

Age/Sex: 33 F
 Unit #: J066018122
 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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Activity Date: 10/30/09 Time: 1459 (continued)										Activity Date: 10/30/09 Time: 1459 (continued)															
1002002	PSY: Admit History/Systems Assessment + (continued)												1002002	PSY: Admit History/Systems Assessment + (continued)											
Neurological Assessment WDP: Y Oriented To: Hand Grips: Eyes Open: Best Motor Response: Best Verbal Response: Total: . Movement Right Arm: Movement Left Arm: Movement Right Leg: Movement Left Leg: Neuro Comment^:										Does Patient Have a Pacemaker: Implantable Defibrillator: Cardiovascular Comment^: Circulatory Assessment WDP: Y Altered Circulatory Site: 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: Skin Distal to Affected Site: Skin Color Distal to Affected Site: Sensation Distal to Affected Site: Circulatory 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^:										--- Respiratory Assessment ---															
--- Cardiovascular Assessment --- Cardiovascular Hx: DENIES Cardiovascular Assessment WDP: Y Skin Color: Skin: Associated Signs & Symptoms:																									

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Activity Date: 10/30/09 Time: 1459 (continued)

1002002 PSY: Admit History/Systems Assessment + (continued)
 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^:

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

1002002 PSY: Admit History/Systems Assessment + (continued)
 Close contact with any person having an Influenza-like illness? N

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

--- Oxygen/Respiratory Assessment ---
 On Oxygen:
 O2 Delivered Per:
 O2 Liters / Minute:
 SpO2 Continuous Monitoring:
 SpO2% After Oxygen Applied:

Respiratory Comment^:

--- Gastrointestinal Assessment ---

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<p>Activity Date: 10/30/09 Time: 1459 (continued)</p> <p>1002002 PSY: Admit History/Systems Assessment + (continued) Gastrointestinal Hx: DENIES</p> <p>Gastrointestinal Assessment WDP: Y</p> <p>- GI Complaint:</p> <p>Vomiting Episodes in Previous 24 Hours: Content/Appearance of Emesis:</p> <p>RUQ Bowel Sounds: RLQ Bowel Sounds: LUQ Bowel Sounds: LLQ Bowel Sounds:</p> <p>Last Bowel Movement: 10/30/09 Description of Stool: Normal</p> <p>Abdomen Soft & Non-Tender: Abdomen Firm/Rigid: N Distention: Guarding:</p> <p>Rebound Tenderness: Tenderness to Palpation:</p> <p>Palpable Mass:</p> <p>GI Comment^:</p> <p>--- Nutritional Assessment --- Signs of Nutritional Risk: Nutrition Consult: None</p>	<p>Activity Date: 10/30/09 Time: 1459 (continued)</p> <p>1002002 PSY: Admit History/Systems Assessment + (continued)</p> <p>Nutritional Comments^:</p> <p>Total:</p> <p>--- Genitourinary Assessment --- GU Hx: DENIES</p> <p>Genitourinary Assessment WDP: Y Sexual History: NOT Sexually Active</p> <p>Sexual Orientation:</p> <p>Condom used? Reproductive-Female: Reproductive-Male:</p> <p>LMP: Abnormal Urination:</p> <p>Urine Appearance:</p> <p>Catheter:</p>
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1002002 PSY: Admit History/Systems Assessment + (continued) 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: Left Upper Extremity: Right Lower Extremity:				1002002 PSY: Admit History/Systems Assessment + (continued) Left Lower Extremity: Balance/Gait: Paralysis: Amputee: Complaints of Joint Swelling/Tenderness: Musculoskeletal 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 ---				

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Activity Date: 10/30/09 Time: 1459 (continued)

1002002 PSY: Admit History/Systems Assessment + (continued)
 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?

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:

1002002 PSY: Admit History/Systems Assessment + (continued)

#2 Incision/Wound Location:
 #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:

#2 Incision/Wound Drainage Amount:
 #2 Incision/Wound Dressing/Treatment:
 #2 Incision/Wound Comment:

MEDICAL Hospitalization^:

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CLINICAL DOCUMENTATION RECORD

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1002002 PSY: Admt History/Systems Assessment + (continued) GALL BLADDER 2005										1002002 PSY: Admt History/Systems Assessment + (continued) Motor/Activity: Normal									
Medical Conditions^: CRRENT COLD										----RISK ASSESSMENT----									
PSYCH Hospitalizations^: NONE										Suicidal Ideation: N Suicide Plan? N Describe Suicidal Thoughts/Plan/Mean^:									
Precautions:										Previous Suicide Attempts: Y When/How^: IMPULSIVELY 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									
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										Have you known someone who has attempted/committed suicide?N When/How/Relation/Impact^:									
Describe Abuse^:										Additional Suicide Risk Elements: Hx of risky behavior Sev. anxiety/panic/agitat IDS WORK AS STRESSOR									
Appearance: APPROPRIATE ATTIRE ----MENTAL STATUS EXAM---- DRESSED IN SUIT Behavior: COOPERATIVE TEARFUL SUSPICIOUS RESTLESS "I HAVE A LOT ENERGY" Mood: ANXIOUS "I FEEL GOOD" Affect: RESTRICTED SUPERFICIAL 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										Homicidal Ideation: N Homicidal Plan? N Describe Homicidal Thoughts/Plans/Mean^:									

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Type Date Time by	Date	Time by	Comment	Type Date Time by	Date	Time by	Comment
			Units				Units
							Change

Activity Date: 10/30/09 Time: 1459 (continued)	Activity Date: 10/30/09 Time: 1459 (continued)
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1002002 PSY: Admit History/Systems Assessment + (continued)
 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^:

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:
 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 Hospital's Philosophy on Restraint/Seclusion:
 Family's Role, Including Notification is Discussed as Appropriate:
 ----CAFFEINE HISTORY----

Types of Caffeine: None
 Amt per Day:

1002002 PSY: Admit History/Systems Assessment + (continued)

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

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Activity Date: 10/30/09 Time: 1459 (continued)

1002002 PSY: Admit History/Systems Assessment + (continued)
 Nausea/Vomiting:
 Tremor:
 Paroxysmal Sweats:
 Anxiety:
 Agitation:
 Tactile Disturbances:
 Auditory Disturbances:
 Visual Disturbances:
 Headache/Fullness in Head:
 Orientation, Clouding Sensorium:
 Score:

Deto- Comment^:

FALL RISK ASSESSMENT:

-IMMUNIZATION/COMMUNICABLE DISEASE SCREEN-
 Pneumococcal vaccination status-

Date:

Influenza vaccination status-

Date:

Patient candidate for vaccine(s)?

1002002 PSY: Admit History/Systems Assessment + (continued)
 Last Tetanus:

Hx/Assessment Comments^:

Hx-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?

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1002002 PSY: Admit History/Systems Assessment + (continued)

How does pt exhibit anger:

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:

1002002 PSY: Admit History/Systems Assessment + (continued)

Learning preference:

Barriers to learning:

Teaching method:

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

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1002002 PSY: Admit History/Systems Assessment + (continued)

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		

1002002 PSY: Admit History/Systems Assessment + (continued)

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:

Sources Used For This Documentation: PATIENT REPORTED

Routine Pharmacies Used: CVS

Clarification needed for any Medication: N

Home Medication Disposition: NONE

 * Home Medication queries have been *
 * reviewed/updated by J NUR.MP RN *

Is patient Responsive:

Fall Risk Elements:

Add'l Fall Risk Elements:

Activity Date: 10/30/09 Time: 2310

Patient Notes: NURSE NOTES

- Create 10/30/09 2310 ERC 10/30/09 2317 ERC

A. MEDICATION EFFECTIVENESS: Pt. rates med efficacy as "good" at this time. Pt. denies any side effects to meds at this time.

B. SYMPTOM STATUS: Pt. up and visible in milieu, observed on the payphone in the back lounge for the majority of the shift. Pt. presents with a constricted affect and anxious mood. Pt. denies need for Tx., stated "I don't need to be here, this is just a misunderstanding". Pt. denies events and statements made prior to admission. Pt. wanted to request AMA discharge, however spoke to the CN and decided to remain at DH. Pt. denies any auditory or visual hallucinations at this time.

C. SAFETY STATUS: Pt. on a locked unit and maintained on building restriction throughout shift. Pt. maintained on routine Q15min. and mouth checks throughout shift. On 1:1 Pt. gave a safety level of 10/10 out of 10. Pt. denies any suicidal or homicidal ideation at this time.

D. PATIENT/FAMILY EDUCATION: Pt. attended all groups and unit activities this shift.

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Activity Date: 10/30/09 Time: 2310 (continued) | Activity Date: 10/31/09 Time: 0619 (continued)

Patient Notes: NURSE NOTES (continued)
 E. ADL'S: Self care, complete.

 F. MEDICAL (IF INDICATED): Pt. denies any somatic complaints at this time. No s/s of distress evident at this time.

 G. NUTRITIONAL STATUS: Pt. ate 100% of meals this shift.
 Note Type Description
 No Type None

1051009-A CARE AREA STATEMENT: MH Adult + (continued)
 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: :

Activity Date: 10/30/09 Time: 2314

1051009-A CARE AREA STATEMENT: MH Adult + A . At End of shift CP
 --DOCUMENT AT END OF EVERY SHIFT--
 To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed.
 - Document 10/30/09 2314 SNR 10/30/09 2314 SNR
 1) Review of Patient PROBLEMS w/Status on PLAN of CARE
 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 Treatment Plan for pt: Y
 The Pt Care Standards appropriate for this patient defined for his/her patient population have been met throughout the shift (unless otherwise documented): YES (Review-SHIFT F8)
 Did the pt. start a new medication this shift? N
 Did pt have any adverse reaction to med this shift? N If yes, follow ADR Policy to report
 Comment:
 Enter Date? N Shift: 3PM-11PM Signature: ROMULUS, SANDRA - RN

I have reviewed the Pt problems listed above and the Treatment Plan for pt: Y
 The Pt Care Standards appropriate for this patient defined for his/her patient population have been met throughout the shift (unless otherwise documented): YES (Review-SHIFT F8)
 Did the pt. start a new medication this shift? N
 Did pt have any adverse reaction to med this shift? N If yes, follow ADR Policy to report
 Comment:
 Enter Date? N Shift: 11PM-7AM Signature: KAHNER, BARBARA B - RN

Activity Date: 10/31/09 Time: 0619

1051009-A CARE AREA STATEMENT: MH Adult + A . At End of shift CP
 --DOCUMENT AT END OF EVERY SHIFT--
 To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed.
 - Document 10/31/09 0619 BRK 10/31/09 0620 BRK
 1) Review of Patient PROBLEMS w/Status on PLAN of CARE
 1: Developmental Age 18-40 yrs-YOUNG ADLT : A13: :

Activity Date: 10/31/09 Time: 0948

1002003 Psychosocial Assessment std + A CP
 - Document 10/31/09 0948 AXZ 10/31/09 1008 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 graduated from GTU from the School of Foreign Services. She was in a car accident 10/27/09. She reported to police that she wanted to know what it would feel like to be in a car accident. Later she did not recall saying that. Pt is suspicious, talking to herself, and is exhibiting anxiety. Pt denies A/V hallucinations.

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

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1002003				Psychosocial Assessment std + (continued)						1002003				Psychosocial Assessment std + (continued)								
				Family Psych Relationship: MA AUNT C SCHIZOPHRENIA										Living Arrangement: Own Place								
				Describe Family Psych Hx^:										Needs Alt Living Arrangement: Y								
				SEE ABOVE										Social Support Network: Excellent								
				Family Hx of Suicide: N										Support Person(s): Family Friends								
				Family Suicide Relationship: N/A										Treatment Participants: Parents								
				Describe Family Hx of Suicide^:										Support Comments^:								
				N/A										Pt states that she expects to be d/c today, but if she were to stay, she would like her parents to be involved in her tx here.								
				Family CD Hx: N										Describe Typical Day: work, shower, eat, talk with friends on the phone								
				Family CD Relationship: N/A										Hobbies/Interests: Reading Exercise Watching movies Studying languages								
				Describe Family CD Hx^:										Religion: CHR CHRISTIAN								
				Patient Psych/CD Treatment Hx: N										Spiritual Practices: None								
				Describe Treatment Hx^:										Pt Believes in Higher Power: Y								
				N/A										Describe Higher Power^:								
				Additional Suicide Risk Elements: Hx of risky behavior Sev. anxiety/panic/agitat IDS WORK AS STRESSOR										God								
				Homicidal/Violence Risk Factors:										Last Grade Completed: MS								
				N/A										Degrees/Certificates: FOREIGN SERVICE FROM GTU								
				Marital Status: Single										Current Student: N								
				Sexual Orientation:										Where: N/A								
				# of Marriages: 0 How Long/Current: N/A										Change in School Performance: N								
				How Long Previous Marriages^:										Describe Change In School Performance^:								
				N/A										Problems with Behavior at School: N								
				Number of Children: 0 Ages: N/A										Truancy: N								
														Learning Problems/Special Education: N								
														Describe Learning/Behavioral Problems^:								
														N/A								

Age/Sex: 33 F
Unit #: J000016122
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 Directions		From
Activity Type	Occurred Date	Recorded Time by	Documented Date by Comment	Units	Change	Activity Type	Occurred Date	Recorded Time by	Documented Date by Comment	Units	Change		

Activity Date: 10/31/09 Time: 0948 (continued)

1002003 Psychosocial Assessment std + (continued)

----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:

Years:

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

----ARREST HISTORY----

Arrest or Pending Litigation/Civil Charges Hx: N
Number of Arrests:
Reason for Arrest:
Arrests Involving Violence:
DUI/DWI:
When:
Public Intoxication:

Activity Date: 10/31/09 Time: 0948 (continued)

1002003 Psychosocial Assessment std + (continued)

When:
Probation Hx:
Why/When:
Parole Hx:
Why/When:

Describe Pending Litigation/Civil Charges^:

----CAFFEINE HISTORY----

Pt Use Caffeine: N

Types of Caffeine: None

Am't per Day:

----NICOTINE HISTORY----

Nicotine Hx: N

Kind of tobacco:

Age First Used:
Packs/tins per day:

How many years:
Any Consequences:

Quit:
When:

Age/Sex: 33 F
 Unit #: J000018122
 Admitted: 10/30/09 at 1158
 Status: D15 IN

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

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care *Live*
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Intervention Description							Sts	Directions	From	Intervention Description							Sts	Directions	From
Activity Type	Occurred Date	Recorded Time	by	Date	Time	by	Comment	Documented Units	Change	Activity Type	Occurred Date	Recorded Time	by	Date	Time	by	Comment	Documented Units	Change

Activity Date: 10/31/09 Time: 0948 (continued)

1002003 Psychosocial Assessment std + (continued)

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

Alcohol Comment^:

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

Medical Problems from CD Use: N/A

- Longest Sobriety:
- When:
- Sober Support System:
- Who:
- 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:

1002003 Psychosocial Assessment std + (continued)

- How Long Used:
- How Much:
- Last Used:
- Type of Drug:
- How Often:
- How Long Used:
- How Much:
- Last Used:

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

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

Physical:  
 Describe Physical Abuse^:

Emotional:  
 Describe Emotional Abuse^:

Sexual:  
 Describe Sexual Abuse^:

Neglect:  
 Describe Neglect^:

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

| Intervention Description |               |                  |      |         |         |                  | Sts | Directions | From   | Intervention Description |               |                  |      |         |         |                  | Sts | Directions | From   |
|--------------------------|---------------|------------------|------|---------|---------|------------------|-----|------------|--------|--------------------------|---------------|------------------|------|---------|---------|------------------|-----|------------|--------|
| Activity Type            | Occurred Date | Recorded Time by | Date | Time by | Comment | Documented Units |     |            | Change | Activity Type            | Occurred Date | Recorded Time by | Date | Time by | Comment | Documented Units |     |            | Change |

Activity Date: 10/31/09 Time: 0948 (continued)

1002003 Psychosocial Assessment std + (continued)

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

Abuse Comments^:  
 N/A

-----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^:  
 Adequate

Type of Recent Leisure Activities^:  
 Reading, learning languages, watching movies.

What Do You Do When Bored/Lonely^:

Activity Date: 10/31/09 Time: 0948 (continued)

1002003 Psychosocial Assessment std + (continued)  
 "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^:  
 "Nothing."

Pt's Goals for Treatment^:  
 "To be discharged as soon as possible."

