222-B Printed 10/30/09 at 1424 Account#: J84090217483 Roth, Richard L Period ending 10/30/09 at 1424 Admitted: 10/30/09 at 1158 Dominion Hospital Patient Care INITIAL ADMISSION ASSESSMENT INPT Admission Assessment ~std 10/30/09 1412 MVP Is Patient Present? Y Able to perform TB & Contagious Respiratory Infection Point of Entry Screen Y Reason-Is patient currently experiencing any of following in last 7 days: Fever greater than 100.4? N (37.8 C)Cough? N (not related to allergy or COPD) Persistent Cough greater than 3 weeks? Cough with blood produced? Sore Throat? Y Night sweats? N Unexplained weight loss? N Fatigue? N Body Aches? N Rash? N Nasal Congestion (not related to allergies or sinus infections)? N Pt reports prior history of TB or positive TB skin test? N Close contact with a person who has TB? N

Close contact with any person having an Influenza-like Illness? N

Contagious Respiratory Infection Point of Entry Screen-TB Point of Entry Screen: NEGATIVE NEGATIVE

Mask applied, patient isolated, and receiving unit/department notified?

Respiratory Assessment WDP: Y RUL Breath Sounds:

RLL Breath Sounds:

LUL Breath Sounds:

LLL Breath Sounds:

Respiratory Effort:

Cough:

Sputum Color:

Sputum Consistency:

Sputum Amount:

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Capillary Refill:

~~~ Oxygen/Respiratory Assessment ~~~

Respiratory Comment<sup>^</sup>:

~~~ Gastrointestinal Assessment ~~~
Gastrointestinal Hx: DENIES

Gastrointestinal Assessment WDP: Y

GI Complaint:

Vomiting Episodes in Previous 24 Hours: Content/Appearance of Emesis:

> RUQ Bowel Sounds: RLQ Bowel Sounds: LUQ Bowel Sounds: LLQ Bowel Sounds:

Last Bowel Movement: 10/30/09 Description of Stool: Normal

Abdomen Soft & Non-Tender:
Abdomen Firm/Rigid: N
Distention:
Guarding:

Rebound Tenderness: Tenderness to Palpation:

Palpable Mass:

WILLIAMS, LYNNAE D (ADM IN)

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GI Comment^:

~~~ Nutritional Assessment ~~~

Signs of Nutritional Risk: Nutrition Consult:

None

Nutritional Comments:

Total:

--- Genitourinary Assessment --GU Hx: DENIES

Genitourinary Assessment WDP: Y

Sexual History: NOT Sexually Active

Sexual Orientation:

Condom used? Reproductive-Female:

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Reproductive-Male:

LMP:

Abnormal Urination:

Urine Appearance:

Catheter:

Catheter Type:

Description of Catheter Function:

Associated Signs & Symptoms:

GU Comment^:

~~~ Endocrine Assessment ~~~ Endocrine Hx: DENIES

Endocrine System WDP: Y

Endocrine Comment :

Immune System:

Immune System Comment[^]:

~~~ Musculoskeletal Assessment ~~~

Musculoskeletal Hx: DENIES

Musculoskeletal Assessment WDP: Y

Generalized Weakness: Right Upper Extremity:

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Left Upper Extremity: Right Lower Extremity:

Left Lower Extremity:

Balance/Gait:

Paralysis:

Amputee:

Complaints of Joint Swelling/Tenderness:

usculoskeletal Comment:

-~~ Functional Assessment ~~~
Functional Assessment WDP: Y

Functional Comment :

Physical Limitations Interfering with Recreational Activities: N
Describe:

Other Limitations Interfering With Recreational Activities: N Describe:

Need special equipment/supplies for routine care? N Special Equipment:

Do you Exercise on a Regular Basis: Y
Type of Exercise: RUNNING, WEIGHTS

Frequency of Exercise: THREE TIMES A WEEK

Any Change in Sleep patterns: NO SLEEP PROBLEMS

--- Integumentary Assessment --Integumentary Hx: DENIES

Prior history of chronic wounds, non healing wounds? N

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN)

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Prior history of staph infection? N

Integumentary Assessment WDP: Y

Presence of open or draining wounds? Presence of wounds that resemble spider bites?

Integumentary Comments^:

#1 Incision/Wound Location:
#1 Incision/Wound Type:
#1 Incision/Wound Dressing Clean/Dry/Intact:
#1 Incision/Wound Dressing Change Date:
#1 Incision Approximated Without Redness:
#1 Incision/Wound Size (cm):
#1 Incision/Wound Depth (cm):
#1 Incision/Wound Edges:
#1 Incision/Wound Odor:

#1 Incision/Wound Drainage Amount:
#1 Incision/Wound Dressing/Treatment:

#1 Incision/Wound Comment:

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> Physical/Sexual/Emotional/Verbal Abuse or Neglect Hx: N Evidence of Physical and/or Psychological Abuse: N

Does the Patient Feel Safe at Home: Y

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Describe Abuse ::

Precautions:

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Appearance: APPROPRIATE ATTIRE ~~~MENTAL STATUS EXAM~~~~ DRESSED IN SUIT

Behavior: COOPERATIVE

TEARFUL SUSPICIOUS RESTLESS

"I HAVE A LOT ENERGY"

HAS ADD

Mood: ANXIOUS

"I FEEL GOOD" SUPERFICIAL

Affect: RESTRICTED

ANXIOUS

Orientation: Oriented X3

Thought Process: INDECISIVE

BLOCKING RAMBLING

DENIES RACING THOUGHTS

DISORGANIZED CIRCUMSTANTIAL

Thought Content: PARANOIA

PERSEVERATIVE

CONCERN FOR JOB SECURITY

POOR MEMORY

POOR CONCENTRATION

Perceptual: DENIES

Speech: COHERENT

HESITANT

REPEATS QUESTIONS

Motor/Activity: Normal

~~~~RISK ASSESSMENT~~~~

Suicide Plan? N Suicidal Ideation: N

Describe Suicidal Thoughts/Plan/Means:

Previous Suicide Attempts: Y

When/How:

IMPULSIVIELY DROVE INTO CAR AND CAUSED 2 CAR COLLISION ON WED 10/27/09, WENT TO GEORGETOWN UNIVERSITY HOSP YESTERDAY. HAS EXHIBITED BIZARRE BEHAVIOR SINCE THAT TIME BUT PT IS POOR HISTORIAN AND DENIES REPORTED BEHAVIORS

Have you known someone who has attempted/committed suicide?N When/How/Relation/Impact:

Age/Sex: 33 F

WILLIAMS, LYNNAE D (ADM IN) J.2A-J.222-B

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Additional Suicide Risk Elements: Hx of risky behavior Sev. anxiety/panic/agitat IDS WORK AS STRESSOR

Homicidal Ideation: N Homicidal Plan? N Describe Homicidal Thoughts/Plans/Means:

Homicidal/Violence Risk Factors: N/A

Self Destructive Behavior: Y Self Destructive/Harm Behaviors: INTENTIONAL CAR ACCIDENT THIS WEEK escribe Self-Destructive Behaviors: SEE ABOVE