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

Activity Date: 10/31/09 Time: 0954

1751000 VS: Monitor + A .Daily or per MD order. CP  
 - Document 10/31/09 0954 RFM 10/31/09 0954 RFM  
 Temperature: 98.1  
 Temp Source: TYM  
 Pulse: 93  
 Pulse Source: BRACHIAL  
 Respirations: 16  
 Blood Pressure: 110/73  
 BP Source: AUTO ARM R

BP Lying: HR Lying:  
 BP Sitting: HR Sitting:

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

| Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                   |            |                   |      | Sts       | Directions | From             | Intervention Description                          |                                            |                                                   |               |    |      | Sts  | Directions | From    |                  |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|------------|-------------------|------|-----------|------------|------------------|---------------------------------------------------|--------------------------------------------|---------------------------------------------------|---------------|----|------|------|------------|---------|------------------|--------|
| Activity Type                                                                                                                                                                                                                                                                                                                                                                                                           | Occurred Date                           | Recorded Time     | by         | Date              | Time | by        | Comment    | Documented Units | Change                                            | Activity Type                              | Occurred Date                                     | Recorded Time | by | Date | Time | by         | Comment | Documented Units | Change |
| Activity Date: 10/31/09 Time: 0954 (continued)                                                                                                                                                                                                                                                                                                                                                                          |                                         |                   |            |                   |      |           |            |                  | Activity Date: 10/31/09 Time: 1258 (continued)    |                                            |                                                   |               |    |      |      |            |         |                  |        |
| 1751000                                                                                                                                                                                                                                                                                                                                                                                                                 | VS: Monitor + (continued)               |                   |            |                   |      |           |            |                  |                                                   | 5021012                                    | DISCHARGE: MED REC PATIENT MED List + (continued) |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | BP Standing                             |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Activity Date: 10/31/09 Time: 1047                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Patient Notes: SOCIAL SERVICES NOTES                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| - Create 10/31/09 1047 AXZ 10/31/09 1050 AXZ                                                                                                                                                                                                                                                                                                                                                                            |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Psychosocial Assessment was completed and placed in pt's chart. Pt denies feeling depressed in any way at this time. She denies recalling any of the statements that led to her admission here. At this time, pt appears coherent and in no danger to herself or others. She is exhibiting no sx of psychosis or depression. Pt asked questions about d/c and questions were answered. Pt plans to discuss d/c with MD. |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Note Type Description                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| None None                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Activity Date: 10/31/09 Time: 1258                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                   |            |                   |      |           |            |                  | Sources Used For This Documentation: BOTTLE LABEL |                                            |                                                   |               |    |      |      |            |         |                  |        |
| 5021012                                                                                                                                                                                                                                                                                                                                                                                                                 | DISCHARGE: MED REC PATIENT MED List + A |                   |            |                   |      |           |            |                  | CP                                                | Routine Pharmacies Used: CVS               |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | - Document                              | 10/31/09 1258 DPS |            | 10/31/09 1259 DPS |      |           |            |                  | -                                                 | Clarification needed for any Medication: N |                                                   |               |    |      |      |            |         |                  |        |
| Medications Ordered to be Taken at Home: Y                                                                                                                                                                                                                                                                                                                                                                              |                                         |                   |            |                   |      |           |            |                  | Home Medication Disposition:                      |                                            |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                   |            |                   |      |           |            |                  | *****                                             |                                            |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                   |            |                   |      |           |            |                  | * Home Medication queries have been *             |                                            |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                   |            |                   |      |           |            |                  | * reviewed/updated by J.REG.DPS RN *              |                                            |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                   |            |                   |      |           |            |                  | *****                                             |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Activity Date: 10/31/09 Time: 1317                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| 5021012                                                                                                                                                                                                                                                                                                                                                                                                                 | DISCHARGE: MED REC PATIENT MED List + A |                   |            |                   |      |           |            |                  | CP                                                |                                            |                                                   |               |    |      |      |            |         |                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                         | - Document                              | 10/31/09 1317 GSL |            | 10/31/09 1318 GSL |      |           |            |                  | -                                                 |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Medications Ordered to be Taken at Home: N                                                                                                                                                                                                                                                                                                                                                                              |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Home Medications:                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| DISCHARGE - Patients Medication List                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| Medication-Strength                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                   | Dose/Route |                   |      | Frequency |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| ADDERALL                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                   | 30 MG ORAL |                   |      | DAILY     |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |
| End of Medication List                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                   |            |                   |      |           |            |                  |                                                   |                                            |                                                   |               |    |      |      |            |         |                  |        |

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

| Intervention Description |               |               |    | Sts Directions  |      | From | Intervention Description |       |        |               | Sts Directions |               | From |                 |      |    |         |       |        |
|--------------------------|---------------|---------------|----|-----------------|------|------|--------------------------|-------|--------|---------------|----------------|---------------|------|-----------------|------|----|---------|-------|--------|
| Activity Type            | Occurred Date | Recorded Time | by | Documented Date | Time | by   | Comment                  | Units | Change | Activity Type | Occurred Date  | Recorded Time | by   | Documented Date | Time | by | Comment | Units | Change |

Activity Date: 10/31/09 Time: 1317 (continued) | Activity Date: 10/31/09 Time: 1318 (continued)

5021012 DISCHARGE: MED REC PATIENT MED List + (continued)

Home Medications:

1051009-A CARE AREA STATEMENT: MH Adult + (continued)  
 Standards have been followed.  
 - Document 10/31/09 1318 LXT 10/31/09 1319 LXT  
 1) Review of Patient PROBLEMS w/Status on PLAN of CARE  
 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 Treatment Plan for pt: Y  
 The Pt Care Standards appropriate for this patient defined for his/her patient population have been met throughout the shift (unless otherwise documented): YES (Review-SHFT F8)  
 Did the pt. start a new medication this shift? N  
 Did pt have any adverse reaction to med this shift? N If yes, follow ADR Policy to report  
 Comment: PT CURRENTLY NOT ON ANY MEDICATIONS  
 Enter Note? N Shift: 7AM-3PM Signature: TROFORT,LIONELLE - RN  
 5021012 DISCHARGE: MED REC PATIENT MED List + C CP  
 - Ed Status 10/31/09 1318 GSL 10/31/09 1318 GSL A=7 C

Activity Date: 10/31/09 Time: 1339

2120365 ASSESSMENT: AT Evaluation + A . 1 Time CP  
 - Document 10/31/09 1339 KAO 10/31/09 1340 KAO  
 PROBLEMS TO BE ADDRESSED BY ACTIVITY THERAPY:

Sources Used For This Documentation:  
 Routine Pharmacies Used:  
 Clarification needed for any Medication:  
 Home Medication Disposition:

Difficulty Identifying and Expressing Feelings: Y  
 Poor Concentration: Y  
 Disorganized Thoughts: Y  
 Poor Impulse Control: Y  
 Low Frustration Tolerance:  
 Distractability:  
 Restlessness:  
 Low Self-Esteem:  
 Social Isolation/Withdrawal:  
 Poor Reality Testing: Y  
 Inadequate Social Skills:  
 Distorted Body Image:  
 Poor Leisure Time Management:  
 Inadequate Leisure Skills:  
 Leisure Time/Activities Related To Drug/Alcohol Abuse:

Activity Date: 10/31/09 Time: 1318

1051009-A CARE AREA STATEMENT: MH Adult + A . At End of shift CP  
 --DOCUMENT AT END OF EVERY SHIFT--  
 To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care

Other:  
 Physical Problems/Safety Concerns: psychosis, impulsivity

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted: 10/30/09 at 1158  
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WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
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|--------------------------|---------------|---------------|----|------------|------------|--------|--------------------------|---------------|---------------|----|------------|------------|--------|
| Activity Type            | Occurred Date | Recorded Time | by | Documented | Comment    | Change | Activity Type            | Occurred Date | Recorded Time | by | Documented | Comment    | Change |

Activity Date: 10/31/09 Time: 1339 (continued) | Activity Date: 10/31/09 Time: 1617 (continued)

2120365 ASSESSMENT: AT Evaluation + (continued)

CONCLUSIONS: ACTIVITY THERAPY INTERVENTIONS WILL FOCUS ON PROVISIONS OF ACTIVITIES THAT FACILITATE:

- Identification and Expression of Feelings: Y
- Focus of Attention and Organization of Thoughts: Y
- Attending, Concentrating and Completing Tasks: Y
- Feelings of Mastery and Self-Esteem:
- Development of Realistic Body Image:
- Social Interaction: Y
- Development of More Functional Social Skills: Y
- Development of Impulse Control: Y
- Identification of Leisure Time Skills and Interests:
- Development of Structured Leisure Plan For After Discharge:
- Identification of Healthy Alternatives to Drug Related Behavior:

Other:

Activity Date: 10/31/09 Time: 1440

Patient Notes: SOCIAL SERVICES NOTES

- Create 10/31/09 1440 AXZ 10/31/09 1440 AXZ

PT did not attend group, as she was being d/c.

| Note Type | Description |
|-----------|-------------|
| None      | None        |

Activity Date: 10/31/09 Time: 1617

5021010 DISCHARGE: Complete Discharge Form + A CP  
 ALSO:  
 Complete paper form when going home  
 - Document 10/31/09 1617 DPS 10/31/09 1621 DPS  
 PATIENT EDUCATION OUTCOME STANDARDS/DISCHARGE NOTE

At discharge pt and/or family can verbalize understand of:

- Illness/Need for hospitalization Y
- Signs & symptoms of recurrence Y
- Need for continued treatment Y
- Awareness of effective coping skills for symptom management Y
- Meds: Instructions, Side effects & Food/drug interactions Y

Patient's level of understanding of D/C plan:

Adequate (sufficient, correct) Y Partial, needs reinforcement (If checked, complete:) Y Referred to continuation of care provider Y

5021010 DISCHARGE: Complete Discharge Form + (continued)

Issued written materials Y  
 Family given instructions Y

(\* : N/A )

Next Topic pg2-->

Patient Status at Discharge: PT SAFE AND IN CONTROL  
 Follow Up Destination: DOMINION PARTIAL  
 Therapist who will Follow Pt: DR ROTH

Comment: PT DENIES ANY FEELINGS TO HARM SELF OR OTHERS.  
 : ABLE TO VOICE UNDERSTANDING OF DISCHARGE PLANS  
 : THOUGHTS ARE CLEAR AND SPEECH IS LOGICAL

Following items returned:

Valuables Y Sharps Y Medications N

Discharge Time: 1600  
 Accompanied by: PARENTS  
 Relationship to Pt: MOTHER

(\* : N/A )

Activity Date: 10/31/09 Time: 1623

|             |                                                |   |        |
|-------------|------------------------------------------------|---|--------|
| 1001070     | Admission Initial Safety Assessment +          | D | AC     |
|             | * To be done on Admission *                    |   |        |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |
| 1001083     | ADMISSION: Medication History +                | D | AS     |
|             | * Medication History to be done on Admission * |   |        |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |
| 1001451-A   | CARE PLAN : MH ADDITIONS +                     | D | CP     |
|             | --Use in place of Add Interventions--          |   |        |
|             | Allows customization of Patient Care Plan.     |   |        |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |
| 1002001     | NURSE/TRIAGE std +                             | D | AS     |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |
| 1002002     | PSY: Admit History/Systems Assessment +        | D | AS     |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |
| 1002003     | Psychosocial Assessment std +                  | D | CP     |
| - Ed Status | 10/31/09 1623 his 10/31/09 1623 his            |   | A => D |

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

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

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

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|--------------------------|---------------|---------------|---------------|---------|------------|--------|--------------------------|---------------|---------------|---------------|---------|------------|--------|
| Activity Type            | Occurred Date | Recorded Time | Documented by | Comment | Units      | Change | Activity Type            | Occurred Date | Recorded Time | Documented by | Comment | Units      | Change |

|                         |            |                         |                        |
|-------------------------|------------|-------------------------|------------------------|
| Activity Date: 10/31/09 | Time: 1623 | Activity Date: 10/31/09 | Time: 1623 (continued) |
|-------------------------|------------|-------------------------|------------------------|

1002030 PSY: Anxiety Disorder, Assess D CP  
 \* Physician to assess mental status and effectiveness of medications.  
 \* RN to assess anxiety and patient perception of effectiveness of medications.  
 \* Patient education related to effects and side effects of medications administered to treat illness.  
 \* Patient education regarding management of anxiety [], coping skills.  
 \* Encourage Patient to attend group therapy related to [].  
 \* Assist patient to identify anxiety-producing situations and plan for such events.  
 \* Assist in the development of coping skills to manage anxiety.  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1002051 PSY: Thought Disorder, Assess D CP  
 \* Physician to assess mental status, and effectiveness of medications.  
 \* RN to assess mental status and patient perception of effectiveness of medications.  
 \* Patient education related to thought disorder and effects and side effects of medications administered to treat illness.  
 \* Encourage patient to attend group therapy related to [].  
 \* Assist pt to ID behaviors that alienate significant others and family members  
 \* Collaborate with pt to identify anxious behavior and coping techniques  
 \* Collaborate with pt to establish a daily, achievable routine

1002051 PSY: Thought Disorder, Assess (continued) D  
 \* Encourage pt to explore adaptive behaviors that increase socialization  
 \* Encourage pt to explore adaptive behaviors that help to accomplish ADL's  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1009999 UPDATE: Clarification of Medications + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1051009-A CARE AREA STATEMENT: MH Adult + D . At End of shift CP  
 --DOCUMENT AT END OF EVERY SHIFT--  
 To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed.  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1300006 Age Specific Care: Young Adulthood + D CP  
 1. Assess patient's self-perception for motivation.  
 2. Assess body image.  
 3. Assist with identifying useful coping mechanisms and support systems.  
 4. Encourage to talk about illness/injury - how it may affect plans, family/finances.  
 5. Encourage patient and family in decision making and patient care, if wanted.  
 6. Educate re injury prevention and healthy lifestyle.  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1572301 ASSESS: Weight as Ordered and Record + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 1751000 VS: Monitor + D .Daily or per MD order. CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 2120363 MH Daily Nursing Assessment + D .Every 24 hours CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 2120365 ASSESSMENT: AT Evaluation + D . 1 Time CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 2120366 MH Psycho-Educational Group + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 2120370 MH SW Group Therapy Session + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 2120752 Preceptor Documentation Co-Sign + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 3766530 NUTRITION: Monitor Meals, Record % + D CP  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D  
 4136600 MEDS: Administer PAIN-MEDS(prn/standing) D CP  
 1. Monitor effectiveness/side effects (and any adverse reactions).  
 - Ed Status 10/31/09 1623 his 10/31/09 1623 his A => D

Age/Sex: 33 F  
 Unit #: J060018122  
 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

| Intervention Description |                       | Sts                   | Directions               | From   |
|--------------------------|-----------------------|-----------------------|--------------------------|--------|
| Activity Type            | Occurred Date Time by | Recorded Date Time by | Documented Comment Units | Change |

| Activity Date: 10/31/09 |                                      | Time: 1623        |   |        |
|-------------------------|--------------------------------------|-------------------|---|--------|
| 4801200                 | EDUCATION: Interdisciplinary +       |                   | D | CP     |
| - Ed Status             | 10/31/09 1623 his                    | 10/31/09 1623 his |   | A => D |
| 5021010                 | DISCHARGE: Complete Discharge Form + |                   | D | CP     |
|                         | ALSO:                                |                   |   |        |
|                         | Complete paper form-when going home  |                   |   |        |
| - Ed Status             | 10/31/09 1623 his                    | 10/31/09 1623 his |   | A => D |
| 9100004                 | QUICK ADMISSION DATA +               |                   | D | AS     |
|                         | Nursing Quick Start                  |                   |   |        |
| - Ed Status             | 10/31/09 1623 his                    | 10/31/09 1623 his |   | A => D |

| Monogram Initials | Name                           | Nurse Type |
|-------------------|--------------------------------|------------|
| AXZ               | J. NUR. AXZ ZALK, ANITA        | SW         |
| BRK               | J. NUR. BRK KAHRER, BARBARA R  | RN         |
| DPS               | J. REG. DPS SCHMITZ, DAVID     | RN         |
| ERC               | J. NUR. ERC CONCEPCION, EDGAR  | MHT        |
| GSL               | J. NUR. GSL1 LEWIS, GLENNA S.  | RN         |
| HEB               | J. NUR. HEB BLACK, ELIZABETH   | RN         |
| JLW               | J. NUR. JLW WRIGHT, JESSICA L  | RN         |
| KAO               | J. NUR. KX0 OTTINGER, KIMBERLY | ACT        |
| LXT               | J. NUR. LXT TROFORT, LIONELLE  | RN         |
| MVP               | J. NUR. MP PERRY, MARILYN      | RN         |
| RFM               | J. NUR. RFM MCCALL, ROBERT     | MHT        |
| SRN               | J. NUR. SR ROMULUS, SANDRA     | RN         |
| his               | automatic by program           |            |



Age/Sex: 33 F

WILLIAMS, LYNNAE D (DIS IN)

Page: 1

Unit #: J000018122

J.2A-J.222-B

Printed 11/02/09 at 0633

Account#: J84090217483

Roth, Richard L

Period ending 11/02/09 at 0633

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

PATIENT NOTES FOR DISCHARGE SU

| Occurred |         |        | Recorded |         |  | Notes: All Categories |
|----------|---------|--------|----------|---------|--|-----------------------|
| Date     | Time by | Author | Date     | Time by |  | Category              |

|          |      |     |                   |          |      |     |             |
|----------|------|-----|-------------------|----------|------|-----|-------------|
| 10/30/09 | 2310 | ERC | CONCEPCION, EDGAR | 10/30/09 | 2317 | ERC | NURSE NOTES |
|----------|------|-----|-------------------|----------|------|-----|-------------|

A. MEDICATION EFFECTIVENESS: Pt. rates med efficacy as "good" at this time. Pt. denies any side effects to meds at this time.

B. SYMPTOM STATUS: Pt. up and visible in milieu, observed on the payphone in the back lounge for the majority of the shift. Pt. presents with a constricted affect and anxious mood. Pt. denies need for Tx., stated "I don't need to be here, this is just a misunderstanding". Pt. denies events and statements made prior to admission. Pt. wanted to request AMA discharge, however spoke to the CN and decided to remain at DH. Pt. denies any auditory or visual hallucinations at this time.

C. SAFETY STATUS: Pt. on a locked unit and maintained on building restriction throughout shift. Pt. maintained on routine Q15min. and mouth checks throughout shift. On 1:1 Pt. gave a safety level of 10/10 out of 10. Pt. denies any suicidal or homicidal ideation at this time.

D. PATIENT/FAMILY EDUCATION: Pt. attended all groups and unit activities this shift.

E. ADL'S: Self care, complete.

F. MEDICAL (IF INDICATED): Pt. denies any somatic complaints at this time. No s/s of distress evident at this time.

G. NUTRITIONAL STATUS: Pt. ate 100% of meals this shift.

Note Type Description

No Type None

|          |      |     |             |          |      |     |                       |
|----------|------|-----|-------------|----------|------|-----|-----------------------|
| 10/31/09 | 1047 | AXZ | ZALK, ANITA | 10/31/09 | 1050 | AXZ | SOCIAL SERVICES NOTES |
|----------|------|-----|-------------|----------|------|-----|-----------------------|

Psychosocial Assessment was completed and placed in pt's chart. Pt denies feeling depressed in any way at this time. She denies recalling any of the statements that led to her admission here. At this time, pt appears coherent and in no danger to herself or others. She is exhibiting no sx of psychosis or depression. Pt asked questions about d/c and questions were answered. Pt plans to discuss d/c with MD.

Note Type Description

No Type None

|          |      |     |             |          |      |     |                       |
|----------|------|-----|-------------|----------|------|-----|-----------------------|
| 10/31/09 | 1440 | AXZ | ZALK, ANITA | 10/31/09 | 1440 | AXZ | SOCIAL SERVICES NOTES |
|----------|------|-----|-------------|----------|------|-----|-----------------------|

Pt did not attend group, as she was being d/c.

Note Type Description

No Type None

| Monogram Initials | Name      | Nurse Type        |
|-------------------|-----------|-------------------|
| AXZ               | J.NUR.AXZ | ZALK, ANITA       |
| ERC               | J.NUR.ERC | CONCEPCION, EDGAR |
|                   |           | SW                |
|                   |           | MHT               |

Age/Sex: 33 F

WILLIAMS, LYNNAE D (ADM IN)

Unit #: J000018122

J.2A-J.222-B

Printed 10/31/09 at 1349

Account#: J84090217483

Roth, Richard L

Period ending 10/31/09 at 1349

Admitted: 10/30/09 at 1158

Dominion Hospital Patient Care

ACTIVITY THERAPY ASSESSMENT

AT Initial Assessment 10/31/09 1339 KAO

PROBLEMS TO BE ADDRESSED BY ACTIVITY THERAPY:

- Difficulty Identifying and Expressing Feelings: Y
- Poor Concentration: Y
- Disorganized Thoughts: Y
- Poor Impulse Control: Y
- Low Frustration Tolerance:
- Distractability:
- Restlessness:
- Low Self-Esteem:
- Social Isolation/Withdrawal:
- Poor Reality Testing: Y
- Inadequate Social Skills:
- Distorted Body Image:
- Poor Leisure Time Management:
- Inadequate Leisure Skills:
- Leisure Time/Activities Related To Drug/Alcohol Abuse:

Other:

Physical Problems/Safety Concerns: psychosis, impulsivity  
:

CONCLUSIONS: ACTIVITY THERAPY INTERVENTIONS WILL FOCUS ON PROVISIONS OF ACTIVITIES THAT FACILITATE:

- Identification and Expression of Feelings: Y
- Focus of Attention and Organization of Thoughts: Y
- Attending, Concentrating and Completing Tasks: Y
- Feelings of Mastery and Self-Esteem:
- Development of Realistic Body Image:
- Social Interaction: Y
- Development of More Functional Social Skills: Y
- Development of Impulse Control: Y
- Identification of Leisure Time Skills and Interests:
- Development of Structured Leisure Plan For After Discharge:
- Identification of Healty Alternatives to Drug Related Behavior:

Other:

| Monogram Initials | Name | Nurse Type |
|-------------------|------|------------|
|-------------------|------|------------|

|     |                              |     |
|-----|------------------------------|-----|
| KAO | J.NUR.KXO OTTINGER, KIMBERLY | ACT |
|-----|------------------------------|-----|

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\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 10/30/09  
 Completed:  
 Protocol:

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 11/02/09  
 at 0633

| PTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INIT BY                                                                                                                                                                                                                                                                      | DEPT | COMP BY      | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INIT BY | COMP BY | DATE & TIME  | DIRECTION | PTS |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|--------------|-----------|-----|---|
| Developmental Age 18-40 yrs-YOUNG ADLT D 10/30/09 MVP<br>Based on Erickson's eight stages of development.<br>--Developmental Need:<br>*Relationships<br>*Commitment<br><br><End of text><br>- PROTOCOL: AGE 18-40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |              |           |     |   |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Patient will verbalize understanding of lifestyle changes, therapy/treatment options, and resources/support groups that may be beneficial to themselves and their family. The patient will be able to make an informed decision about their health care<br><br><End of text> | D    | 10/30/09 MVP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |              |           |     | D |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              |      |              | * Age Specific Care: Young Adulthood +<br>1. Assess patient's self-perception for motivation.<br>2. Assess body image.<br>3. Assist with identifying useful coping mechanisms and support systems.<br>4. Encourage to talk about illness/injury - how it may affect plans, family/finances.<br>5. Encourage patient and family in decision making and patient care, if wanted.<br>6. Educate re injury prevention and healthy lifestyle.<br>- PROTOCOL: AGE 18-40 |         |         | 10/30/09 MVP |           |     |   |
| CARE GOALS: Dominion MH Adult D 10/30/09 MVP<br>Related to the following Standards of Care:<br><br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Rights<br><br>*****GOALS*****<br><br>1. The patient will receive care which reflects an ongoing process of interdisciplinary care based on their specific care needs. Coping responses to hospitalization will be assessed and addressed.<br>2. The patient and/or significant others can expect to be involved in the plan of care with attention to cultural, religious, and spiritual beliefs, privacy and confidentiality.<br>3. The patient and/or significant others will participate in the process of coordination of resources in preparation for discharge.<br>4. The patient and/or significant others will receive teaching about the nature of their health conditions, procedures, treatments, self care and post discharge care. |                                                                                                                                                                                                                                                                              |      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |              |           |     |   |

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\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 10/30/09  
 Completed:  
 Protocol:

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| STS | INIT BY | TRGT                                                                                                                                                                                                                                                                                                                                                      | COMP BY | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INIT BY | COMP BY | DATE & TIME                                                                                                                                  | DIRECTION                      | STS                              |
|-----|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|
|     |         |                                                                                                                                                                                                                                                                                                                                                           |         | <p>Verbalization of questions and concerns will be encouraged.</p> <p>5. The patient and significant others will have their environment and care managed to minimize risk to themselves and others.</p> <p>6. The patient will be supported in their effort to retain personal identity, self worth and patient rights.</p> <p>&lt;End of text&gt;</p>                                                                                                                                                                                                                                   |         |         |                                                                                                                                              |                                |                                  |
| *   |         | Standards of Practice                                                                                                                                                                                                                                                                                                                                     | D       | 10/30/09 MVP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                              |                                |                                  |
|     |         | <End of text>                                                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |         | 10/30/09 1410                                                                                                                                | At End of shift                |                                  |
|     |         |                                                                                                                                                                                                                                                                                                                                                           |         | <p>* CARE AREA STATEMENT: MH Adult +<br/>         ---DOCUMENT AT END OF EVERY SHIFT---<br/>         To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed.<br/>         - PROTOCOL: SOCMHADU</p>                                                                                                                                                                                                                                                                                             |         |         | 10/30/09 MVP                                                                                                                                 |                                |                                  |
|     |         | STANDARD: DOMINION HOSPITAL WIDE CARE                                                                                                                                                                                                                                                                                                                     | D       | 10/30/09 MVP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                              |                                |                                  |
|     |         | <p>Care Standards related to the following care goals:</p> <ol style="list-style-type: none"> <li>1. Patient Care/Nursing Process</li> <li>2. Patient Education</li> <li>3. Patient Discharge Planning</li> <li>4. Patient Safety/Infection Control</li> <li>5. Patient Discomfort/PAIN</li> <li>6. Patient Rights</li> </ol> <p>- PROTOCOL: SOCMHADU</p> |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |         |                                                                                                                                              |                                |                                  |
| *   |         | The patient will receive care which reflects an ongoing process of interdisciplinary care based on the patients specific needs and the hospitals Patient Population Standards of Care. These will include those needs which are age-specific. Coping responses to hospitalization will be assessed and addressed.                                         | D       | 10/30/09 MVP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                              |                                |                                  |
|     |         |                                                                                                                                                                                                                                                                                                                                                           |         | <p>* VS: Monitor +<br/>         * ASSESSMENT: AT Evaluation +<br/>         * ASSESS: Weight as Ordered and Record +<br/>         * MH Psycho-Educational Group +<br/>         * CARE PLAN : MH ADDITIONS +<br/>         ---Use in place of Add Interventions---<br/>         Allows customization of Patient Care Plan.<br/>         * Preceptor Documentation Co-Sign +<br/>         * MH SW Group Therapy Session +<br/>         * NUTRITION: Monitor Meals, Record % +<br/>         * DISCHARGE: MED REC PATIENT MED List +<br/>         * UPDATE: Clarification of Medications +</p> |         |         | 10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP<br>10/30/09 MVP | 10/30/09 1410<br>10/30/09 1410 | Daily or per MD order,<br>1 Time |
| *   |         | The patient and/or significant others can expect to be involved in the plan of care with attention to cultural and religious beliefs, communication barriers, privacy and confidentiality. Effective communication methods are utilized for the hearing and speech impaired as well as barriers to language.                                              | D       | 10/30/09 MVP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                              |                                |                                  |
| *   |         | The patient and/or significant other                                                                                                                                                                                                                                                                                                                      | D       | 10/30/09 MVP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                              |                                |                                  |

Age/Sex: 33 r  
 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\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 10/30/09  
 Completed:  
 Protocol:

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 at 0633

| PTS | INIT BY | TRGT | COMP BY | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INIT BY | COMP BY | DATE & TIME  | DIRECTION                     | STC |
|-----|---------|------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|--------------|-------------------------------|-----|
|     |         |      |         | * EDUCATION: Interdisciplinary +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * Patient and/or significant other will participate in the process of coordination of resources in preparation for discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D       |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * The patient will receive care which will reflect a safe environment. Infection control needs will be assessed and addressed. Care will be given in a controlled environment to reduce risk of injury or further illness.                                                                                                                                                                                                                                                                                                                                                                                                    | D       |         | 10/30/09 MVP | 10/30/09 1410 .Every 24 hours | D   |
|     |         |      |         | * The patient will be assessed for pain Assessment to include:<br>a - (W) Words that describe<br>(I) Intensity<br>(L) Location<br>(D) Duration<br>(A) Aggravating factors<br>(A) Alleviating factors<br>b - Scoring of pain intensity, utilizing appropriate pain scale.<br>d - Effectiveness of medication/pain control method.                                                                                                                                                                                                                                                                                              | D       |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * MEDS: Administer PAIN-MEDS(prn/standing)<br>1. Monitor effectiveness/side effects (and any adverse reactions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * The patient will be supported in their effort to retain personal identity, self worth and patient rights.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D       |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * Psychosocial Assessment std +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | PSY PROBLEM: Anxiety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D       |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * STG: Patient's Anxiety will decrease AEB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D       |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * PSY: Anxiety Disorder, Assess<br>* Physician to assess mental status and effectiveness of medications.<br><br>* RN to assess anxiety and patient perception of effectiveness of medications.<br><br>* Patient education related to effects and side effects of medications administered to treat illness.<br><br>* Patient education regarding management of anxiety [], coping skills.<br><br>* Encourage Patient to attend group therapy related to [].<br><br>* Assist patient to identify anxiety-producing situations and plan for such events.<br><br>* Assist in the development of coping skills to manage anxiety. |         |         | 10/30/09 MVP |                               | D   |
|     |         |      |         | * LFG: Patient's Anxiety will decrease AEB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D       |         | 10/30/09 MVP |                               | D   |

Age/Sex: S  
 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\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 10/30/09  
 Completed:  
 Protocol:

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| PTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INIT BY | TEST | COMP BY | INTERVENTIONS | INIT BY      | COMP BY | DATE & TIME | DIRECTION | PTS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|---------|---------------|--------------|---------|-------------|-----------|-----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D       |      |         |               |              |         |             |           |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D       |      |         |               |              |         |             |           |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D       |      |         |               |              |         |             |           |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D       |      |         |               | 10/30/09 MVP |         |             |           | D   |
| PSY PROBLEM: Alteration in Thought Proc<br>* STG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB<br>* LTG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB<br>* PSY: Thought Disorder. Assess<br>* Physician to assess mental status, and effectiveness of medications.<br>* RN to assess mental status and patient perception of effectiveness of medications.<br>* Patient education related to thought disorder and effects and side effects of medications administered to treat illness.<br>* Encourage patient to attend group therapy related to [].<br>* Assist pt to ID behaviors that alienate significant others and family members<br>* Collaborate with pt to identify anxious behavior and coping techniques<br>* Collaborate with pt to establish a daily, achievable routine<br>* Encourage pt to explore adaptive behaviors that increase socialization<br>* Encourage pt to explore adaptive behaviors that help to accomplish ADL's |         |      |         |               |              |         |             |           |     |

| ADDITIONAL INTERVENTIONS                                                            | INIT BY      | COMP BY | DATE & TIME | DIRECTIONS | PTS | SRC |
|-------------------------------------------------------------------------------------|--------------|---------|-------------|------------|-----|-----|
| * NURSE/TRIAGE std +                                                                | 10/30/09 HEB |         |             |            | D   | AS  |
| * QUICK ADMISSION DATA +<br>Nursing Quick Start                                     | 10/30/09 MVP |         |             |            | D   | AS  |
| * ADMISSION: Medication History +<br>* Medication History to be done on Admission * | 10/30/09 MVP |         |             |            | D   | AS  |
| * PSY: Admt History/Systems Assessment +                                            | 10/30/09 MVP |         |             |            | D   | AS  |
| * Admission Initial Safety Assessment +<br>* To be done on Admission *              | 10/30/09 MVP |         |             |            | D   | AS  |

| Monitor in | Initials     | Name             | Nurse Type |
|------------|--------------|------------------|------------|
| GSL        | J. NUR. GSL1 | LEWIS, GLENNA S. | RN         |
| HEB        | J. NUR. HEB  | BLACK, ELIZABETH | RN         |
| MVP        | J. NUR. MVP  | PERRY, MARTLYN   | RN         |

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               |               |    |      |      |    | Sts     | Directions       | From   | Intervention Description |               |               |    |      |      |    | Sts     | Directions       | From   |
|--------------------------|---------------|---------------|----|------|------|----|---------|------------------|--------|--------------------------|---------------|---------------|----|------|------|----|---------|------------------|--------|
| Activity Type            | Occurred Date | Recorded Time | by | Date | Time | by | Comment | Documented Units | Change | Activity Type            | Occurred Date | Recorded Time | by | Date | Time | by | Comment | Documented Units | Change |

Activity Date: 11/04/09 Time: 1441

Patient Notes: SOCIAL SERVICES NOTES  
 - Create 11/04/09 1441 MXS 11/04/09 1453 MXS

MEETING WITH PATIENT FOR PURPOSE OF COMPLETING PSYCHOSOCIAL HISTORY:  
 This CSW interviewed patient and completed psychosocial history. Patient denied any bizarre behavior at work, could not recall statements she is reported to have made following recent auto accident and stated that she is willing to comply with PHP if this is what is required by the State Department in order to return to work.

IMPRESSION:  
 Today patient presents well groomed, dressed in business attire, oriented x 3, mood is anxious, affect wide ranging, eye contact good, demeanor is pleasant and cooperative. Patient denies any recent symptoms of depression or other mood disturbances, denies any auditory or visual hallucinations, denies any harmful ideation to self or other. Patient acknowledges prior episodes of depression/anxiety during grad school (at Georgetown Univ SFS) for which she was treated with medication and brief therapy. Patient acknowledges diagnosis of ADD. Patient acknowledges that the four month assignment with DOD that she spent in Iraq, where she was on a base that was "mortared every day, getting closer and closer" was stressful and fearful. Upon return from Iraq patient acknowledges having sleep disturbance for several weeks but then sleep cycle regulated and patient returned to work, transferred to State Department where reportedly she has exceeded work performance expectations.