Any Recent Losses? Recent Loss, Explain:

Intoxicated: N Last Use :

Psychotic: Y Describe Psychosis : REPORTEDLY PARANOID BY STATE DEPT PSYCHIATRIST, BIZARRE BEHAVIORS R/T CAR ACCIDENT THAT ARE NOT TYPICAL OF PT---CURSING, FEELING THAT PEOPLE WERE FOLLOWING HER, PT C MANY, MANY QUESTIONS RE HER JOB SECURITY TO THIS WRITER. ==RESTRAINTS==

Technique/Methods/Tools to Help Pt Control their Behavior:

As Appropriate, Pt/Family helps in identifying such Techniques:

```
WILLIAMS, LYNNAE D (ADM IN)
 Age/Sex: 33 F
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                                INPT Admission Assessment ~std
                                                                           10/30/09 1412 MVP
Medical Cond. that places Pt at > Risk During Restraint/Seclus.:
Hx of Abuse that Would Increase Psychological Risk w/Restraint/Seclusion:
Pt/Family Educated on Hospitals Philosophy on Restraint/Seclusion:
Family's Role, Including Notification is Discussed as Appropriate:
                              ~~~CAFFEINE HISTORY~~~~
          Types of Caffeine: None
                Amt per Day:
Additional Drugs or Chemical Use: N
               Type of Drug:
                  How Often:
              How Long Used:
                   How Much:
                  Last Used:
               Type of Drug:
                  How Often:
              How Long Used:
                   How Much:
                  Last Used:
               Type of Drug:
                  How Often:
              How Long Used:
                   How Much:
                  Last Used:
Drug Use Comment:
Does Patient Drink Alcoholic Beverages: N
            Type of Alcohol:
                  How Often:
                   How Long:
                   How Much:
                 Last Drink:
            Type of Alcohol:
```

How Often: How Long: How Much:

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FALL RISK ASSESSMENT:

=IMMUNIZATION/COMMUNICABLE DISEASE SCREEN= Pneumoccal vaccination status-Date:

Influenza vaccination status-

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Hx/Assessment Comments^:

-Source of Information:

~~ Adolescent Specific ~~

Immunizations Current? Recent Exposures:

Pre or Perinatal Event:

Disease:

PT functioning affecting Family/Guardian:

Currently receiving help from any agencies?

Special educational needs?

Difficulty learning new things?

Easiest way for pt to learn?

How does pt exhibit anger:

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN)

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Exhibit frustration:

Exhibit sadness:

Respond to authority figures:

Discipline techniques used:

What works:

What doesn't work:

Anything preventing visiting pt:

Family/guardian involvement in treatment:

Family/guardian expectations for treatment:

Adolescent Comment:

Education provided at this time: Title of educator:

Person(s) educated:

Readiness to learn:

Identified learning needs:

Learning preference:

Barriers to learning:

Teaching method:

| Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN) | Page: 26 |
|--|--|
| Account#: J84090217483 Roth, Richard L Period ending | l 10/30/09 at 1424
g 10/30/09 at 1424
HISSION ASSESSMENT |
| INPT Admission Assessment ~std 1 | 0/30/09 1412 MVP |
| New/Reinforcement teaching: | |
| Specific topic(s) taught: | |
| Response/evaluation: | |
| Educ Content^: | |
| ~~ Medication Reconciliation ~~ | |
| Patient Compliance: Why is Patient Non-Compliant: | |
| Takes Daily Medications, Vitamins, Herbal or OTC Medications: Y | |
| | |
| | |
| | |
| | |
| | |
| Home Medications: PATIENT'S HOME MEDICATION LIST Medication-Strength Dose/Route Frequency (Last Dose Taken) | |
| ADDERALL 30 MG ORAL DAILY (10/30/09) End of Medication List | |

Age/Sex: 33 F WILLIAMS, LYNNAE D (ADM IN)

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Sources Used For This Documentation: PATIENT REPORTED

Routine Pharmacies Used: CVS

Clarification needed for any Medication: N

Home Medication Disposition: NONE

: **************

Is patient Responsive:

Fall Risk Elements:

Add'l Fall Risk Elements:

Is patient following fall prevention directions:

Update Date of Last Fall:
 Month/Year of Last Fall:

Fall Risk Comment:

High Risk for Falls:

Fall Precautions:

Fall Precautions Comment:

Fall this account/visit:

Age/Sex: 33 F

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Roth, Richard L

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Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

Monogram Initials Name Nurse Type

HEB MVP J.NUR.HEB J.NUR.MP BLACK, ELIZABETH PERRY, MARILYN

RN RN

Status: DIS IN

Age/Sex: 33 F Unit #: J000018122

Length of time with:

Admitted: 10/30/09 at 1158

Attending: Roth,Richard L Account #: J84090217483

Location: J.2A Room/Bed: J 222-B WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention Description Sts Directions Fr | rom Intervention Description Sts Directions From |
|---|---|
| Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units (bunge |
| Activity Date: 10/30/09 Time: 1239 | Activity Date: 10/30/09 Time: 1239 (continued) |
| 1002001 NURSE/TRIAGE std + A AS - Create 10/30/09 1239 HEB 10/30/09 1312 HEB - Document 10/30/09 1239 HEB 10/30/09 1312 HEB | Therapist: NONE How Often: Last Visit: |
| Alerts: None | Length of time with: Phone Number: Sleep/Appetite Pattern: SLEEP P ACCIDENT DIFFICULT, PRIOR TO ACCIDENT IT WAS FINE: APPETITE DECLINED P ACCIDENT BUT PRIOR |
| Document Allergies now? Y Legal Status: Voluntary Marital Status: Single | WAS NORMAL Appearance: APPROPRIATE ATTIRE |
| REFERRAL SOURCE: STATE DEPARTMENT Specify Reternal Source: Name. Location. Phone #: DR LITOVITZ CALLED Wt - Lb: 134 Oz: Temperature: 97.8 Kg: 60.78 Pulse: 89 Ht - Ft: 5 Respirations: 17 In: 8.00 Blood Pressure: 127/76 Cm: 172.720 BMI: 20.3 Mode of Arrival: Public Transportation Accompanded by: Self General Appearance: Alert | MENTAL STATUS EXAM DRESSED IN SUIT Behavior: COOPERATIVE TEARFUL SUSPICIOUS RESTLESS "I HAVE A LOT ENERGY" HAS ADD Mood: ANXIOUS "I FEEL GOOD" SUPERFICIAL Affect: RESTRICTED ANXIOUS |
| Patient admitted/arriving from= WORK
Name of facility- STATE DEPARTMENT
Skin: Rashes or Bites: N
Describe: NONE | Orientation: Oriented X3 Thought Process: INDECISIVE BLOCKING RAMBLING |
| Breathing: Normal Verbal: Confused MEDICAL Hospitalization*: GALL BLADDER 2005 | DENIES RACING THOUGHTS DISORGANIZED CIRCUMSTANTIAL Thought Content: PARANOIA PERSEVERATIVE |
| Medical Conditions^: CRRENT COLD PSYCH Hospitalizations^: NONE | CONCERN FOR JOB SECURITY POOR MEMORY POOR CONCENTRATION Perceptual: DENIES |
| OUTPATIENT TEAM: | Speech: COHERENT HESITANT REPEATS OFFETTORS |
| Primary Care Physician: DR PAYTON How Often: AS NEED Last Seen: SPRING 2009 | REPEATS QUESTIONS Motor/Activity: Normal Insight: Poor |
| Psychiatrist: NONE How Often: Last Visit: Length of time with: Phone Humber: | Judgement: Poor Impulse Control: High |