- PLAN:
1. CSW voice mailed attending psychiatrist re. completion of psychosocial history and possibility of a meeting with patient and her mother on 11/6/09 at 9.0 am.
  2. Patient will bring police report of accident she is purported to have caused, with her tomorrow for psychiatrist to read.
  3. Patient has sought legal counsel to represent her in court over charges ensuing from accident.
  4. Patient commits to safety and has her mother staying in the home with her.
  5. Attending psychiatrist informed of all above.

| Note Type | Description |
|-----------|-------------|
| No Type   | None        |

Activity Date: 11/04/09 Time: 1533

1002003 Psychosocial Assessment std + A CP  
 - Document 11/04/09 1533 MXS 11/04/09 1556 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

Activity Date: 11/04/09 Time: 1533 (continued)

1002003 Psychosocial Assessment std + (continued)  
 Supervisor Informed:

Primary Language: ENGLISH ENGLISH

Social/Cultural/Educational Influences^:  
 Patient 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 in March 09. Patient has supportive parents (retired 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:

Describe Family CD Hx^:

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LINNAE D

  
 Dominion Hospital Patient Care \*Live\*  
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| Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sts | Directions | From | Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sts | Directions | From |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|------|
| Activity Occurred Recorded<br>Type Date Time by Date Time by Comment Documented<br>Units Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |            |      | Activity Occurred Recorded<br>Type Date Time by Date Time by Comment Documented<br>Units Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |            |      |
| Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |      | Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |            |      |
| 1002003 Psychosocial Assessment std + (continued)<br>Patient Psych/CD Treatment Hx: Y<br>Describe Treatment Hx^:<br>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.<br>Additional Suicide Risk Elements: Hx of risky behavior<br>homicidal/Violence Risk Factors:<br>Patient denies<br>Marital Status: Single<br>Sexual Orientation:<br># of Marriages: 0 How Long/Current: 0<br>How Long Previous Marriages^:<br>0<br>Number of Children: 0 Ages: 0<br>Living Arrangement: Own Place<br>Needs Alt Living Arrangement: N<br>Social Support Network: Good<br>Support Person(s): Family<br>Friends<br>Treatment Participants: Patient's parents who are in town<br>Support Comments^:<br>"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"<br>Describe Typical Day: Wake at 7.0 am<br>Work by 8.30 - 5.30<br>Evening - outdoor running or work out in gym<br>Dinner alone or with |     |            |      | 1002003 Psychosocial Assessment std + (continued)<br>a friend<br>Bed 11.0 pm<br>Hobbies/Interests: Exercise<br>Religion: CHR CHRISTIAN<br>Spiritual Practices: Church<br>Pt Believes in Higher Power: Y<br>Describe Higher Power^:<br>Last Grade Completed: Graduate degree<br>Degrees/Certificates: Masters in Foreign Relati<br>Current Student: N<br>Where:<br>Change in School Performance:<br>Describe Change in School Performance^:<br>Problems with Behavior at School:<br>Truancy:<br>Learning Problems/Special Education: N<br>Describe Learning/Behavioral Problems^:<br>-----EMPLOYMENT HISTORY-----<br>Currently Employed: Y<br>Pt Occupation: Analyst<br>Time at Current Job: 4.5 years<br>Job Satisfaction: High<br>Longest Time at One Job: 4.5 years<br>Frequent Job Changes: N<br>Reason for Job Changes^:<br>Unemployed in Last Year: N<br>Reason for Unemployment^: |     |            |      |



Age/Sex: 33 f  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Retn, Richard L  
Account #: J84090218118  
Location: J,3PA  
Room/Bed:

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   |
|--------------------------|----------|----------|----|------|------|------------|------------|--------|--------------------------|----------|----------|----|------|------|------------|------------|--------|
| Activity                 | Occurred | Recorded |    |      |      | Documented |            | Change | Activity                 | Occurred | Recorded |    |      |      | Documented |            | Change |
| Type                     | Date     | Time     | by | Date | Time | by         | Comment    | Units  | Type                     | Date     | Time     | by | Date | Time | by         | Comment    | Units  |

Activity Date: 11/04/09 Time: 1533 (continued)

1002003 Psychosocial Assessment std + (continued)  
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):  
# of Years:  
Military Reserves:  
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^:  
See above note re. recent charges.  
Patient has retained an attorney

----CAFFEINE HISTORY----

Pt Use Caffeine: Y

Activity Date: 11/04/09 Time: 1533 (continued)

1002003 Psychosocial Assessment std + (continued)  
Types of Caffeine: Coffee  
Amt per Day: 1-2

----NICOTINE HISTORY----

Nicotine Hx: N  
Kind of tobacco:  
Age First Used:  
Packs/tins per day:  
How many years:  
Any Consequences:

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

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RGR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               | Sts           |         | Directions         | From  | Intervention Description |               | Sts           |               | Directions | From               |       |        |
|--------------------------|---------------|---------------|---------|--------------------|-------|--------------------------|---------------|---------------|---------------|------------|--------------------|-------|--------|
| Activity Type            | Occurred Date | Recorded Date | Time by | Documented Comment | Units | Change                   | Activity Type | Occurred Date | Recorded Date | Time by    | Documented Comment | Units | Change |

Activity Date: 11/04/09 Time: 1548 (continued) | Activity Date: 11/04/09 Time: 1548

|         |                                             |  |  |  |  |  |          |                                      |   |  |  |  |    |
|---------|---------------------------------------------|--|--|--|--|--|----------|--------------------------------------|---|--|--|--|----|
| 1001083 | ADMISSION: Medication History + (continued) |  |  |  |  |  | 2120360  | MH Psycho-Educational Group +        | A |  |  |  | CP |
|         |                                             |  |  |  |  |  | - Create | 11/04/09 1548 EMW 11/04/09 1548 EMW  |   |  |  |  |    |
|         |                                             |  |  |  |  |  | 2120370  | MH SW Group Therapy Session +        | A |  |  |  | CP |
|         |                                             |  |  |  |  |  | - Create | 11/04/09 1548 EMW 11/04/09 1548 EMW  |   |  |  |  |    |
|         |                                             |  |  |  |  |  | 2120752  | Preceptor Documentation Co-Sign +    | A |  |  |  | CP |
|         |                                             |  |  |  |  |  | - Create | 11/04/09 1548 EMW 11/04/09 1548 EMW  |   |  |  |  |    |
|         |                                             |  |  |  |  |  | 4801200  | EDUCATION: Interdisciplinary +       | A |  |  |  | CP |
|         |                                             |  |  |  |  |  | - Create | 11/04/09 1548 EMW 11/04/09 1548 EMW  |   |  |  |  |    |
|         |                                             |  |  |  |  |  | 5021010  | DISCHARGE: Complete Discharge Form + | A |  |  |  | CP |
|         |                                             |  |  |  |  |  | - Create | 11/04/09 1548 EMW 11/04/09 1548 EMW  |   |  |  |  |    |

Activity Date: 11/05/09 Time: 0855

|           |                                                                                                                                                                                                                               |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  |    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---|-------|--|--|----|
|           | Sources Used For This Documentation:                                                                                                                                                                                          |  |  |  |  |   | 2120365                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ASSESSMENT: AT Evaluation +         | A | . 1 X |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Document                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11/05/09 0855 KDO 11/05/09 0855 KDO |   |       |  |  |    |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | PROBLEMS TO BE ADDRESSED BY ACTIVITY THERAPY:                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |   |       |  |  |    |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | Difficulty Identifying and Expressing Feelings: Y<br>Poor Concentration:<br>Disorganized Thoughts:<br>Poor Impulse Control:<br>Low Frustration Tolerance:<br>Distractability:<br>Restlessness:<br>Low Self-Esteem:<br>Social Isolation/Withdrawal:<br>Poor Reality Testing:<br>Inadequate Social Skills:<br>Distorted Body Image:<br>Poor Leisure Time Management:<br>Inadequate Leisure Skills: Y<br>Leisure Time/Activities Related To Drug/Alcohol Abuse: |                                     |   |       |  |  |    |
|           | Clarification needed for any Medication:                                                                                                                                                                                      |  |  |  |  |   | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |   |       |  |  |    |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | Physical Problems/Safety Concerns: decreased ability to cope.<br>: hx of stress/anxiety                                                                                                                                                                                                                                                                                                                                                                      |                                     |   |       |  |  |    |
|           | Home Medication Disposition:                                                                                                                                                                                                  |  |  |  |  |   | CONCLUSIONS: ACTIVITY THERAPY INTERVENTIONS WILL FOCUS ON PROVISIONS OF ACTIVITIES THAT FACILITATE:                                                                                                                                                                                                                                                                                                                                                          |                                     |   |       |  |  |    |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | Identification and Expression of Feelings: Y<br>Focus of Attention and Organization of Thoughts: Y<br>Attending, Concentrating and Completing Tasks: Y<br>Feelings of Mastery and Self-Esteem: Y<br>Development of Realistic Body Image:<br>Social Interaction:<br>Development of More Functional Social Skills:                                                                                                                                             |                                     |   |       |  |  |    |
| 1001461-A | CARE PLAN : MH ADDITIONS +<br>--Use in place of Add Interventions--<br>Allows customization of Patient Care Plan.                                                                                                             |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 1002003   | Psychosocial Assessment std +                                                                                                                                                                                                 |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 1051013   | CARE AREA STATEMENT: PHP Adult +<br>--DOCUMENT AT END OF EVERY SHIFT--<br>To be documented every shift, to review current Pt. problems and to verify that the PHP Adult Patient Population Care Standards have been followed. |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 1572301   | ASSESS: Weight as Ordered and Record +                                                                                                                                                                                        |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 1751000   | VS: Monitor +                                                                                                                                                                                                                 |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 2120363   | MH Daily Nursing Assessment +                                                                                                                                                                                                 |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |
| 2120365   | ASSESSMENT: AT Evaluation +                                                                                                                                                                                                   |  |  |  |  | A |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |   |       |  |  | CP |
|           |                                                                                                                                                                                                                               |  |  |  |  |   | - Create                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 1548 EMW 11/04/09 1548 EMW |   |       |  |  |    |

Age/Sex: 33 .  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS, LORNAE D

Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

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| Intervention Description                       |                                                                  |               |    |      | Sts  | Directions | From    | Intervention Description |        |                                                |               |               | Sts | Directions | From |    |         |                  |        |
|------------------------------------------------|------------------------------------------------------------------|---------------|----|------|------|------------|---------|--------------------------|--------|------------------------------------------------|---------------|---------------|-----|------------|------|----|---------|------------------|--------|
| Activity Type                                  | Occurred Date                                                    | Recorded Time | by | Date | Time | by         | Comment | Documented Units         | Change | Activity Type                                  | Occurred Date | Recorded Time | by  | Date       | Time | by | Comment | Documented Units | Change |
| Activity Date: 11/04/09 Time: 1533 (continued) |                                                                  |               |    |      |      |            |         |                          |        | Activity Date: 11/04/09 Time: 1533 (continued) |               |               |     |            |      |    |         |                  |        |
| 1002003                                        | Psychosocial Assessment std + (continued)                        |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | 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                                                             |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | 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^:                                               |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | Pt Believes Drug Use a Problem: N                                |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | Negative Effects on Life:                                        |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
| 1002003                                        | Psychosocial Assessment std + (continued)                        |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | Medical Problems from CD Use:                                    |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | 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:                                                       |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | Describe Emotional Abuse^:                                       |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | Sexual:                                                          |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |
|                                                | 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^:                                   |               |    |      |      |            |         |                          |        |                                                |               |               |     |            |      |    |         |                  |        |

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LINA E D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                         | Sts           | Directions       | From                                                                                                  | Intervention Description                                                                                                                                                                                            | Sts           | Directions       | From                                                                                                  |  |
|--------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------------------------------------------------------------------------------------|--|
| Activity Type                                                                                    | Occurred Date | Recorded Time by | Documented Time by Comment                                                                            | Activity Type                                                                                                                                                                                                       | Occurred Date | Recorded Time by | Documented Time by Comment                                                                            |  |
|                                                                                                  |               |                  | Units                                                                                                 |                                                                                                                                                                                                                     |               |                  | Units                                                                                                 |  |
|                                                                                                  |               |                  | Change                                                                                                |                                                                                                                                                                                                                     |               |                  | Change                                                                                                |  |
| Activity Date: 11/04/09 Time: 1533 (continued)                                                   |               |                  |                                                                                                       | Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                      |               |                  |                                                                                                       |  |
| 1002003                                                                                          |               |                  | Psychosocial Assessment std + (continued)                                                             | 1002003                                                                                                                                                                                                             |               |                  | Psychosocial Assessment std + (continued)                                                             |  |
| Abuse Comments^:                                                                                 |               |                  |                                                                                                       | 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 she has had a conflictual relationship with this co-worker. |               |                  |                                                                                                       |  |
| Pt Perception of Needs^:                                                                         |               |                  |                                                                                                       | Pt Perception of Needs^:                                                                                                                                                                                            |               |                  |                                                                                                       |  |
| Patient states she will "do whatever you tell me here and whatever I need to get back to my job" |               |                  |                                                                                                       | 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^:                                                                       |               |                  |                                                                                                       | Pt's Goals for Treatment^:                                                                                                                                                                                          |               |                  |                                                                                                       |  |
| Return to work                                                                                   |               |                  |                                                                                                       | Return to work                                                                                                                                                                                                      |               |                  |                                                                                                       |  |
| Have attorney advocate that legal charges be dropped                                             |               |                  |                                                                                                       | Have attorney advocate that legal charges be dropped                                                                                                                                                                |               |                  |                                                                                                       |  |
| Be able to convince her boss that she is stable                                                  |               |                  |                                                                                                       | Be able to convince her boss that she is stable                                                                                                                                                                     |               |                  |                                                                                                       |  |
| Community Resources Current/Needed:                                                              |               |                  |                                                                                                       | Community Resources Current/Needed:                                                                                                                                                                                 |               |                  |                                                                                                       |  |
| Unable to assess                                                                                 |               |                  |                                                                                                       | Unable to assess                                                                                                                                                                                                    |               |                  |                                                                                                       |  |
| Anticipated Treatment Mgr Role in TX/DC Planning:                                                |               |                  |                                                                                                       | Anticipated Treatment Mgr Role in TX/DC Planning:                                                                                                                                                                   |               |                  |                                                                                                       |  |
| FAMILY CONTACT                                                                                   |               |                  |                                                                                                       | FAMILY CONTACT                                                                                                                                                                                                      |               |                  |                                                                                                       |  |
| COORDINATION OF CARE/OPP                                                                         |               |                  |                                                                                                       | COORDINATION OF CARE/OPP                                                                                                                                                                                            |               |                  |                                                                                                       |  |
| DISCHARGE PLANNING                                                                               |               |                  |                                                                                                       | DISCHARGE PLANNING                                                                                                                                                                                                  |               |                  |                                                                                                       |  |
| REFERRAL TO COMM. RESOURC                                                                        |               |                  |                                                                                                       | REFERRAL TO COMM. RESOURC                                                                                                                                                                                           |               |                  |                                                                                                       |  |
| Goals of Treatment: STABILIZE MOOD                                                               |               |                  |                                                                                                       | Goals of Treatment: STABILIZE MOOD                                                                                                                                                                                  |               |                  |                                                                                                       |  |
| IMPROVE COPING SKILLS                                                                            |               |                  |                                                                                                       | IMPROVE COPING SKILLS                                                                                                                                                                                               |               |                  |                                                                                                       |  |
| Activity Date: 11/04/09 Time: 1547                                                               |               |                  |                                                                                                       | Activity Date: 11/04/09 Time: 1547                                                                                                                                                                                  |               |                  |                                                                                                       |  |
| 1001451-A                                                                                        |               |                  | CARE PLAN : MH ADDITIONS +                                                                            | 1001451-A                                                                                                                                                                                                           |               |                  | CARE PLAN : MH ADDITIONS +                                                                            |  |
|                                                                                                  |               |                  | --Use in place of Add Interventions--                                                                 |                                                                                                                                                                                                                     |               |                  | --Use in place of Add Interventions--                                                                 |  |
|                                                                                                  |               |                  | Allows customization of Patient Care Plan.                                                            |                                                                                                                                                                                                                     |               |                  | Allows customization of Patient Care Plan.                                                            |  |
| - Create                                                                                         | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     | - Create                                                                                                                                                                                                            | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     |  |
| - Ed Status                                                                                      | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     | - Ed Status                                                                                                                                                                                                         | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     |  |
| 1002003                                                                                          |               |                  | Psychosocial Assessment std +                                                                         | 1002003                                                                                                                                                                                                             |               |                  | Psychosocial Assessment std +                                                                         |  |
| - Create                                                                                         | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     | - Create                                                                                                                                                                                                            | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     |  |
| - Ed Status                                                                                      | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     | - Ed Status                                                                                                                                                                                                         | 11/04/09      | 1547 EMW         | 11/04/09 1547 EMW                                                                                     |  |
| 1002030                                                                                          |               |                  | PSY: Anxiety Disorder, Assess                                                                         | 1002030                                                                                                                                                                                                             |               |                  | PSY: Anxiety Disorder, Assess                                                                         |  |
|                                                                                                  |               |                  | * Physician to assess mental status and effectiveness of medications.                                 |                                                                                                                                                                                                                     |               |                  | * Physician to assess mental status and effectiveness of medications.                                 |  |
|                                                                                                  |               |                  | * RN to assess anxiety and patient perception of effectiveness of medications.                        |                                                                                                                                                                                                                     |               |                  | * RN to assess anxiety and patient perception of effectiveness of medications.                        |  |
|                                                                                                  |               |                  | * Patient education related to effects and side effects of medications administered to treat illness. |                                                                                                                                                                                                                     |               |                  | * Patient education related to effects and side effects of medications administered to treat illness. |  |
|                                                                                                  |               |                  | * Patient education regarding management                                                              |                                                                                                                                                                                                                     |               |                  | * Patient education regarding management                                                              |  |

Age/Sex: 33 F  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS, LinnAE D  
Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                  |                                                                    |      |             |          |      |            | Sts    | Directions       | From   | Intervention Description                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            | Sts | Directions       | From   |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------|-------------|----------|------|------------|--------|------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|----------|------|------------|-----|------------------|--------|--|--|--|
| Activity Type                                                                                                                             | Occurred Date                                                      | Time | Recorded By | Date     | Time | by Comment |        | Documented Units | Change | Activity Type                                                                                                                                                                                                   | Occurred Date                                                                                                                                                                                                                                                                                                           | Time        | Recorded By | Date     | Time | by Comment |     | Documented Units | Change |  |  |  |
| Activity Date: 11/04/09 Time: 1547                                                                                                        |                                                                    |      |             |          |      |            |        |                  |        | Activity Date: 11/04/09 Time: 1548 (continued)                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| 4136600                                                                                                                                   | MEDS: Administer PAIN-MEDS(prn/standing)                           | C    |             |          |      |            | CP     |                  |        | 1001070                                                                                                                                                                                                         | Admission Initial Safety Assessment +                                                                                                                                                                                                                                                                                   | (continued) |             |          |      |            |     |                  |        |  |  |  |
|                                                                                                                                           | 1. Monitor effectiveness/side effects (and any adverse reactions). |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 | 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 Triggers: NA |             |             |          |      |            |     |                  |        |  |  |  |
| - Ed Status                                                                                                                               | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | A => C |                  |        |                                                                                                                                                                                                                 | : NA                                                                                                                                                                                                                                                                                                                    |             |             |          |      |            |     |                  |        |  |  |  |
| 4801200                                                                                                                                   | EDUCATION: Interdisciplinary +                                     | C    |             |          |      |            | CP     |                  |        |                                                                                                                                                                                                                 | Level of Impulsivity: Low                                                                                                                                                                                                                                                                                               |             |             |          |      |            |     |                  |        |  |  |  |
| - Create                                                                                                                                  | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        |        |                  |        | Admission history/symptoms indicate potential for self-harm: N                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| - Ed Status                                                                                                                               | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | A => C |                  |        | Commits to notify staff of self harm thoughts, intent, or plans: Y                                                                                                                                              |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| 5021010                                                                                                                                   | DISCHARGE: Complete Discharge Form +                               | C    |             |          |      |            | CP     |                  |        | Patient's Protective Barriers against Suicide/Self Harm: Coping Skills                                                                                                                                          |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
|                                                                                                                                           | ALSO: Complete paper form when going home                          |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 | Currently Employed/School                                                                                                                                                                                                                                                                                               |             |             |          |      |            |     |                  |        |  |  |  |
| - Create                                                                                                                                  | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | A => C |                  |        | Positive Attitude                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| - Ed Status                                                                                                                               | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | CP     |                  |        | Social Supports                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| 5021012                                                                                                                                   | DISCHARGE: MED REC PATIENT MED List +                              | C    |             |          |      |            | CP     |                  |        | Ability Reality Test                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| - Create                                                                                                                                  | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | A => C |                  |        | 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" |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| - Ed Status                                                                                                                               | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        | AS     |                  |        | 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."                                                        |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| 9100004                                                                                                                                   | QUICK ADMISSION DATA +                                             | A    |             |          |      |            | AS     |                  |        | <<NURSING ADMISSION NOTE>>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
|                                                                                                                                           | Nursing Quick Start                                                |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 | Oriented to unit: Y                                                                                                                                                                                                                                                                                                     |             |             |          |      |            |     |                  |        |  |  |  |
| - Create                                                                                                                                  | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        |        |                  |        | Appearance: WELL GROOM : PT ADMITTED TO ADULT PARTIAL PROGRAM TODAY, STATES                                                                                                                                     |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| - Document                                                                                                                                | 11/04/09                                                           | 1547 | EMW         | 11/04/09 | 1547 | EMW        |        |                  |        | Additional Comments: SHE WAS DISORIENTED AFTER HER CAR ACCIDENT FOR A FEW DAYS BUT DENIES                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Location/Service: J.3PA                                                                                                                   |                                                                    |      |             |          |      |            |        |                  |        | : LOSS OF CONTROL OF MOOD OR BEHAVIOR RECENTLY, HAS AN INTERVIEW AT WORK                                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Patient Care Type: AGE: 33                                                                                                                |                                                                    |      |             |          |      |            |        |                  |        | : TODAY; VERY ELEGANTLY AND NEATLY DRESSED IN BUSINESS SUIT, DENIES SI/HI/SIB                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Arrival Time: 1130                                                                                                                        |                                                                    |      |             |          |      |            |        |                  |        | : GIVES SL=10                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Activity Date: 11/04/09 Time: 1548                                                                                                        |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| 1001070                                                                                                                                   | Admission Initial Safety Assessment +                              | A    |             |          |      |            | CP     |                  |        | 1001083                                                                                                                                                                                                         | ADMISSION: Medication History +                                                                                                                                                                                                                                                                                         | A           |             |          |      |            |     |                  |        |  |  |  |
|                                                                                                                                           | * To be done on Admission *                                        |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 | * Medication History to be done on Admission *                                                                                                                                                                                                                                                                          |             |             |          |      |            |     |                  |        |  |  |  |
| - Create                                                                                                                                  | 11/04/09                                                           | 1548 | EMW         | 11/04/09 | 1548 | EMW        |        |                  |        | - Create                                                                                                                                                                                                        | 11/04/09                                                                                                                                                                                                                                                                                                                | 1548        | EMW         | 11/04/09 | 1548 | EMW        |     |                  |        |  |  |  |
| - Document                                                                                                                                | 11/04/09                                                           | 1548 | EMW         | 11/04/09 | 1556 | EMW        |        |                  |        | - Document                                                                                                                                                                                                      | 11/04/09                                                                                                                                                                                                                                                                                                                | 1548        | EMW         | 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" |                                                                    |      |             |          |      |            |        |                  |        | Home Medications:                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Any History of Abuse or Neglect: N                                                                                                        |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| History of Aggressive/Assaultive Behavior: None                                                                                           |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Access to Lethal Means: N                                                                                                                 |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| If Yes please explain:                                                                                                                    |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Patient's 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                                                                                       |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |
| Does the patient have a plan for suicide: DENIES                                                                                          |                                                                    |      |             |          |      |            |        |                  |        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |             |             |          |      |            |     |                  |        |  |  |  |

Age/Sex: 33 r  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                       |                                                                                                                            |                   |                   | Sts Directions |                  |        | From                               | Intervention Description                                                                                                                                                                                              |                                        |                   |                          | Sts Directions   |        |  | From |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------|------------------|--------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------|--------------------------|------------------|--------|--|------|
| Activity Type                                  | Occurred Date                                                                                                              | Recorded Time by  | Documented Date   | Comment        | Documented Units | Change | Activity Type                      | Occurred Date                                                                                                                                                                                                         | Recorded Time by                       | Documented Date   | Comment                  | Documented Units | Change |  |      |
| Activity Date: 11/04/09 Time: 1547 (continued) |                                                                                                                            |                   |                   |                |                  |        | Activity Date: 11/04/09 Time: 1547 |                                                                                                                                                                                                                       |                                        |                   |                          |                  |        |  |      |
| 1002030                                        | PSY: Anxiety Disorder, Assess of anxiety [], coping skills.                                                                | (continued)       |                   |                |                  |        | 1051009-A                          | CARE AREA STATEMENT: MH Adult + --DOCUMENT AT END OF EVERY SHIFT-- To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed. | C                                      | . At End of shift |                          | CP               |        |  |      |
|                                                | * Encourage Patient to attend group therapy related to [].                                                                 |                   |                   |                |                  |        |                                    |                                                                                                                                                                                                                       |                                        |                   |                          |                  |        |  |      |
|                                                | * Assist patient to identify anxiety-producing situations and plan for such events.                                        |                   |                   |                |                  |        |                                    |                                                                                                                                                                                                                       |                                        |                   |                          |                  |        |  |      |
|                                                | * Assist in the development of coping skills to manage anxiety.                                                            |                   |                   |                |                  |        |                                    |                                                                                                                                                                                                                       |                                        |                   |                          |                  |        |  |      |
| - Create 1002051                               | PSY: Thought Disorder, Assess                                                                                              | 11/04/09 1547 EMW | 11/04/09 1547 EMW |                |                  | CP     | - Create 1300006                   | Age Specific Care: Young Adulthood +                                                                                                                                                                                  | A                                      |                   |                          | CP               | A => C |  |      |
|                                                | * Physician to assess mental status, and effectiveness of medications.                                                     |                   |                   |                |                  |        |                                    | 1. Assess patient's self-perception for motivation.                                                                                                                                                                   |                                        |                   |                          |                  |        |  |      |
|                                                | * RN to assess mental status and patient perception of effectiveness of medications.                                       |                   |                   |                |                  |        |                                    | 2. Assess body image.                                                                                                                                                                                                 |                                        |                   |                          |                  |        |  |      |
|                                                | * Patient education related to thought disorder and effects and side effects of medications administered to treat illness. |                   |                   |                |                  |        |                                    | 3. Assist with identifying useful coping mechanisms and support systems.                                                                                                                                              |                                        |                   |                          |                  |        |  |      |
|                                                | * Encourage patient to attend group therapy related to [].                                                                 |                   |                   |                |                  |        |                                    | 4. Encourage to talk about illness/injury - how it may affect plans, family/finances.                                                                                                                                 |                                        |                   |                          |                  |        |  |      |
|                                                | * Assist pt to ID behaviors that alienate significant others and family members                                            |                   |                   |                |                  |        |                                    | 5. Encourage patient and family in decision making and patient care, if wanted.                                                                                                                                       |                                        |                   |                          |                  |        |  |      |
|                                                | * Collaborate with pt to identify anxious behavior and coping techniques                                                   |                   |                   |                |                  |        |                                    | 6. Educate re injury prevention and healthy lifestyle.                                                                                                                                                                |                                        |                   |                          |                  |        |  |      |
|                                                | * Collaborate with pt to establish a daily, achievable routine                                                             |                   |                   |                |                  |        |                                    | - Create 1572301                                                                                                                                                                                                      | ASSESS: Weight as Ordered and Record + | C                 |                          | CP               |        |  |      |
|                                                | * Encourage pt to explore adaptive behaviors that increase socialization                                                   |                   |                   |                |                  |        |                                    | - Create 1751000                                                                                                                                                                                                      | VS: Monitor +                          | C                 | . Daily or per MD order. | CP               | A => C |  |      |
|                                                | * Encourage pt to explore adaptive behaviors that help to accomplish ADL's                                                 |                   |                   |                |                  |        |                                    | - Create 2120363                                                                                                                                                                                                      | MH Daily Nursing Assessment +          | C                 | . Every 24 hours         | CP               |        |  |      |
| - Create 1009999                               | UPDATE: Clarification of Medications +                                                                                     | 11/04/09 1547 EMW | 11/04/09 1547 EMW |                |                  | CP     | - Create 2120365                   | ASSESSMENT: AT Evaluation +                                                                                                                                                                                           | C                                      | . 1 Time          |                          | CP               | A => C |  |      |
| - Create                                       |                                                                                                                            | 11/04/09 1547 EMW | 11/04/09 1547 EMW |                |                  |        | - Create 2120366                   | MH Psycho-Educational Group +                                                                                                                                                                                         | C                                      |                   |                          | CP               | A => C |  |      |
| - Ed Status                                    |                                                                                                                            | 11/04/09 1547 EMW | 11/04/09 1547 EMW |                |                  | A => C | - Create 2120370                   | MH SW Group Therapy Session +                                                                                                                                                                                         | C                                      |                   |                          | CP               |        |  |      |
|                                                |                                                                                                                            |                   |                   |                |                  |        | - Create 2120752                   | Preceptor Documentation Co-Sign +                                                                                                                                                                                     | C                                      |                   |                          | CP               |        |  |      |
|                                                |                                                                                                                            |                   |                   |                |                  |        | - Create 3766530                   | NUTRITION: Monitor Meals, Record % +                                                                                                                                                                                  | C                                      |                   |                          | CP               | A => C |  |      |
|                                                |                                                                                                                            |                   |                   |                |                  |        | - Create 4136600                   | MEDS: Administer PAIN-MEDS(prn/standing) C                                                                                                                                                                            | C                                      |                   |                          | CP               |        |  |      |
|                                                |                                                                                                                            |                   |                   |                |                  |        |                                    | 1. Monitor effectiveness/side effects (and any adverse reactions).                                                                                                                                                    |                                        |                   |                          |                  |        |  |      |
|                                                |                                                                                                                            |                   |                   |                |                  |        |                                    | - Create                                                                                                                                                                                                              | 11/04/09 1547 EMW                      | 11/04/09 1547 EMW |                          |                  |        |  |      |

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                       | Sts                                                              | Directions       | From               | Intervention Description                             | Sts                                       | Directions | From |
|------------------------------------------------|------------------------------------------------------------------|------------------|--------------------|------------------------------------------------------|-------------------------------------------|------------|------|
| Activity Type                                  | Occurred Date                                                    | Recorded Time by | Documented Date by | Comment                                              | Units                                     | Change     |      |
| Activity Date: 11/05/09 Time: 0855 (continued) |                                                                  |                  |                    | Activity Date: 11/05/09 Time: 1630 (continued)       |                                           |            |      |
| 2120365                                        | ASSESSMENT: AT Evaluation + (continued)                          |                  |                    | 2120363                                              | MH Daily Nursing Assessment + (continued) |            |      |
|                                                | Development of Impulse Control:                                  |                  |                    | Thoughts:                                            |                                           |            |      |
|                                                | Identification of Leisure Time Skills and Interests: Y           |                  |                    | Intent to Harm Self:                                 |                                           |            |      |
|                                                | Development of Structured Leisure Plan For After Discharge:      |                  |                    | Plan:                                                |                                           |            |      |
|                                                | Identification of Healthy Alternatives to Drug Related Behavior: |                  |                    | Self Harm: N                                         | Type:                                     |            |      |
| Other:                                         |                                                                  |                  |                    | Identify Current Triggers:                           |                                           |            |      |
| Activity Date: 11/05/09 Time: 1608             |                                                                  |                  |                    | Homicidal Ideation: N                                |                                           |            |      |
| Patient Notes: NURSE NOTES                     |                                                                  |                  |                    | Thoughts:                                            |                                           |            |      |
| - Create 11/05/09 1608 MJ 11/05/09 1608 MJ     |                                                                  |                  |                    | Intent to Harm Others:                               |                                           |            |      |
| ACTIVITY/EXPRESSIVE THERAPY GROUP NOTE         |                                                                  |                  |                    | Plan:                                                |                                           |            |      |
| GROUP TOPIC: Movement Therapy Self-Esteem      |                                                                  |                  |                    | Aggressive/Assaultive Behavior Level: Low            |                                           |            |      |
| Observation of Symptomology: Minimal           |                                                                  |                  |                    | Impulse Control: Mod                                 |                                           |            |      |
| Group Participation: Involved                  |                                                                  |                  |                    | Safety Level: 9-10                                   |                                           |            |      |
| Affect: Flat                                   |                                                                  |                  |                    | Comments: PATIENT SAYS SAFETY IS 10                  |                                           |            |      |
| Mood: Calm                                     |                                                                  |                  |                    | --APPETITE--                                         |                                           |            |      |
| Peer Interaction: Minimal                      |                                                                  |                  |                    | Nutritional Status: PATIENT SAYS APPETITE IS GOOD    |                                           |            |      |
| Staff Interaction: Compliant                   |                                                                  |                  |                    | Comments:                                            |                                           |            |      |
| Impulse Control: Good                          |                                                                  |                  |                    | ---ADL/HYGIENE---                                    |                                           |            |      |
| Pt/Family Education Done: Yes                  |                                                                  |                  |                    | Grooming/Dress: Appropriate/Neat/Clean               |                                           |            |      |
| Person Taught: Patient                         |                                                                  |                  |                    | Comments:                                            |                                           |            |      |
| Readiness to Learn: Receptive                  |                                                                  |                  |                    | --MEDICATIONS--                                      |                                           |            |      |
| Teaching Method: Group Session/Class           |                                                                  |                  |                    | Is patient compliant with medication regimen: Y      |                                           |            |      |
| Outcome: Comm. Understanding                   |                                                                  |                  |                    | If no, explain:                                      |                                           |            |      |
| Comments:                                      |                                                                  |                  |                    | Medication Side Effects: N                           |                                           |            |      |
| Note Type Description                          |                                                                  |                  |                    | If yes, explain:                                     |                                           |            |      |
| No Type None                                   |                                                                  |                  |                    | Monitoring of effects of medications to include:     |                                           |            |      |
| Activity Date: 11/05/09 Time: 1630             |                                                                  |                  |                    | Staff observations of effect(s):                     |                                           |            |      |
| 2120363 MH Daily Nursing Assessment +          |                                                                  |                  |                    | Pt's perceptions of effect(s):                       |                                           |            |      |
| - Document 11/05/09 1630 MVP 11/05/09 1635 MVP |                                                                  |                  |                    | Physical Complaints:                                 |                                           |            |      |
| - ---Mental Status Exam---                     |                                                                  |                  |                    | :                                                    |                                           |            |      |
| LOC: Alert                                     |                                                                  |                  |                    | Sleep Pattern Disturbance: N                         |                                           |            |      |
| Concentration: Good                            |                                                                  |                  |                    | Difficulty Falling Asleep:                           |                                           |            |      |
| Memory: Intact                                 |                                                                  |                  |                    | Day/Night Reversal:                                  |                                           |            |      |
| Speech: Clear/Well Modulated                   |                                                                  |                  |                    | Sleep Walking:                                       |                                           |            |      |
| Behavior: Cooperative                          |                                                                  |                  |                    | Other:                                               |                                           |            |      |
| Thought Process: Coherent/Logical              |                                                                  |                  |                    | Is this a change in patient's regular sleep pattern: |                                           |            |      |
| Affect: Appropriate                            |                                                                  |                  |                    | Comment:                                             |                                           |            |      |
| Motor: Steady/No Extraneous Move               |                                                                  |                  |                    | Pt/Family Education Done: Y                          |                                           |            |      |
| Judgement: Fair                                |                                                                  |                  |                    | Enter Note?                                          |                                           |            |      |
| Comment: PATIENT WAS FOCUSED ON GROUP SESSIONS |                                                                  |                  |                    | Person Taught: Patient                               |                                           |            |      |
| Suicidal Ideation: N                           |                                                                  |                  |                    |                                                      |                                           |            |      |