Phone Humber:

Status: DIS IN

Room/Bed: J.222-B

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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|--|--|
| Activity Date: 10/30/09 Time: 1239 (continued) | Activity Date: 10/30/09 Time: 1239 (continued) |
| 1002001 NURSE/TRIAGE std + (continued) | 1002001 NURSE/TRIAGE std + (continued) How Much: Last Drink: Drug Use Comment*: |
| Chemical Dependency History | |
| CAFFEINE HISTORY | |
| Types of Catterne: None | |
| Amt per Day: | |
| Additional Drugs or Chemical Use: N Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Much: Last Used: How Often: How Long Used: How Often: How Long Used: How Much: Last Used: | Alcohol Comment [*] : Takes Danly Medications, Vitamins, Herbal or OTC Medications: Y |
| Does Patient Drink Alcoholic Beverages: N Type of Alcohol: How Often: How Long: How Much: Last Drink: Type of Alcohol: How Often: How Often: How Long: How Much: Last Drink: Type of Alcohol: How Often: How Often: How Often: How Long: | Suicidal Ideation: N Suicide Plan? N Describe Suicidal Thoughts/Plan/Means^: |

Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth,Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B

WILLIAMS, LINNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention Description Sts Directions Fro | Intervention Description Sts Directions From |
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| Activity Occurred Recorded Documented Type: Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
| | |
| Activity Date: 10/30/09 Time: 1239 (continued) | Activity Date: 10/30/09 Time: 1239 (continued) |
| 1002001 NURSE/TRIAGE std + (continued) | 1002001 NURSE/TRIAGE std + (continued) INTENTIONAL CAR ACCIDENT |
| Previous Suicide Attempts: Y When/How^: IMPULSIVIELY DROVE INTO CAR AND CAUSED 2 CAR COLLISION ON MED 10 (27/06, MENT 10 CROSCIOUS AND MEDICINE) | THIS WEEK Describe Self-Destructive Behaviors^: SEE ABOVE |
| ON WED 10/27/09, WENT TO GEORGETOWN UNIVERSITY HOSP YESTERDAY. HAS EXHIBITED BIZARRE BEHAVIOR SINCE THAT TIME BUT PT IS POOR HISTORIAN AND DENIES REPORTED BEHAVIORS | Intoxicated: N Breathalyzer: N/A
Last Use^: |
| Have you known someone who has attempted/committed suicide? N | Prychatic: V |
| | Psychotic: Y Describe Psychosis^: REPORTEDLY PARANOID BY STATE DEPT PSYCHIATRIST. BIZARRE BEHAVIORS R/T CAR ACCIDENT THAT ARE NOT TYPICAL OF PTCURSING, FEELING THAT PEOPLE WERE FOLLOWING HER, PT C MANY, MANY QUESTIONS RE HER JOB SECURITY TO THIS WRITER. |
| | Physical/Sexual/Emotional/Verbal Abuse or Neglect Hx: N
Describe Abuse^: |
| | |
| | Altered Mental Status: Y Describe Mental Status: PSYCHOSIS, ANXIETY, SUSPICION, TALKING TO SELF DURING ASSESSMENT, DENIES A/V HALLUCINATIONS |
| | Chief Complaint^: PT UNDERSTANDING OF COMING TO HOSP IS TO HAVE AN ASSESSMENT D/T HER DISORGANIZATION FOLLOWING HER |
| when, How/Relation/Impact^: | CAR ACCIDENT WAS PRIMARY REASON. ACCORDING TO POLICE STATEMENT SHE SAID SHE WANTED TO KNOW HOW IT WOULD FEEL TO BE IN A CAR ACCIDENT. STATES THAT SHE MADE SEVERAL INCONSISTENT STATEMENTS, SHE |
| Additional Sarcide Risk Elements: Hx of risky behavior Sev. anxiety/panic/agitat IDS WORK AS STRESSOR | CANNOT REMEMBER THE STATEMENTS AT THE TIME OF ASSESSMENT. STATES THAT SHE SAW DR NEWMAN, A PSYCHIATRIST AT STATE DEPT AND WAS MAKING LOUD STATEMENTS, CURSING IN THE STATE DEPARTMENT CAFETERIA. DID NOT CALL INTO WORK THE DAY AFTER |
| Homnerdal Ideation: N Homnerdal Plan? N
Describe Homnerdal Thoughts/Plans/Means^: | THE HER CAR ACCIDENT. HAD FRIEND CALLED DAY LATER. DR NEWMAN CONTACTED DR LITOVITZ RE NEED FOR HOSPITALIZATION FOR PSYCHOSIS. NOS. PT C A HX OF DEPRESSION, HAS BEEN ON PROZAC IN PAST (HAD A RASH REACTION TO PROZAC). PT STATES THAT SHE |
| Homicidal/Violence Risk Factors:
N/A | WENT TO CABINET LEVEL ADMINISTRATOR'S OFFICE AT STATE DEPT TO ACCESS COMPUTER INFO ON HERSELF. SHE IS NOT A GOOD HISTORIAN ABOUT HERSELF. SHE RECOGNIZES NOW THAT WAS POOR |
| Self Destructive Behavior: Y
Self Destructive/Harm Behaviors: | JUDGEMENT ON HER PART. PT IS NEW EMPLOYEE AT THE
STATE DEPT AND FEARS HER JOB SECURITY. |