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               |                  |                         | Sts Directions |                  |        | From | Intervention Description |               |                  |                         | Sts Directions |                  |        | From |
|--------------------------|---------------|------------------|-------------------------|----------------|------------------|--------|------|--------------------------|---------------|------------------|-------------------------|----------------|------------------|--------|------|
| Activity Type            | Occurred Date | Recorded Time by | Documented Date Time by | Comment        | Documented Units | Change |      | Activity Type            | Occurred Date | Recorded Time by | Documented Date Time by | Comment        | Documented Units | Change |      |

|                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| Activity Date: 11/05/09 Time: 1630 (continued) | Activity Date: 11/06/09 Time: 1155 (continued) |
|------------------------------------------------|------------------------------------------------|

2120363 MH Daily Nursing Assessment + (continued)  
 Readiness to Learn: Receptive Teaching Method: Verbal/Written  
 Discipline: Nursing  
 Medication Education: N  
 If FDI Ed. which drug:  
 1st Time Dose Instruction:  
 Medication Name(s):  
 Medication Information Taught:  
 Medication Info Cont.:  
 Medication Info. Cont.:  
 Content Area: Treatment  
 Outcome: Comm. Understanding  
 Education Notes: GOAL SETTING  
 : SUPPORT  
 : SAFETY

Activity Date: 11/05/09 Time: 1635  
 Patient Notes: NURSE NOTES  
 - Create 11/05/09 1635 MVP 11/05/09 1638 MVP  
 PATIENT PRESENT FOR GROUP SESSION TODAY INVOLVED AFFECT ANXIOUS SAYS SHE WENT TO THE GYM YESTERDAY ATE DINNER AND TALKED WITH FRIENDS. SOCIAL WITH PEERS. SET GOAL TO CONTINUE TO PROGRESS AT RESOLVING CONCERNS FROM JOB. SAY SHE HAS NO SAFETY ISSUES AND RATES SAFETY AT LEVEL 10. PATIENT SAYS SHE IS SLEEPING OK AND APPETITE IS GOOD. EXPRESSED FEELING HAPPY CALM DETERMINED AND CALM.  
 Note Type Description  
 Diagnosis PSY PROBLEM: Anxiety

Activity Date: 11/06/09 Time: 1155  
 2120363 MH Daily Nursing Assessment + A . Every 24 hrs CP  
 - Document 11/06/09 1155 EMW 11/06/09 1159 EMW  
 - ---Mental Status Exam---  
 LOC: Alert Concentration: Fair  
 Orientation: Oriented x 3 Memory: Intact  
 Knowledge of Illness: Yes Speech: Clear/Well Modulated  
 Eye Contact: Direct Behavior: Composed  
 Thought Content: positive self-talk Thought Process: Coherent/Logical  
 Appearance: Clean and Neat Affect: Appropriate  
 Mood: Pleasant Motor: Steady/No Extraneous Move  
 Insight: Fair Judgement: Fair  
 Comment:  
 Suicidal Ideation: N  
 Thoughts:

2120363 MH Daily Nursing Assessment + (continued)  
 Intent to Harm Self:  
 Plan:  
 Self Harm: N Type:  
 Identify Current Triggers:  
 Homicidal Ideation: N  
 Thoughts:  
 Intent to Harm Others:  
 Plan:  
 Aggressive/Assaultive Behavior Level: Low Impulse Control: Mod  
 Safety Level: 9-10  
 Comments: SL=10, denies SI/HI/SIB  
 ---APPETITE---  
 Nutritional Status: reports appetite good  
 Comments:  
 ---ADL/HYGIENE---  
 Grooming/Dress: Appropriate/Neat/Clean  
 Comments: elegantly dressed in business suit  
 ---MEDICATIONS---  
 Is patient compliant with medication regimen: Y  
 If no, explain:  
 Medication Side Effects: N  
 If yes, explain:  
 Monitoring of effects of medications to include:  
 Staff observations of effect(s): affect appropriate, composed; participates in groups  
 Pt's perceptions of effect(s): not taking (none prescribed by Dominion)  
 Physical Complaints: none reported or observed  
 Sleep Pattern Disturbance: N Difficulty Falling Asleep: Early A.M. Awakening:  
 Day/Night Reversal: Nightmares:  
 Sleep Walking: Hypersomnia:  
 Other:  
 Is this a change in patient's regular sleep pattern:  
 Comment: reports sleep ok  
 Pt/Family Education Done: Y Enter Note? N  
 Person Taught: Patient  
 Readiness to Learn: Receptive Teaching Method: Group Session/Class



Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LINA E D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                                                                   | Sts           | Directions       | From                    | Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                                                | Sts           | Directions       | From                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------|
| Activity Type                                                                                                                                                                              | Occurred Date | Recorded Time by | Documented Date Time by | Activity Type                                                                                                                                                                                                                                                                                                                                                                                                                                           | Occurred Date | Recorded Time by | Documented Date Time by |
|                                                                                                                                                                                            |               |                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                  |                         |
| Comment                                                                                                                                                                                    |               |                  |                         | Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                  |                         |
| Units                                                                                                                                                                                      |               |                  |                         | Units                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                  |                         |
| Change                                                                                                                                                                                     |               |                  |                         | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                  |                         |
| Activity Date: 11/06/09 Time: 1155 (continued)                                                                                                                                             |               |                  |                         | Activity Date: 11/06/09 Time: 1224 (continued)                                                                                                                                                                                                                                                                                                                                                                                                          |               |                  |                         |
| 2120363                                                                                                                                                                                    |               |                  |                         | Patient Notes: PHP GROUP NOTE (continued)                                                                                                                                                                                                                                                                                                                                                                                                               |               |                  |                         |
| MH Daily Nursing Assessment + (continued)                                                                                                                                                  |               |                  |                         | Person Taught:                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                  |                         |
| Medication Education: N                                                                                                                                                                    |               |                  |                         | Readiness to Learn:                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                         |
| Discipline: Nursing                                                                                                                                                                        |               |                  |                         | Teaching Method:                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                  |                         |
| If FDI Ed. which drug:                                                                                                                                                                     |               |                  |                         | Outcome:                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                  |                         |
| 1st Time Dose Instruction:                                                                                                                                                                 |               |                  |                         | Comments: pt sharing w/e plans and concerns about court date on Tues.                                                                                                                                                                                                                                                                                                                                                                                   |               |                  |                         |
| Medication Name(s):                                                                                                                                                                        |               |                  |                         | accepting supportive fb about same                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |                         |
| Medication Information Taught:                                                                                                                                                             |               |                  |                         | Note Type Description                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                  |                         |
| Medication Info Cont.:                                                                                                                                                                     |               |                  |                         | No Type None                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                  |                         |
| Medication Info. Cont.:                                                                                                                                                                    |               |                  |                         | Activity Date: 11/06/09 Time: 1238                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |                         |
| Content Area: Home Care                                                                                                                                                                    |               |                  |                         | Patient Notes: PHP GROUP NOTE                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                  |                         |
| Outcome: Demo Independently                                                                                                                                                                |               |                  |                         | - Create 11/06/09 1238 MXS 11/06/09 1242 MXS                                                                                                                                                                                                                                                                                                                                                                                                            |               |                  |                         |
| Education Notes: group: weekend planning                                                                                                                                                   |               |                  |                         | SOCIAL WORK GROUP NOTE                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                  |                         |
| :                                                                                                                                                                                          |               |                  |                         | GROUP TOPIC: Coping/Survival Skills                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                         |
| :                                                                                                                                                                                          |               |                  |                         | Observation of Symptomology: Minimal                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                  |                         |
| Activity Date: 11/06/09 Time: 1159                                                                                                                                                         |               |                  |                         | Group Participation: Appropriate                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                  |                         |
| Patient Notes: NURSE NOTES                                                                                                                                                                 |               |                  |                         | Affect: Flat                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                  |                         |
| - Create 11/06/09 1159 EMW 11/06/09 1202 EMW                                                                                                                                               |               |                  |                         | Mood: Anxious                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                  |                         |
| Pt states she is "proud she has been able to withstand everything, not spiraling into a deep depression or internalize the things people have said about me." Denies safety issues, SL=10. |               |                  |                         | Peer Interaction: Appropriate to all peers                                                                                                                                                                                                                                                                                                                                                                                                              |               |                  |                         |
| Note Type Description                                                                                                                                                                      |               |                  |                         | Staff Interaction: Compliant                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                  |                         |
| Diagnosis PSY-PROBLEM: Alteration in Thought Proc                                                                                                                                          |               |                  |                         | Impulse Control: Good                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                  |                         |
| Activity Date: 11/06/09 Time: 1224                                                                                                                                                         |               |                  |                         | Affect: Constricted                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                         |
| Patient Notes: PHP GROUP NOTE                                                                                                                                                              |               |                  |                         | Comments: Group focused on ambivalence and resistance to treatment. Patient sat silently listening for most of group. Close to end of group she talked about "doing more thinking" about the recent series of events that resulted in her referral here. She then went on to say she had experienced several bouts of severe depression in recent years but attributed these to situational stressors in her life e.g. academic demands of grad school. |               |                  |                         |
| - Create 11/06/09 1224 AVB 11/06/09 1225 AVB                                                                                                                                               |               |                  |                         | Note Type Description                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                  |                         |
| PSYCHOEDUCATION GROUP NOTE                                                                                                                                                                 |               |                  |                         | No Type None                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                  |                         |
| GROUP TOPIC: Stress Management Stress Management                                                                                                                                           |               |                  |                         | Activity Date: 11/06/09 Time: 1410                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |                         |
| Observation of Symptomology: Minimal                                                                                                                                                       |               |                  |                         | 1051013 CARE AREA STATEMENT: PHP Adult + A . at end of each day CP                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |                         |
| Group Participation: Appropriate                                                                                                                                                           |               |                  |                         | --DOCUMENT AT END OF EVERY SHIFT--                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                  |                         |
| Affect: Appropriate                                                                                                                                                                        |               |                  |                         | To be documented every shift, to review current Pt. problems and to verify that the PHP Adult Patient Population Care Standards have been followed.                                                                                                                                                                                                                                                                                                     |               |                  |                         |
| Mood: Anxious                                                                                                                                                                              |               |                  |                         | - Document 11/06/09 1410 MVP 11/06/09 1411 MVP                                                                                                                                                                                                                                                                                                                                                                                                          |               |                  |                         |
| Peer Interaction: Appropriate to all peers                                                                                                                                                 |               |                  |                         | 1) Review of Patient PROBLEMS w/Status on PLAN of CARE                                                                                                                                                                                                                                                                                                                                                                                                  |               |                  |                         |
| Staff Interaction: Compliant                                                                                                                                                               |               |                  |                         | 1: Developmental Age 18-40 yrs-YOUNG ADLT : A13:                                                                                                                                                                                                                                                                                                                                                                                                        |               |                  |                         |
| Impulse Control: Good                                                                                                                                                                      |               |                  |                         | 2: CARE GOALS: Dominion MH Adult : C14:                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                  |                         |
| Affect: Appropriate                                                                                                                                                                        |               |                  |                         | 3: STANDARD: DOMINION HOSPITAL WIDE CARE : C15:                                                                                                                                                                                                                                                                                                                                                                                                         |               |                  |                         |
| Pt/Family Education Done: No                                                                                                                                                               |               |                  |                         | 4: PSY-PROBLEM: Anxiety : A16:                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                  |                         |
|                                                                                                                                                                                            |               |                  |                         | 5: PSY-PROBLEM: Alteration in Thought Proc: A17:                                                                                                                                                                                                                                                                                                                                                                                                        |               |                  |                         |

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J\_3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description | Sts           | Directions    | From    | Intervention Description | Sts     | Directions | From             |        |
|--------------------------|---------------|---------------|---------|--------------------------|---------|------------|------------------|--------|
| Activity Type            | Occurred Date | Recorded Time | by Date | Time                     | by Date | Comment    | Documented Units | Change |

Activity Date: 11/06/09 Time: 1410 (continued)

1051013 CARE AREA STATEMENT: PHP Adult + (continued)  
 6: CARE GOALS: Dominion PHP Adult : A18: :  
 7: STANDARD: DOMINION HOSPITAL PHP : A19: :  
 8: : 20: :  
 9: : 21: :  
 10: : 22: :  
 11: : 23: :  
 12: : 24: :  
 I have reviewed the Pt problems listed above and the Treatment Plan for pt: Y  
 The Pt Care Standards appropriate for this patient defined for his/her patient population  
 have been met throughout the shift (unless otherwise documented): YES (Review-SHIFT F8)

Comment:  
 Enter Note? In Shift: 7AM-3PM Signature: PERRY, MARILYN - RN

Activity Date: 11/09/09 Time: 1027

Patient Notes: SOCIAL SERVICES NOTES  
 - Create 11/09/09 1027 MXS 11/09/09 1034 MXS

MEETING WITH PATIENT:  
 This CSW met with patient for purpose of assessment and discharge planning.  
 Patient reported that her mother is continuing to stay with her and provide support. Patient had spent weekend in a highly structured way, exercising, eating out with her mother or with friends and remaining busy most of the time.

IMPRESSION:  
 Today patient presents dressed in business attire with good grooming. Her mood is anxious, affect is congruent with ideation, eye contact is good, thinking is clear and goal directed. Patient denies any harmful ideation toward self or other, acknowledges some sleep disturbance over the weekend which she attributes to her anxiety about court date tomorrow and the ongoing employment status investigation that she has to face with her governmental agency. Patient continues to offer plausible explanation for her traffic accident and flat out denies other accusations of bizarre behavior at work. Patient denies any symptoms suggestive of a psychotic episode.