Status: DIS IN

Age/Sex: 33 F Unit #: J000018122

Admitted: 10/30/09 at 1158

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B



WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention Description | Sts Directions | From | Intervention Description | Sts Directions From |
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| Activity Occurred Recorded Ispe Date Lime by Date Time b | Documented y Comment Units | Change | Activity Occurred Reco
Type Date Time by Date | rded Documented
Time by Comment Units Change |
| Activity Date: 10/30/09 Time: 1239 (contin | ued) | | Activity Date: 10/30/09 Jime: 12 | 39 (continued) |
| 1002001 NURSE/TRIAGE std + (continued) | | | 1002001 NURSE/TRIAGE std + (conti
Change in School Performance: N
Describe Change In School Performance^: | nued) |
| Family Psych Relationship: MA AUNT C SCHIZOPHRENI | Δ | | Problems with Behavior at School: N
Truancy: N | |
| Describe Family Psych H.A.: SEE ABOVE | 0 | | Learning Problems/Special Education: N
Describe Learning/Behavioral Problems^:
N/A | |
| Family HA of Suicide: N Family Suicide Relationship: N/A | | | Is Patient Present? Y
Able to perform TB & Contagious Respirat
Reason- | cory Infection Point of Entry Screen Y |
| Taining Surerue Relationship. N/A | | | Is patient currently | experiencing any of following in last 7 days: |
| Family CD Hx: N Family CD Relationship: N/A | | | Persistent | Fever greater than 100.4? N (37.8 C) Cough? N (not related to allergy or COPD) Cough greater than 3 weeks? Cough with blood produced? Sore Throat? Y Night sweats? N Unexplained weight loss? N Fatigue? N Body Aches? N Rash? N |
| Patient Psych/CD Treatment Hx: N Describe Treatment Hx^: N/A | | | Nasal Congestion (not related to alle | ergies or sinus infections)? N |
| Last Grade Completed: MS Degrees/Certificates: FOREIGN SERVICE FROM GTU | | | Close contact with any person h | y of IB or positive IB skin test? N
contact with a person who has TB? N
having an Influenza-like Illness? N |
| Current Student: N
Where: N/A | | | TB Point of Entry Screen: Contag
NEGATIVE NEGATI
Mask applied, patient isolated, and red | |

Unit #: J000018122 Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A

Room/Bed: J.222-B



Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention Description | Sts Directions | From | Intervention Description Sts | Directions From |
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| Activity Occurred Recorded | Documented
by Comment Units | Change | Activity Occurred Recorded Type Date Time by Date Time by Comm | Documented Change |
| Type three time by hate time | by connent ones | 1.Haffür | Type Date Time by Date Time by Alamin | ant Hills Hange |
| Activity Date: 10/30/09 Time: 1239 (conti | nued) | | Activity Date: 10/30/09 Time: 1239 (continued) | |
| 1002001 NURSE/TRIAGE std + (continued) | | | .002001 NURSE/TRIAGE std + (continued) Routine Pharmacies Used: CVS | |
| Psychiatric Consultation: MD Consulted: DR ROTH
Time: 1135 | CAR ACCIDENT | | Clarification needed for any Medication: N | |
| Axis 1-V I: PSYCHOSIS, NOS II: DEF III: COLD IV: EMPLOYMENT, RECENT CAR ACCIDENT V: GAF 30 Final Disposition Inpatient: Y Home: N | Partial Hospitalization: N
Medical Hospital: N | | Activity Date: 10/30/09 Time: 1240 ARI Allergies: 10/30/09 1240 HEB 10/30/09 1240 HEB Starting Values No allergy record on file. Edited and Verified Coded Allergies/Adverse Reactions | |
| >>Additional Admission Assessment Comment: PT IN RECENT CAR ACCIDENT, CONFUSED AND DISORGAT THE ACCIDENT, SEEN BY STATE DEPT PSYCHIATRIST WE PSYCH FOR FURTHER ASSESSMENT, EVALUATION FOR TRE ANXIOLUS, GUARDED, FEARS SECURITY OF HER JOB, NO DURING ASSESSMENT, ADMITS TO DISORGANIZED STATEN | ES/Information/Summary<< HIZED, CHANGED BEHAVIORS PHO RECOMMENDED INPATIENT FAIMMENT. PT PRESENTS AS OTEN TO TALK TO HERSELF MENTS AND CONFUSION P | | Activity Name Category Reaction ADD Fluoxetine HCl Drug RASH | Type Severity Ver? Edit Activity Allergy M Y 10/30/09 1240 HEB |
| ACCIDENT. REPORTED STATED THAT SHE WANTED TO SEE
A CAR ACCIDENT. PT MEDICALLY CLEARED AT GTU HOSE
STATE DEPT PSYCHIATRIST THIS MORNING THEN TOOK A
Left prior to triage: Direct Inpatient Admit | P ER ON WED 10/28/09. SAW | * | ~~DOCUMENT AT END OF EVERY SHIFT~~
To be documented every shift, to review | . At End of shift CP |
| | LIST ~~~
ency (Last Dose Taken) | | current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed. - Document 10/30/09 1400 JLW 10/30/09 1530 JLW 1) Review of Patient PROBLEM | EMS w/Status on PLAN of CARE |
| ADDERALL 30 MG ORAL DAILY End of Medication List | (10/30/09) | | 1: Developmental Age 18-40 yrs-YOUNG ADLT : A13: 2: CARE GOALS: Dominion MH Adult : A14: 3: STANDARD: DOMINION HOSPITAL WIDE CARE : A15: 4: PSY.PROBLEM: Anxiety : A16: 5: PSY:PROBLEM: Alteration in Thought Proc: A17: 6: : 18: 7: : 19: 8: : 20: 9: : 21: 10: : 22: 11: : 23: 12: : 24: I have reviewed the Pt problems listed above and the Treat | ment Plan for pt: Y |
| Sources Used For This Documentation: PATIENT REPO | RTED | | The Pt Care Standards appropriate for this patient defined have been met throughout the shift (unless otherwise document the pt. start a new medication this shift? N | for his/her patient population |

Age/Sex: 33 F Unit #: J000018122 Admitted: 10/30/09 at 1158

Status: DIS IN

Attending: Roth.Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B



WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention | Description | Sts Directions | From | Intervention Description Sts Direction | |
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| Activity
Type | Occurred Recorded
Date Time by Date Time | Documented
by Comment Units | Change | Activity Occurred Recorded Type Date Time by Date Time by Date Time by Comment | Documented
Inits Change |
| ctivity Dat | e: 10/30/09 Time: 1400 (cont | inued) | | Activity Date: 10/30/09 Time: 1411 (continued) | |
| omment: | CARE AREA STATEMENT: MH Adult + (c
ny adverse reaction to med this shif
Shift: 7AM.3PM Sig | | report | 1001083 ADMISSION: Medication History + (continued) | |
| Activity Dar | e: 10/30/09 Time: 1410 | | | | |
| 051009-A | CARE AREA STATEMENT: MH Adult +DOCUMENT AT END OF EVERY SHIFT To be documented every shift, to re
current Pt. problems and to verify
the MH Adult Patient Population Car | that | СР | | İ |
| Create
751000
Create | Standards have been followed.
10/30/09 1410 MVP 10/30/09 1411
VS: Monitor +
10/30/09 1410 MVP 10/30/09 1411 | A .Daily or per MD order. | СР | Sources Used For This Documentation: PATIENT REPORTED | |
| 120363
Create | MH Daily Nursing Assessment + 10/30/09 1410 MVP 10/30/09 1411 | A .Every 24 hours
MVP | СР | Routine Pharmacies Used: CVS | |
| 120365
Create
100004 | ASSESSMENT: AT Evaluation +
10/30/09 1410 MVP 10/30/09 1411
QUICK ADMISSION DATA + | A .1 Time
MVP
A | CP
AS | Clarification needed for any Medication: N | |
| Create | Nursing Quick Start
10/30/09 1410 MVP 10/30/09 1410 | MVP | | Home Medication Disposition: NONE | |
| Document | 10/30/09 1410 MVP 10/30/09 1410 *** QUICK ADMIT *** | MVP | | * Home Medication queries have been * reviewed/updated by J.NUR.MP RN *********************************** | * |
| Patie | ent Care Type: ADT AGE: 33
Accival Time: 1200 | | | 1001451-A CARE PLAN : MH ADDITIONS + A —Use in place of Add Interventions— Allows customization of Patient Care | C |
| <u>Activity Dar</u>
.001083 | ADMISSION: Medication History + | A | 1.0 | Plan Create 10/30/09 1411 MVP 10/30/09 1411 MVP | |
| 001005 | * Medication History to be done or
Admission * | | AS | 1002003 | Ć. |
| Create
Document
Home Medicat | 10/30/09 1411 MVP 10/30/09 1412
10/30/09 1411 MVP 10/30/09 1412 | MVP
MVP | | - Create 10/30/09 1411 MVP 10/30/09 1411 MVP 1300006 Age Specific Care: Young Adulthood + A | C |
| Medication-S | ~~~ PATIENT'S HOME MEDICATION | LIST
puency (Last Dose Taken) | | Assess patient's self-perception for
motivation. Assess body image. | |
| ADDERALL | 30 MG ORAL DAIL | Y (10/30/09) | | Assist with identifying useful coping
mechanisms and support systems. Encourage to talk about | |
| | End of Fiedreaction List | | | <pre>illness/injury - how it may affect plans.family/finances. 5. Encourage patient and family in decision making and patient care. if wanted.</pre> | |
| | | | | 6. Educate re injury prevention and healthy lifestyle Create 10/30/09 1411 MVP 10/30/09 1411 MVP | |

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B Unit #: J000018122 Admitted: 10/30/09 at 1158 Status: DIS IN

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention | Description | Sts Directions | From | Intervention Description Sts Directions Fro |
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| Activity
Type | Occurred Recorded
Date Time by Date Time by | Documented
Comment Units | Change | Activity Occurred Recorded Documented
Type Date Time by Date Time by Comment Units Change |
| Activity Data | e: 10/30/09 Time: 1411 | | | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1572301 | ASSESS: Weight as Ordered and Record + | A | CP | 1002002 PSY: Admit History/Systems Assessment + (continued) |
| - Create
2120366 | 10/30/09 1411 MVP 10/30/09 1411 MVP
MH Psycho-Educational Group + | A | CP | THE HER CAR ACCIDENT. HAD FRIEND CALLED DAY LATER. DR NEWMAN CONTACTED DR LITOVITZ RE NEED |
| Create
2120370 | 10/30/09 1411 MVP 10/30/09 1411 MVP
MH SW Group Therapy Session + | A | CP | FOR HOSPITALIZATION FOR PSYCHOSIS, NOS. PT C A HX OF DEPRESSION, HAS BEEN ON PROZAC IN PAST (HAD A |
| Create
2120752 | 10/30/09 1411 MVP 10/30/09 1411 MVP
Preceptor Documentation Co-Sign + | A | CP | RASH REACTION TO PROZAC). PT STATES THAT SHE
WENT TO CABINET LEVEL ADMINISTRATOR'S OFFICE |
| - Create
3766530 | 10/30/09 1411 MVP 10/30/09 1411 MVP NUTRITION: Monitor Meals, Record % + | A | CP | AT STATE DEPT TO ACCESS COMPUTER INFO ON
HERSELF. SHE IS NOT A GOOD HISTORIAN ABOUT |
| - Create
1136600 | 10/30/09 1411 MVP 10/30/09 1411 MVP MEDS: Administer PAIN-MEDS(prn/standing | | CP | HERSELF. SHE RECOGNIZES NOW THAT WAS POOR JUDGEMENT ON HER PART. PT IS NEW EMPLOYEE AT THE |
| 1130000 | 1. Monitor effectiveness/side effects (and any adverse reactions). |) n | CF | STATE DEPT AND FEARS HER JOB SECURITY. |
| - Create
4801200 | 10/30/09 1411 MVP 10/30/09 1411 MVP EDUCATION: Interdisciplinary + | ٨ | 65 | Isolation: STND |
| - Create
5021010 | 10/30/09 1411 MVP 10/30/09 1411 MVP | A | CP | Code Status: FULL CODE |
| 5021010 | DISCHARGE: Complete Discharge Form + ALSO: | A | СР | Age Categories: YOUNG ADULT 18-40 years |
| - Create | Complete paper form-when going home 10/30/09 1411 MVP 10/30/09 1411 MVP | | | Developmentally Delayed: |
| 5021012
- Create | DISCHARGE: MED REC PATIENT MED List + 10/30/09 1411 MVP 10/30/09 1411 MVP | A | СР | Primary Language: ENGLISH ENGLISH Language Barrier: Interpreter Needed: Language Line Used: |
| Activity Dat | e: 10/30/09 Time: 1412 | | | |
| 1002002
- Create | PSY: Admit History/Systems Assessment + | A | AS | Patient admitted/transferred from- |
| - Document | 10/30/09 1412 MVP 10/30/09 1420 MVP
10/30/09 1412 MVP 10/30/09 1420 MVP
Inpatient Admission History & Assessment | | | Cultural/Religious Beliefs affecting care: |
| | Alerts: None | | | Does Patient have any Mental Health Advance Directives: N |
| | | | | Name pt prefers to be called: |
| | | | | Is Patient Currently Participating in Research Projects: |
| Time of | arrival to unit: 1200 | | | Where:
Wt - Lb: 134 |
| Cnief Complai | nt*: | | | Oz: In: 8.00 Cm: 172.7200000
Wt Source: STANDING |
| ASSESSMENT D/ | DING OF COMING TO HOSP IS TO HAVE AN
IT HER DISORGANIZATION FOLLOWING HER
WAS PRIMARY REASON. ACCORDING TO | | | BSA: 0.00 BSA Method: Haycock BMI: 20.3
History of Chronic pain: N
Chronic pain location: |
| POLICE STATEN
IT WOULD FEEL | WAS PRIPORT REASON. ACCORDING TO BENT SHE SAID SHE WANTED TO KNOW HOW TO BE IN A CAR ACCIDENT. STATES THAT FRAL INCONSISTENT STATEMENTS, SHE | | | Describé pain: |
| CANNOT REMEME | BER THE STATEMENTS AT THE TIME OF | | | |
| PSYCHIATRIST | CTATES THAT SHE SAW DR NEWMAN, A
AT STATE DEPT AND WAS MAKING LOUD
CURSING IN THE STATE DEPARTMENT | | | Presence of Pain: NO |
| | ID NOT CALL INTO WORK THE DAY AFTER | | | Observed Behavior/Indication: |