PLAN:  
 1. Patient will attend court hearing in the AM with her mother and friends as a support system.  
 2. Patient will either return to PHP after court or return on Wed 11/11/09.  
 3. Patient encouraged to find OP providers so that she can follow up after discharge from PHP.  
 5. Attending psychiatrist informed of all above.

|           |             |
|-----------|-------------|
| Note Type | Description |
| No Type   | None        |

Activity Date: 11/09/09 Time: 1230

2120363 MH Daily Nursing Assessment + A . Every 24 hrs CP  
 - Document 11/09/09 1230 DPS 11/09/09 1235 DPS  
 - ---Mental Status Exam---  
 LOC: Alert Concentration: Fair  
 Orientation: Oriented to Person only Memory: Intact  
 Knowledge of Illness: Yes Speech: Clear/Well Modulated  
 Eye Contact: Direct Behavior: Composed  
 Thought Content: Self-Accepting Thought Process: Coherent/Logical  
 Appearance: Clean and Neat Affect: Blunted  
 Mood: Calm Motor: Steady/No Extraneous Move  
 Insight: Fair Judgement: Fair  
 Comment:

Suicidal Ideation: N  
 Thoughts:  
 Intent to Harm Self:  
 Plan:

Self Harm: N Type:  
 Identify Current Triggers:  
 Homicidal Ideation: N  
 Thoughts:  
 Intent to Harm Others:  
 Plan:

Aggressive/Assaultive Behavior Level: Low Impulse Control: High  
 Safety Level: 9-10  
 Comments: NO UNSAFE BEHAVIOR NOTED

---APPETITE---  
 Nutritional Status: GOOD  
 Comments:

---ADL/HYGIENE---  
 Grooming/Dress: Appropriate/Neat/Clean  
 Comments:

---MEDICATIONS---  
 Is patient compliant with medication regimen: N  
 If no, explain: NOT ON MEDS

Medication Side Effects: N  
 If yes, explain:

Monitoring of effects of medications to include:  
 Staff observations of effect(s): NOT ON MEDS  
 Pt's perceptions of effect(s): NOT ON MEDS

Physical Complaints: NONE

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LINDAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                                                                                                                                          | Sts              | Directions    | From | Intervention Description                                                                                                                                                                                                                              | Sts              | Directions    | From |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|------|--|
| Activity Type                                                                                                                                                                                                                                                     | Occurred Date    | Recorded Time | by   | Activity Type                                                                                                                                                                                                                                         | Occurred Date    | Recorded Time | by   |  |
| Comment                                                                                                                                                                                                                                                           | Documented Units | Change        |      | Comment                                                                                                                                                                                                                                               | Documented Units | Change        |      |  |
| Activity Date: 11/09/09 Time: 1230 (continued)                                                                                                                                                                                                                    |                  |               |      | Activity Date: 11/09/09 Time: 1248                                                                                                                                                                                                                    |                  |               |      |  |
| 2120363 MH Daily Nursing Assessment + (continued)                                                                                                                                                                                                                 |                  |               |      | Patient Notes: PHP GROUP NOTE                                                                                                                                                                                                                         |                  |               |      |  |
| Sleep Pattern Disturbance: N Difficulty Falling Asleep: Early A.M. Awakening: Nightmares: Sleep Walking: Hypersomnia:                                                                                                                                             |                  |               |      | - Create 11/09/09 1248 MXS 11/09/09 1250 MXS                                                                                                                                                                                                          |                  |               |      |  |
| Other:                                                                                                                                                                                                                                                            |                  |               |      | SOCIAL WORK GROUP NOTE                                                                                                                                                                                                                                |                  |               |      |  |
| Is this a change in patient's regular sleep pattern:                                                                                                                                                                                                              |                  |               |      | GROUP TOPIC: Coping/Survival Skills                                                                                                                                                                                                                   |                  |               |      |  |
| Comment: SLEPT 8 HOURS                                                                                                                                                                                                                                            |                  |               |      | Observation of Symptomology: Absent                                                                                                                                                                                                                   |                  |               |      |  |
| Pt/Family Education Done: Y Enter Note? N                                                                                                                                                                                                                         |                  |               |      | Group Participation: Appropriate                                                                                                                                                                                                                      |                  |               |      |  |
| Person Taught: Patient                                                                                                                                                                                                                                            |                  |               |      | Affect: Constricted                                                                                                                                                                                                                                   |                  |               |      |  |
| Readiness to Learn: Passively Receptive Teaching Method: Verbal Discipline: Nursing                                                                                                                                                                               |                  |               |      | Mood: Anxious                                                                                                                                                                                                                                         |                  |               |      |  |
| Medication Education: N                                                                                                                                                                                                                                           |                  |               |      | Peer Interaction: Appropriate to all peers                                                                                                                                                                                                            |                  |               |      |  |
| 1st Time Dose Instruction:                                                                                                                                                                                                                                        |                  |               |      | Staff Interaction: Compliant                                                                                                                                                                                                                          |                  |               |      |  |
| Medication Name(s):                                                                                                                                                                                                                                               |                  |               |      | Impulse Control: Good                                                                                                                                                                                                                                 |                  |               |      |  |
| Medication Information Taught:                                                                                                                                                                                                                                    |                  |               |      | Affect: Flat                                                                                                                                                                                                                                          |                  |               |      |  |
| Medication Info Cont.:                                                                                                                                                                                                                                            |                  |               |      | Comments: Group focused on need for a support system during recovery. Patient talked about having family and friends as support during this time of crisis.                                                                                           |                  |               |      |  |
| Medication Info. Cont.:                                                                                                                                                                                                                                           |                  |               |      | Note Type Description                                                                                                                                                                                                                                 |                  |               |      |  |
| Content Area: Activity                                                                                                                                                                                                                                            |                  |               |      | No Type None                                                                                                                                                                                                                                          |                  |               |      |  |
| Outcome: Comm. Understanding                                                                                                                                                                                                                                      |                  |               |      | Activity Date: 11/10/09 Time: 1352                                                                                                                                                                                                                    |                  |               |      |  |
| Education Notes: TALKED ABOUT STAYING ACTIVE                                                                                                                                                                                                                      |                  |               |      | Patient Notes: NURSE NOTES                                                                                                                                                                                                                            |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | - Create 11/10/09 1352 EMW 11/10/09 1352 EMW                                                                                                                                                                                                          |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Pt not in attendance today due to scheduled transition day.                                                                                                                                                                                           |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Note Type Description                                                                                                                                                                                                                                 |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | No Type None                                                                                                                                                                                                                                          |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Activity Date: 11/11/09 Time: 1221                                                                                                                                                                                                                    |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Patient Notes: SOCIAL SERVICES NOTES                                                                                                                                                                                                                  |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | - Create 11/11/09 1221 MXS 11/11/09 1223 MXS                                                                                                                                                                                                          |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | DISCHARGE PLANNING NOTE:                                                                                                                                                                                                                              |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Patient emphatically declined aftercare appointments with an OP psychiatrist or therapist. Patient does not feel she is in need of further treatment. However, she is planning to discuss this further with the psychiatrist at the State Department. |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | Note Type Description                                                                                                                                                                                                                                 |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | No Type None                                                                                                                                                                                                                                          |                  |               |      |  |
| Activity Date: 11/09/09 Time: 1235                                                                                                                                                                                                                                |                  |               |      | Activity Date: 11/11/09 Time: 1535                                                                                                                                                                                                                    |                  |               |      |  |
| Patient Notes: NURSE NOTES                                                                                                                                                                                                                                        |                  |               |      | 5021010 DISCHARGE: Complete Discharge Form + A CP                                                                                                                                                                                                     |                  |               |      |  |
| - Create 11/09/09 1235 DPS 11/09/09 1237 DPS                                                                                                                                                                                                                      |                  |               |      | ALSO:                                                                                                                                                                                                                                                 |                  |               |      |  |
| PT STATES SHE SPENT TIME LAST NIGHT WITH FRIENDS AND WORKED OUT. DENIES ANY SXS OF DEPRESSION OR FEELINGS TO HARM SELF OR OTHERS. PRE-OCCUPIED WITH COURT DATE COMING UP BUT STAYING POSITIVE. NO UNSAFE BEHAVIOR NOTED. THOUGHTS ARE CLEAR AND SPEECH IS LOGICAL |                  |               |      | Complete paper form-when going home                                                                                                                                                                                                                   |                  |               |      |  |
| Note Type Description                                                                                                                                                                                                                                             |                  |               |      | - Document 11/11/09 1535 EMW 11/11/09 1536 EMW                                                                                                                                                                                                        |                  |               |      |  |
| Diagnosis PSY PROBLEM: Anxiety                                                                                                                                                                                                                                    |                  |               |      | PATIENT EDUCATION OUTCOME STANDARDS/DISCHARGE NOTE                                                                                                                                                                                                    |                  |               |      |  |
|                                                                                                                                                                                                                                                                   |                  |               |      | At discharge pt and/or family can verbalize understand of:                                                                                                                                                                                            |                  |               |      |  |

Age/Sex: 33 F  
 Unit #: J000016122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                | Sts           | Directions    | From | Intervention Description                                                                                                   | Sts  | Directions | From    |                  |        |  |
|-----------------------------------------------------------------------------------------|---------------|---------------|------|----------------------------------------------------------------------------------------------------------------------------|------|------------|---------|------------------|--------|--|
| Activity Type                                                                           | Occurred Date | Recorded Time | by   | Documented Date                                                                                                            | Time | by         | Comment | Documented Units | Change |  |
| Activity Date: 11/11/09 Time: 1535 (continued)                                          |               |               |      | Activity Date: 11/11/09 Time: 1536                                                                                         |      |            |         |                  |        |  |
| 5021010                                                                                 |               |               |      | 1001451-A                                                                                                                  |      |            |         |                  |        |  |
| DISCHARGE: Complete Discharge Form + (continued)                                        |               |               |      | CARE PLAN : MH ADDITIONS +                                                                                                 |      |            |         | D                | CP     |  |
| Illness/Need for hospitalization N                                                      |               |               |      | --Use in place of Add Interventions--                                                                                      |      |            |         |                  |        |  |
| Signs & symptoms of recurrence N                                                        |               |               |      | Allows customization of Patient Care Plan.                                                                                 |      |            |         |                  |        |  |
| Need for continued treatment N                                                          |               |               |      | - Ed Status 11/11/09 1536 his 11/11/09 1536 his                                                                            |      |            |         |                  | A => D |  |
| Awareness of effective coping skills for symptom management Y                           |               |               |      | 1002003 Psychosocial Assessment std +                                                                                      |      |            |         | D                | CP     |  |
| Meds: Instructions, Side effects & Food/drug interactions N                             |               |               |      | - Ed Status 11/11/09 1536 his 11/11/09 1536 his                                                                            |      |            |         |                  | A => D |  |
| Patient's level of understanding of D/C plan:                                           |               |               |      | 1002030 PSY: Anxiety Disorder, Assess                                                                                      |      |            |         | D                | CP     |  |
| Adequate (sufficient, correct) N Partial, needs reinforcement (If checked, complete:) Y |               |               |      | * Physician to assess mental status and effectiveness of medications.                                                      |      |            |         |                  |        |  |
| Referred to continuation of care provider N                                             |               |               |      | * RN to assess anxiety and patient perception of effectiveness of medications.                                             |      |            |         |                  |        |  |
| Issued written materials Y                                                              |               |               |      | * Patient education related to effects and side effects of medications administered to treat illness.                      |      |            |         |                  |        |  |
| Family given instructions N                                                             |               |               |      | * Patient education regarding management of anxiety [], coping skills.                                                     |      |            |         |                  |        |  |
| ( * : N/A )                                                                             |               |               |      | * Encourage Patient to attend group therapy related to [].                                                                 |      |            |         |                  |        |  |
| Next Topic pg2-->                                                                       |               |               |      | * Assist patient to identify anxiety-producing situations and plan for such events.                                        |      |            |         |                  |        |  |
| Patient Status at Discharge: PATIENT COMPOSED, ALERT, ORIENTED;                         |               |               |      | * Assist in the development of coping skills to manage anxiety.                                                            |      |            |         |                  |        |  |
| Follow Up Destination: HOME                                                             |               |               |      | - Ed Status 11/11/09 1536 his 11/11/09 1536 his                                                                            |      |            |         | D                | A => D |  |
| Therapist who will Follow Pt: PT DECLINES AFTERCARE APPOINTMENTS                        |               |               |      | 1002051 PSY: Thought Disorder, Assess                                                                                      |      |            |         | D                | CP     |  |
| Comment: PT STATES "I AM WAITING FOR GUIDANCE FROM MY EMPLOYER"                         |               |               |      | * Physician to assess mental status, and effectiveness of medications.                                                     |      |            |         |                  |        |  |
| Following items returned:                                                               |               |               |      | * RN to assess mental status and patient perception of effectiveness of medications.                                       |      |            |         |                  |        |  |
| Valuables Y Sharps Y Medications Y                                                      |               |               |      | * Patient education related to thought disorder and effects and side effects of medications administered to treat illness. |      |            |         |                  |        |  |
| Discharge Time: 1100                                                                    |               |               |      | * Encourage patient to attend group therapy related to [].                                                                 |      |            |         |                  |        |  |
| Accompanied by: SELF                                                                    |               |               |      | * Assist pt to ID behaviors that alienate significant others and family members                                            |      |            |         |                  |        |  |
| Relationship to Pt: *                                                                   |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| ( * : N/A )                                                                             |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| Activity Date: 11/11/09 Time: 1536                                                      |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| 1001070                                                                                 |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| Admission Initial Safety Assessment +                                                   |               |               |      | * To be done on Admission CP                                                                                               |      |            |         |                  |        |  |
| * To be done on Admission *                                                             |               |               |      | * To be done on Admission *                                                                                                |      |            |         |                  |        |  |
| - Ed Status 11/11/09 1536 his 11/11/09 1536 his                                         |               |               |      | AS                                                                                                                         |      |            |         |                  | A => D |  |
| 1001083                                                                                 |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| ADMISSION: Medication History +                                                         |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| * Medication History to be done on Admission *                                          |               |               |      |                                                                                                                            |      |            |         |                  |        |  |
| - Ed Status 11/11/09 1536 his 11/11/09 1536 his                                         |               |               |      |                                                                                                                            |      |            |         |                  | A => D |  |

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J 3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                       |                                                                                                                                                     |                       |                         | Sts     | Directions | From               | Intervention Description           |                                      |                       |                         | Sts     | Directions | From   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|---------|------------|--------------------|------------------------------------|--------------------------------------|-----------------------|-------------------------|---------|------------|--------|
| Activity Type                                  | Occurred Date                                                                                                                                       | Recorded Time by Date | Documented Time by Date | Comment | Units      | Change             | Activity Type                      | Occurred Date                        | Recorded Time by Date | Documented Time by Date | Comment | Units      | Change |
| Activity Date: 11/11/09 Time: 1536 (continued) |                                                                                                                                                     |                       |                         |         |            |                    | Activity Date: 11/11/09 Time: 1536 |                                      |                       |                         |         |            |        |
| 1002051                                        | PSY: Thought Disorder, Assess (continued)                                                                                                           |                       |                         |         |            |                    | 2120752                            | Preceptor Documentation Co-Sign +    |                       |                         | D       |            | CP     |
|                                                | * Collaborate with pt to identify anxious behavior and coping techniques                                                                            |                       |                         |         |            |                    | - Ed Status                        | 11/11/09 1536 his                    | 11/11/09 1536 his     |                         |         | A => D     |        |
|                                                | * Collaborate with pt to establish a daily, achievable routine                                                                                      |                       |                         |         |            |                    | 4801200                            | EDUCATION: Interdisciplinary +       |                       |                         | D       |            | CP     |
|                                                | * Encourage pt to explore adaptive behaviors that increase socialization                                                                            |                       |                         |         |            |                    | - Ed Status                        | 11/11/09 1536 his                    | 11/11/09 1536 his     |                         |         | A => D     |        |
|                                                | * Encourage pt to explore adaptive behaviors that help to accomplish ADL's                                                                          |                       |                         |         |            |                    | 5021010                            | DISCHARGE: Complete Discharge Form + |                       |                         | D       |            | CP     |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    | ALSO:                              |                                      |                       |                         |         |            |        |
| 1051013                                        | CARE AREA STATEMENT: PHP Adult + ~-DOCUMENT AT END OF EVERY SHIFT~                                                                                  |                       |                         | D       |            | at end of each day |                                    | Complete paper form-when going home  |                       |                         |         |            | A => D |
|                                                | To be documented every shift, to review current Pt. problems and to verify that the PHP Adult Patient Population Care Standards have been followed. |                       |                         |         |            |                    | - Ed Status                        | 11/11/09 1536 his                    | 11/11/09 1536 his     |                         |         | AS         |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    | 9100004                            | QUICK ADMISSION DATA +               |                       |                         | D       |            | AS     |
| 1300006                                        | Age Specific Care: Young Adulthood +                                                                                                                |                       |                         | D       |            |                    | - Ed Status                        | 11/11/09 1536 his                    | 11/11/09 1536 his     |                         |         | A => D     |        |
|                                                | 1. Assess patient's self perception for motivation.                                                                                                 |                       |                         |         |            |                    | Nursing Quick Start                |                                      |                       |                         |         |            |        |
|                                                | 2. Assess body image.                                                                                                                               |                       |                         |         |            |                    |                                    |                                      |                       |                         |         |            |        |
|                                                | 3. Assist with identifying useful coping mechanisms and support systems.                                                                            |                       |                         |         |            |                    | Monogram Initials Name Nurse Type  |                                      |                       |                         |         |            |        |
|                                                | 4. Encourage to talk about illness/injury - how it may affect plans, family/finances.                                                               |                       |                         |         |            |                    | AVB                                | J.NUR.AVB                            | BOOMSA, ANN V         |                         |         | RN         |        |
|                                                | 5. Encourage patient and family in decision making and patient care, if wanted.                                                                     |                       |                         |         |            |                    | DPS                                | J.REG.DPS                            | SCHMITZ, DAVID        |                         |         | RN         |        |
|                                                | 6. Educate re injury prevention and healthy lifestyle.                                                                                              |                       |                         |         |            |                    | EMW                                | J.NUR.EMW2                           | WITTING, ELIZABETH    |                         |         | RN         |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    | KDO                                | J.NUR.KDO                            | OVERSTREET, KRISTIN D |                         |         | ACT        |        |
| 1572301                                        | ASSESS: Weight as Ordered and Record +                                                                                                              |                       |                         | D       |            |                    | MJ                                 | J.NUR.MJ                             | JOHNSON, MELANIE      |                         |         | ACT        |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    | MVP                                | J.NUR.MP                             | PERRY, MARILYN        |                         |         | RN         |        |
| 1751000                                        | VS: Monitor +                                                                                                                                       |                       |                         | D       |            | X 1 on admission   | MXS                                | J.NUR.MFS1                           | SANDIFORD, MARY       |                         |         | SW         |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    | his                                | automatic by program                 |                       |                         |         |            |        |
| 2120363                                        | MH Daily Nursing Assessment +                                                                                                                       |                       |                         | D       |            | Every 24 hrs       |                                    |                                      |                       |                         |         |            |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    |                                    |                                      |                       |                         |         |            |        |
| 2120365                                        | ASSESSMENT: AT Evaluation +                                                                                                                         |                       |                         | D       |            | 1 X                |                                    |                                      |                       |                         |         |            |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    |                                    |                                      |                       |                         |         |            |        |
| 2120366                                        | MH Psycho-Educational Group +                                                                                                                       |                       |                         | D       |            |                    |                                    |                                      |                       |                         |         |            |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    |                                    |                                      |                       |                         |         |            |        |
| 2120370                                        | MH SW Group Therapy Session +                                                                                                                       |                       |                         | D       |            |                    |                                    |                                      |                       |                         |         |            |        |
| - Ed Status                                    | 11/11/09 1536 his                                                                                                                                   | 11/11/09 1536 his     |                         |         |            |                    |                                    |                                      |                       |                         |         |            |        |