Age/Sex: 33 F Unit #: J000018122

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B

Admitted: 10/30/09 at 1158 Status: DIS IN

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Activity Date: 1879/09/9 Top: 1872 (rectioned) Activity Date: 1873/09/9 Top: 1872 (rectioned) Part Date: Par | Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Data Type by Comment Units Change | Intervention Description Sts Directions From Activity Occurred Recorded Documented Two Data Time by Data Time by Comment by Comment |
|--|---|---|
| Pain Comment*: **Reprological Hist Denies*** *** Neurological Assessment *** **Reprological Hist Denies*** *** Neurological Assessment *** **Reprological Hist Denies*** *** Neurological Assessment *** **Directed To: **Directed To: **Para Company **Best Histor Response.** | Activity Date: 10/30/09 Time: 1412 (continued) 1002002 PSY: Admit History/Systems Assessment + (continued) Pain Level: Pain Tool: Patients Functional Pain Goal: | 1002002 PSY: Admit History/Systems Assessment + (continued) Cardiovascular Hx: DENIES |
| Reurological His Derries | | Skin: |
| Best Notor Response: Best Verbal Response: Botal: Movement Right Arm: Movement Right Arm: Movement Right Arm: Movement Right Len: Movement Left Leg: Neuro Comment*: Proximal Pulse to Affected Site Evaluated: Proximal Pulse Character: Amount of Edema Noted Proximal to Affected Site: Capillary Refill Proximal to Affected Site: Skin Proximal to Affected Site: ERIT No. CASSES ERIT No. Color Proximal to Affected Site: Sensation Proximal to Affected Site: Sensation Proximal to Affected Site: Sensation Proximal to Affected Site: ERIT No. Complaint: Budous Neathranes: Left Names: Right Names: ERIT Comment*: Capillary Refill Distal to Affected Site: Skin Distal to Affected Site: | Neurological Assessment WDP: Y
Oriented To: | Does Patient Have a Pacemaker:
Implantable Defibrillator: |
| EENT Assessment wDP: Y Visual Impairment: Hearing Impairment: Throat Complaint: Mucous Membranes: Left Nares: Right Nares: EENT Comment*: Skin Proximal to Affected Site: Skin Color Proximal to Affected Site: Sensation Proximal to Affected Site: Distal Pulse to Affected Site Evaluated: Distal Pulse to Affected Site Evaluated: Capillary Refill Distal to Affected Site: Skin Distal to Affected Site: | Best Motor Response: Best Verbal Response: Total: Movement Right Arm: Movement Left Arm: Movement Right Leg: Movement Left Leg: | Altered Circulatory Site: Proximal Pulse to Affected Site Evaluated: Proximal Pulse Character: |
| Hearing Impairment: Throat Complaint: Mucous Membranes: Left Nares: Right Nares: Distal Pulse to Affected Site Evaluated: Distal Pulse Character: Amount of Edema Noted Distal to Affected Site: Capillary Refill Distal to Affected Site: Skin Distal to Affected Site: | EENT HX: GLASSES EENT Assessment WDP: Y | Skin Proximal to Affected Site: |
| Right Nares: Right Nares: Distal Pulse Character: Amount of Edema Noted Distal to Affected Site: Capillary Refill Distal to Affected Site: Skin Distal to Affected Site: | Hearing Impairment: Throat Complaint: | |
| Skin Distal to Afrected Site: | Left Nares: | Distal Pulse Character: |
| LATIN COLOR DISTAL TO ATTRICE SHEET | | Skin Distal to Affected Site: |

Age/Sex: 33 f Unit #: J000018122

Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A

Room/Bed: J.222-B

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
|--|--|
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued) |
| Sensation Distal to Affected Site: | |
| Circulatory Comment*: | |
| Respiratory Assessment Respiratory Hx: DENIES Previous treatment of asthma: | Pt reports prior history of TB or positive TB skin test? N
Close contact with a person who has TB? N
Close contact with any person having an Influenza-like Illness? N |
| Tobacco Use Now or in Previous 12 Months: NONE Kind of tobacco: | TB Point of Entry Screen: Contagious Respiratory Infection Point of Entry Screen-
NEGATIVE NEGATIVE Mask applied, patient isolated, and receiving unit/department notified? |
| Packs/tins per day: How many years: | Respiratory Assessment WDP: Y |
| Quit? When:
Smoking Referral: | RUL Breath Sounds: |
| Smoking cessation instruction given to the patient and/or caregiver-
Smoking Comment [*] : | RLL Breath Sounds: LUL Breath Sounds: LLL Breath Sounds: |
| Is Patient Present? Y
Able to perform TB & Contagious Respiratory Infection Point of Entry Screen Y
Reason- | Respiratory Effort: Cough: Sputum Color: |
| Is patient currently experiencing any of following in last 7 days: | Sputum Consistency: |
| Fever greater than 100.4? N (37.8 C) Cough? N (not related to allergy or COPD) Persistent Cough greater than 3 weeks? Cough with blood produced? Sore Throat? Y Night sweats? N Unexplained weight loss? N Fatigue? N | Sputum Amount: Capillary Refill: Oxygen/Respiratory Assessment On Oxygen: O2 Delivered Per: O2 Liters / Minute: Sp02 Continuous Monitoring: |
| Rash? N Nasal Congestion (not related to allergies or sinus infections)? N | Sp02% After Oxygen Applied: Respiratory Comment*: |

Age/Sex: 33 F Unit #: J000018122

Attending: Roth,Richard L Account #: J84090217483 Location: J.2A

Admitted: 10/30/09 at 1158 Status: DIS IN Room/Bed: J.222-B

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| Activity Occurred Recorded Documented
Type Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
| | |
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued) Signs of Nutritional Risk: Nutrition Consult: None |
| Gastrointestinal Assessment Gastrointestinal Hx: DENIES | |
| Gastrointestinal Assessment WDP: Y | |
| GI Complaint: | |
| Vomiting Episodes in Previous 24 Hours:
Content/Appearance of Emesis: | Nutritional Comments^: |
| RUQ Bowel Sounds: RLQ Bowel Sounds: LUQ Bowel Sounds: LLQ Bowel Sounds: | Total: |
| Last Bowel Movement: 10/30/09
Description of Stool: Normal | |
| Abdomen Soft & Non-Tender: Abdomen Firm/Rigid: N Distention: Guarding: | |
| Rebound Tenderness:
Tenderness to Palpation: | |
| Palpable Mass: | Genitourinary Assessment GU Hx: DENIES |
| Gl Comment^: | Genitourinary Assessment WDP: Y Sexual History: NOT Sexually Active Sexual Orientation: |
| Nutritional Assessment | Condom used?
Reproductive-Female: |

Age/Sex: 33 F Unit #: J000018122 Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A Room/Bed: J.222-B



Dominion Hospital Patient Care *Live* CLINICAL DOCUMENTATION RECORD

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| Activity Occurred Recorded | Documented The by Comment Units | Change | Activity Occurred Recorded | Documented Documented | Change |
| | THE TEXT SERVICES THE THEFT | Manye | Type thire this dy hate 11 | III UY LIMMATII IIIII | |
| Activity Date: 10/30/09 Time: 1412 (c | continued) | | Activity Date: 10/30/09 Time: 1412 (c | ontinued) | |
| 1002002 PSY: Admit History/Systems Asses
Reproductive-Male: | sment + (continued) | | 1002002 PSY: Admit History/Systems Asses
Musculoskeletal Hx: DENIES | sment + (continued) | |
| LMP:
Abnormal Urination: | | | Musculoskeletal Assessment WDP: Y | | |
| Urine Appearance: | | | Generalized Weakness:
Right Upper Extremity:
Left Upper Extremity:
Right Lower Extremity: | | |
| Catheter:
Catheter Type: | | | Left Lower Extremity: | | |
| Description of Catheter Function: | | | 0.1 | | |
| | | | Balance/Gait: | | |
| Associated Signs & Symptoms: | | | Paralysis: | | |
| | | | Amputee: | | |
| GU Comment^: | | | Complaints of Joint Swelling/Tenderness: | | |
| | | | Musculoskeletal Comment^: | | |
| | | | Muscurioskeretar Comment. | | |
| | | | | | |
| | | | Functional Assessment
Functional Assessment WDP: Y | | |
| Endocrine Assessment
Endocrine Hx: DENIES | | | Functional Comment*: | | |
| Endocrine System WDP: Y | | | | | |
| Endocrine Comment*: | | | | | |
| , and a comment . | | | | | |
| Immune System: | | | | | |
| minune System. | | | Physical Limitations Interfering with Recreati | onal Activities: N | |
| Immune System Comment*: | | | Describe: | | |
| | | | Other Limitations Interfering With Recreational Describe: | l Activities: N | |
| | | | Need special equipment/supplies for routine ca | re? N | |
| Musculoskeletal Assessment | | | Special Equipment: | | |

Age/Sex: 33 F

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A

Unit #: J000018122 Admitted: 10/30/09 at 1158 Status: DIS IN Room/Bed: J.222-B

#1 Incision/Wound Drainage Amount:

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| Intervention Description Sts Directions From | Intervention Description Sts Directions From |
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| Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
| | |
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued)
#1 Incision/Wound Dressing/Treatment: |
| Do you Exercise on a Regular Basis: Y
Type of Exercise: RUNNING, WEIGHTS | #1 Incision/Wound Comment: |
| Frequency of Exercise: THREE TIMES A WEEK | |
| Any Change in Sleep patterns:
NO SLEEP PROBLEMS | |
| Integumentary Assessment Integumentary Hx: DENIES | |
| Prior history of chronic wounds, non-healing wounds? N
Prior history of staph infection? N | |
| Integumentary Assessment WDP: Y | |
| Presence of open or draining wounds? Presence of wounds that resemble spider bites? | #2 Incision/Wound Location: |
| Integumentary Comments^: | #2 Incision/Wound Type: #2 Incision/Wound Dressing Clean/Dry/Intact: #2 Incision/Wound Dressing Change Date: #2 Incision Approximated Without Redness: #2 Incision/Wound Size (cm): #2 Incision/Wound Depth (cm): #2 Incision/Wound Edges: #2 Incision/Wound Odor: |
| #1 Incision/Wound Location: #1 Incision/Wound Type: #1 Incision/Wound Dressing Clean/Dry/Intact: #1 Incision/Wound Dressing Change Date: #1 Incision Approximated Without Redness: #1 Incision/Wound Size (cm): #1 Incision/Wound Depth (cm): #1 Incision/Wound Edges: #1 Incision/Wound Odor: | |
| | #2 Incision/Wound Drainage Amount:
#2 Incision/Wound Dressing/Treatment: |
| | #2 Incision/Wound Comment: |
| | |
| | |
| | |

Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth,Richard L Account #: J84090217483 Location: J.2A

Room/Bed: J.222-B

CIRCUMSTANTIAL

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| Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued) Thought Content: PARANOIA PERSEVERATIVE CONCERN FOR JOB SECURITY POOR MEMORY POOR CONCENTRATION Perceptual: DENIES |
| MEDICAL Hospitalization*:
GALL BLADDER 2005 | Speech: COHERENT HESITANT REPEATS QUESTIONS Motor/Activity: Normal |
| Medical Conditions^: CRRENT COLD | Suicidal Ideation: N Suicide Plan? N |
| PSYCH Hospitalizations*: NONE | Describe Suicidal Thoughts/Plan/Means*: |
| Precautions: Physical/Sexual/Emotional/Verbal Abuse or Neglect Hx: N Evidence of Physical and/or Psychological Abuse: N Does the Patient Feel Safe at Home: Y | Previous Suicide Attempts: Y When/How: IMPULSIVIELY DROVE INTO CAR AND CAUSED 2 CAR COLLISION ON WED 10/27/09. WENT TO GEORGETOWN UNIVERSITY HOSP YESTERDAY, HAS EXHIBITED BIZARRE BEHAVIOR SINCE THAT TIME BUT PT IS POOR HISTORIAN AND DENIES REPORTED BEHAVIORS |
| Describe Abuse^: | Have you known someone who has attempted/committed suicide?N When/How/Relation/Impact^: |
| Appearance: APPROPRIATE ATTIRE DRESSED IN SUIT COOPERATIVE TEARFUL SUSPICIOUS RESTLESS "I HAVE A LOT ENERGY" HAS ADD Mood: ANXIOUS "I FEEL GOOD" SUPERFICIAL Affect: RESTRICTED ANXIOUS Orientation: Oriented X3 Thought Process: INDECISIVE BLOCKING RAMBLING DENIES RACING THOUGHTS | Additional Suicide Risk Elements: Hx of risky behavior Sev. anxiety/panic/agitat IDS WORK AS STRESSOR |
| BLOCKING | |

Age/Sex: 33 F Unit #: J000018122

Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth, Richard L Account #: J84090217483 Location: J.2A

Room/Bed: J.222-B

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|---|--|
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued) |
| | Types of Caffeine: None |
| | Amt per Day: |
| Homicidal Ideation: N Homicidal Plan? N
Describe Homicidal Thoughts/Plans/Means^: | |
| Homicidal/Violence Risk Factors:
N/A | |
| Self Destructive Behavior: Y Self Destructive/Harm Behaviors: INTENTIONAL CAR ACCIDENT THIS WEEK Describe Self-Destructive Behaviors^: SEE ABOVE Any Recent Losses? Recent Loss, Explain^: | Additional Drugs or Chemical Use: N Type of Drug: How Often: How Long Musch: Last Used: |
| Intoxicated: N Last Use^: Psychotic: Y Describe Psychosis^: REPORTEDLY PARANOID BY STATE DEPT PSYCHIATRIST. BIZARRE BEHAVIORS R/T CAR ACCIDENT THAT ARE NOT TYPICAL OF PTCURSING, FEELING THAT PEOPLE WERE FOLLOWING HER, PT C MANY, MANY QUESTIONS RE HER JOB | Type of Drug: How Often: How Long Used: How Much: Last Used: Type of Drug: How Often: How Long Used: How Long Used: How Much: Last Used: Drug Use Comment^: |
| SECURITY TO THIS WRITER. RESTRAINTS Technique/Methods/Tools to Help Pt Control their Behavior: As Appropriate, Pt/Family helps in identifying such Techniques: Medical Cond. that places Pt at > Risk During Restraint/Seclus.: | Does Patient Drink Alcoholic Beverages: N Type of Alcohol: How Often: How Long: How Much: |
| HA of Abuse that Would Increase Psychological Risk w/Restraint/Seclusion: Pt/Family Educated on Hospitals Philosophy on Restraint/Seclusion: Family's Role, Including Notification is Discussed as Appropriate:CAFFEINE HISTORY | Last Drink: Type of Alcohol: How Often: How Long: How Much: Last Drink: |

Status: DIS IN

Room/Bed: J.222-B



WILLIAMS, LINNAE D

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|---|---|
| Activity Oute: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) Type of Alcohol: How Often: How Long: How Much: Last Drink: Alcohol Comment*: | 1002002 PSY: Admit History/Systems Assessment + (continued) Pneumoccal vaccination status- Date: Influenza vaccination status- Date: |
| CDU DETOXIFICATION PROJOCOL wITHDRAWAL SEVERITY ASSESSMENT (WSAP) Nausea/Vointing: Tremor: Paroxysmal Sweats: Anxiety: Agitation: Tactile Disturbances: Auditory Disturbances: Visual Disturbances: Headache/Fullness in Head: Orientation,Clouding Sensorium: Score: Detox Comment*: | Patient candidate for vaccine(s)? Last Tetanus: Hx/Assessment Comments^: |
| FALL RISK ASSESSMENT: | Hx-Source of Information: Adolescent Specific Immunizations Current? Recent Exposures: |
| | Pre or Perinatal Event: Disease: PT functioning affecting Family/Guardian: |
| =IMMUNIZATION/COMMUNICABLE DISEASE SCREEN= | |

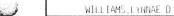
Status: DIS IN

Age/Sex: 33 F Unit #: J000018122 Admitted: 10/30/09 at 1158

Education provided at this time:

Attending: Roth,Richard L Account #: J84090217483

Location: J.2A Room/Bed: J.222-B



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| Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change | Intervention Description Sts Directions From Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units Change |
|--|---|
| Activity Date: 10/36/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) Currently receiving help from any agencies? | 1002002 PSY: Admit History/Systems Assessment + (continued) Title of educator: Person(s) educated: |
| Special educational needs? | , c. so. s. c. |
| Difficulty learning new things? | Readiness to learn: |
| | Identified learning needs: |
| Eastest way for pt to learn? | Learning preference: |
| How does pt exhibit anger: | |
| Exhibit frustration: Exhibit sadness: | Barriers to learning: |
| Respond to authority figures: | |
| Discipline techniques used: | Teaching method: |
| What works: | |
| What doesn't work: | New/Reinforcement teaching: |
| Anything preventing visiting pt: | Specific topic(s) taught: |
| Family/guardian involvement in treatment: Family/guardian expectations for treatment: | Response/evaluation: |
| | Educ Content^: |
| Adolescent Comment*: | |
| | Medication Reconciliation Patient Compliance: Why is Patient Non-Compliant: Takes Daily Medications, Vitamins, Herbal or OTC Medications: Y |

Age/Sex: 33 F Unit #: J000018122

Admitted: 10/30/09 at 1158 Status: DIS IN

Attending: Roth.Richard L Account #: J84090217483

Location: J.2A Room/Bed: J.222-B



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| | |
| Activity Date: 10/30/09 Time: 1412 (continued) | Activity Date: 10/30/09 Time: 1412 (continued) |
| 1002002 PSY: Admit History/Systems Assessment + (continued) | 1002002 PSY: Admit History/Systems Assessment + (continued) |
| 1502552 , 51. Value 113551 j. 535555melle (continued) | |
| | Fall Risk Elements: |
| | |
| | |
| | Add'l Fall Risk Elements: |
| | |
| | |
| Home Medications: | |
| PATIENT'S HOME MEDICATION LIST | |
| Medication-Strength Dose/Route Frequency (Last Dose Taken) | Is patient following fall prevention directions: Update Date of Last Fall: Month/Year of Last Fall: |
| ADDERALL 30 MG ORAL DAILY (10/30/09) | Fall Risk Comment: |
| End of Medication List | High Risk for Falls: |
| | Fall Precautions: |
| | |
| | |
| | |
| | |
| | |
| Sources Used For This Documentation: PATIENT REPORTED | Fall Precautions Comment: |
| Declare Steman and Aug | Tatt Frecautions Comment. |
| Routine Pharmacies Used: CVS | Fall this account/visit: |
| Clarification needed for any Medication: N | Activity Date: 10/30/09 Time: 1420 |
| | |
| Home Medication Disposition: NONE | 1001070 Admission Initial Safety Assessment + A AS * To be done on Admission * |
| * Home Medication queries have been * | - Create 10/30/09 1420 MVP 10/30/09 1421 MVP - Document 10/30/09 1420 MVP 10/30/09 1421 MVP |
| <pre>* reviewed/updated by J.NUR.MP RN *</pre> | |
| ************************************* | Locked Unit Y Lounge Restriction N Unit Restriction Y Sign-In Requirement N |
| | Building Restriction Y Sharps Restriction Y |
| | 15 Minute Checks Y Open Quiet Room N Belongings Searched Y 1:1 Constant Observation (M.D. ordered) N |
| | Clothes Searched Y |
| Is patient Responsive: | Sharps Precautions Y |
| | |

Age/Sex: 33 F
Unit #: J000018122
Admitted: 10/30/09 at 1198
Contract Of Section 1198
Attending: Roth, Richard L
Account #: J84090217483
Location: J. 2A
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Status: DIS IN

Room/Bed: J.222-B



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e Time by Date Time by | Sts Directions Documented Comment Units | From
Change | Intervention Description Sts Directions Activity Occurred Recorded Documented Type Date Time by Date Time by Comment Units | From
Chatige |
|--|---|--|----------------|---|-----------------|
| Elopement Pr
Mou
Fall Pr
1002030 PSY:
* Phy
effec
* RN
perce
medic | sion Initial Safety Assessment + ecautions N ith Checks Y recautions N Anxiety Disorder, Assess sician to assess mental status an itiveness of medications. to assess anxiety and patient eption of effectiveness of nations. | (continued) A d | СР | Activity Date: 10/30/09 Time: 1470 (continued) 1002051 PSY: Thought Disorder, Assess (continued) * Collaborate with pt to establish a daily, achievable routine * Encourage pt to explore adaptive behaviors that increase socialization * Encourage pt to explore adaptive behaviors that help to accomplish ADL's - Create 10/30/09 1420 MVP 10/30/09 1420 MVP | |
| and s admin * Pat of an * Enc thera * Ass anxie for s * Ass skill - Create 10/ 1002051 PSY: * Phy effec * RN perce medic * Pat disor medic illne * Ass alier membe * Col | courage patient to attend group appreciated to []. Sist pt to ID behaviors that hate significant others and family | A and ent | CP | Activity Date: 10/30/09 Time: 1432 1001083 ADMISSION: Medication History + A * Medication History to be done on Admission * - Document 10/30/09 1432 MVP 10/30/09 1433 MVP Home Medications: | AG I [|