Age/Sex: 33 F  
Unit #: J000018122  
Account#: J84090218118  
Admitted:

WILLIAMS, LYNNAE D (DIS RCR)

J.3PA- Printed 11/12/09 at 0701  
Roth, Richard L Period ending 11/12/09 at 0701  
Dominion Hospital Patient Care PATIENT NOTES FOR DISCHARGE SU

Page: 1

| Occurred |      |                     | Recorded |      |     | Notes: All Categories |
|----------|------|---------------------|----------|------|-----|-----------------------|
| Date     | Time | by Author           | Date     | Time | by  | Category              |
| 11/04/09 | 1441 | MXS SANDIFORD, MARY | 11/04/09 | 1453 | MXS | SOCIAL SERVICES NOTES |

MEETING WITH PATIENT FOR PURPOSE OF COMPLETING PSYCHOSOCIAL HISTORY:  
This CSW interviewed patient and completed psychosocial history. Patient denied any bizarre behavior at work, could not recall statements she is reported to have made following recent auto accident and stated that she is willing to comply with PHP if this is what is required by the State Department in order to return to work.

IMPRESSION:

Today patient presents well groomed, dressed in business attire, oriented x 3, mood is anxious, affect wide ranging, eye contact good, demeanor is pleasant and cooperative. Patient denies any recent symptoms of depression or other mood disturbances, denies any auditory or visual hallucinations, denies any harmful ideation to self or other. Patient acknowledges prior episodes of depression/anxiety during grad school (at Georgetown Univ SFS) for which she was treated with medication and brief therapy. Patient acknowledges diagnosis of ADD. Patient acknowledges that the four month assignment with DOD that she spent in Iraq, where she was on a base that was "mortared every day, getting closer and closer" was stressful and fearful. Upon return from Iraq patient acknowledges having sleep disturbance for several weeks but then sleep cycle regulated and patient returned to work, transferred to State Department where reportedly she has exceeded work performance expectations.

PLAN:

1. CSW voice mailed attending psychiatrist re. completion of psychosocial history and possibility of a meeting with patient and her mother on 11/6/09 at 9.0 am.
2. Patient will bring police report of accident she is purported to have caused, with her tomorrow for psychiatrist to read.
3. Patient has sought legal counsel to represent her in court over charges ensuing from accident.
4. Patient commits to safety and has her mother staying in the home with her.
5. Attending psychiatrist informed of all above.

Note Type Description

No Type None

11/05/09 1608 MJ JOHNSON, MELANIE 11/05/09 1608 MJ NURSE NOTES

ACTIVITY/EXPRESSIVE THERAPY GROUP NOTE

GROUP TOPIC: Movement Therapy Self-Esteem

Observation of Symptomology: Minimal

Group Participation: Involved

Affect: Flat

Mood: Calm

Peer Interaction: Minimal

Staff Interaction: Compliant

Impulse Control: Good

Pt/Family Education Done: Yes

Person Taught: Patient

Readiness to Learn: Receptive

Teaching Method: Group Session/Class

Age/Sex: 33 F

WILLIAMS, LYNNAE D (DIS RCR)

Page: 2

Unit #: J000018122

J.3PA-

Printed 11/12/09 at 0701

Account#: J84090218118

Roth, Richard L

Period ending 11/12/09 at 0701

mitted:

Dominion Hospital Patient Care

PATIENT NOTES FOR DISCHARGE SU

| Occurred |         |        | Recorded |         |  | Notes: All Categories |
|----------|---------|--------|----------|---------|--|-----------------------|
| Date     | Time by | Author | Date     | Time by |  | Category              |

11/05/09 1608 MJ JOHNSON, MELANIE 11/05/09 1608 MJ (continued)  
 Outcome: Comm. Understanding

Comments:

Note Type Description  
 -----

No Type None

11/05/09 1635 MVP PERRY, MARILYN 11/05/09 1638 MVP NURSE NOTES

PATIENT PRESENT FOR GROUP SESSION TODAY INVOLVED AFFECT ANXIOUS SAYS SHE WENT TO THE GYM YESTERDAY ATE DINNER AND TALKED WITH FRIENDS. SOCIAL WITH PEERS. SET GOAL TO CONTINUE TO PROGRESS AT RESOLVING CONCERNS FROM JOB. SAY SHE HAS NO SAFETY ISSUES AND RATES SAFETY AT LEVEL 10. PATIENT SAYS SHE IS SLEEPING OK AND APPETITE IS GOOD. EXPRESSED FEELING HAPPY CALM DETERMINED AND CALM.

Note Type Description  
 -----

Diagnosis PSY.PROBLEM: Anxiety

11/06/09 1159 EMW WITTING, ELIZABETH 11/06/09 1202 EMW NURSE NOTES

Pt states she is "proud she has been able to withstand everything, not spiraling into a deep depression or internalize the things people have said about me." Denies safety issues, SL=10.

Note Type Description  
 -----

Diagnosis PSY:PROBLEM: Alteration in Thought Proc

11/06/09 1224 AVB BOOMSA, ANN V 11/06/09 1225 AVB PHP GROUP NOTE

PSYCHOEDUCATION GROUP NOTE

GROUP TOPIC: Stress Management Stress Management

Observation of Symptomology: Minimal

Group Participation: Appropriate

Affect: Appropriate

Mood: Anxious

Peer Interaction: Appropriate to all peers

Staff Interaction: Compliant

Impulse Control: Good

Affect: Appropriate

Pt/Family Education Done: No

Person Taught:

Readiness to Learn:

Teaching Method:

Outcome:

Comments: pt sharing w/e plans and concerns about court date on tues, accepting supportive fb about same

Note Type Description  
 -----

No Type None

11/06/09 1238 MXS SANDIFORD, MARY 11/06/09 1242 MXS PHP GROUP NOTE

SOCIAL WORK GROUP NOTE



Age/Sex: 33 F

WILLIAMS, LYNNAE D (DIS RCR)

Page: 3

Unit #: J000018122

J.3PA-

Printed 11/12/09 at 0701

Account #: J84090218118

Roth, Richard L

Period ending 11/12/09 at 0701

mitted:

Dominion Hospital Patient Care

PATIENT NOTES FOR DISCHARGE SU

| Occurred |         |        | Recorded |         | Notes: All Categories<br>Category |
|----------|---------|--------|----------|---------|-----------------------------------|
| Date     | Time by | Author | Date     | Time by |                                   |

11/06/09 1238 MXS SANDIFORD, MARY 11/06/09 1242 MXS (continued)  
 GROUP TOPIC: Coping/Survival Skills

Observation of Symptomology: Minimal  
 Group Participation: Appropriate  
 Affect: Flat  
 Mood: Anxious  
 Peer Interaction: Appropriate to all peers  
 Staff Interaction: Compliant  
 Impulse Control: Good  
 Affect: Constricted

Comments: Group focused on ambivalence and resistance to treatment. Patient sat silently listening for most of group. Close to end of group she talked about "doing more thinking" about the recent series of events that resulted in her referral here. She then went on to say she had experienced several bouts of severe depression in recent years but attributed these to situational stressors in her life e.g. academic demands of grad school.

Note Type Description

No Type None

11/09/09 1027 MXS SANDIFORD, MARY 11/09/09 1034 MXS SOCIAL SERVICES NOTES

MEETING WITH PATIENT:

This CSW met with patient for purpose of assessment and discharge planning. Patient reported that her mother is continuing to stay with her and provide support. Patient had spent weekend in a highly structured way, exercising, eating out with her mother or with friends and remaining busy most of the time.

IMPRESSION:

Today patient presents dressed in business attire with good grooming. Her mood is anxious, affect is congruent with ideation, eye contact is good, thinking is clear and goal directed. Patient denies any harmful ideation toward self or other, acknowledges some sleep disturbance over the weekend which she attributes to her anxiety about court date tomorrow and the ongoing employment status investigation that she has to face with her governmental agency. Patient continues to offer plausible explanation for her traffic accident and flat out denies other accusations of bizarre behavior at work. Patient denies any symptoms suggestive of a psychotic episode.

PLAN:

1. Patient will attend court hearing in the AM with her mother and friends as a support system.
2. Patient will either return to PHP after court or return on Wed 11/11/09.
3. Patient encouraged to find OP providers so that she can follow up after discharge from PHP.
5. Attending psychiatrist informed of all above.

Note Type Description

No Type None

11/09/09 1235 DPS SCHMITZ, DAVID 11/09/09 1237 DPS NURSE NOTES

PT STATES SHE SPENT TIME LAST NIGHT WITH FRIENDS AND WORKED OUT. DENIES ANY SXS OF DEPRESSION OR FEELINGS TO HARM SELF OR OTHERS. PRE-OCCUPIED WITH COURT DATE COMING UP BUT STAYING POSITIVE. NO UNSAFE BEHAVIOR NOTED. THOUGHTS ARE CLEAR AND SPEECH IS LOGICAL



Age/Sex: 33 F  
 Unit #: J000018122  
 Account#: J84090218118  
 Admitted:

WILLIAMS, LYNNAE D (DIS RCR)  
 J.3PA-  
 Roth, Richard L  
 Dominion Hospital Patient Care

Page: 4  
 Printed 11/12/09 at 0701  
 Period ending 11/12/09 at 0701  
 PATIENT NOTES FOR DISCHARGE SU

| Occurred |      |           | Recorded |         | Notes: All Categories |
|----------|------|-----------|----------|---------|-----------------------|
| Date     | Time | by Author | Date     | Time by | Category              |

|          |      |           |                |          |      |     |             |
|----------|------|-----------|----------------|----------|------|-----|-------------|
| 11/09/09 | 1235 | DPS       | SCHMITZ, DAVID | 11/09/09 | 1237 | DPS | (continued) |
|          |      | Note Type | Description    |          |      |     |             |

|          |      |     |                 |          |      |     |                |
|----------|------|-----|-----------------|----------|------|-----|----------------|
| 11/09/09 | 1248 | MXS | SANDIFORD, MARY | 11/09/09 | 1250 | MXS | PHP GROUP NOTE |
|----------|------|-----|-----------------|----------|------|-----|----------------|

SOCIAL WORK GROUP NOTE

GROUP TOPIC: Coping/Survival Skills

Observation of Symptomology: Absent  
 Group Participation: Appropriate  
 Affect: Constricted  
 Mood: Anxious  
 Peer Interaction: Appropriate to all peers  
 Staff Interaction: Compliant  
 Impulse Control: Good  
 Affect: Flat

Comments: Group focused on need for a support system during recovery. Patient talked about having family and friends as support during this time of crisis.

Note Type Description

No Type None

|          |      |     |                    |          |      |     |             |
|----------|------|-----|--------------------|----------|------|-----|-------------|
| 11/10/09 | 1352 | EMW | WITTING, ELIZABETH | 11/10/09 | 1352 | EMW | NURSE NOTES |
|----------|------|-----|--------------------|----------|------|-----|-------------|

Pt not in attendance today due to scheduled transition day.

Note Type Description

No Type None

|          |      |     |                 |          |      |     |                       |
|----------|------|-----|-----------------|----------|------|-----|-----------------------|
| 11/11/09 | 1221 | MXS | SANDIFORD, MARY | 11/11/09 | 1223 | MXS | SOCIAL SERVICES NOTES |
|----------|------|-----|-----------------|----------|------|-----|-----------------------|

DISCHARGE PLANNING NOTE:

Patient emphatically declined aftercare appointments with an OP psychiatrist or therapist. Patient does not feel she is in need of further treatment. However, she is planning to discuss this further with the psychiatrist at the State Department.

Note Type Description

No Type None

| Monogram | Initials | Name | Nurse Type |
|----------|----------|------|------------|
|----------|----------|------|------------|

|     |            |                    |     |
|-----|------------|--------------------|-----|
| AVB | J.NUR.AVB  | BOOMSA, ANN V      | RN  |
| DPS | J.REG.DPS  | SCHMITZ, DAVID     | RN  |
| EMW | J.NUR.EMW2 | WITTING, ELIZABETH | RN  |
| MJ  | J.NUR.MJ   | JOHNSON, MELANIE   | ACT |
| MVP | J.NUR.MP   | PERRY, MARILYN     | RN  |
| MXS | J.NUR.MFS1 | SANDIFORD, MARY    | SW  |

Age/Sex: 33 F

WILLIAMS, LYNNAE D (REG RCR)

Page: 1

Unit #: J000018122

J.3PA-

Printed 11/05/09 at 0856

Account#: J84090218118

Roth, Richard L

Period ending 11/05/09 at 0856

Admitted:

Dominion Hospital Patient Care

ACTIVITY THERAPY ASSESSMENT

AT Initial Assessment

11/05/09 0855 KDO

PROBLEMS TO BE ADDRESSED BY ACTIVITY THERAPY:

- Difficulty Identifying and Expressing Feelings: Y
- Poor Concentration:
- Disorganized Thoughts:
- Poor Impulse Control:
- Low Frustration Tolerance:
- Distractability:
- Restlessness:
- Low Self-Esteem:
- Social Isolation/Withdrawal:
- Poor Reality Testing:
- Inadequate Social Skills:
- Distorted Body Image:
- Poor Leisure Time Management:
- Inadequate Leisure Skills: Y
- Leisure Time/Activities Related To Drug/Alcohol Abuse:

Other:

Physical Problems/Safety Concerns: decreased ability to cope,  
: hx of stress/anxiety

CONCLUSIONS: ACTIVITY THERAPY INTERVENTIONS WILL FOCUS ON  
PROVISIONS OF ACTIVITIES THAT FACILITATE:

- Identification and Expression of Feelings: Y
- Focus of Attention and Organization of Thoughts: Y
- Attending, Concentrating and Completing Tasks: Y
- Feelings of Mastery and Self-Esteem: Y
- Development of Realistic Body Image:
- Social Interaction:
- Development of More Functional Social Skills:
- Development of Impulse Control:
- Identification of Leisure Time Skills and Interests: Y
- Development of Structured Leisure Plan For After Discharge:
- Identification of Healty Alternatives to Drug Related Behavior:

Other:

| Monogram Initials | Name | Nurse Type |
|-------------------|------|------------|
|-------------------|------|------------|

|     |                                 |     |
|-----|---------------------------------|-----|
| KDO | J.NUR.KDO OVERSTREET, KRISTIN D | ACT |
|-----|---------------------------------|-----|

Age/Sex: 3  
 Unit #: J000018122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Active  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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 at 0722

| PSY PROBLEM:                                                                                                                                                                    | STS | INIT BY      | TRGT     | COMP BY | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INIT BY      | COMP BY | DATE & TIME | DIRECTIONS | STS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|----------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|-------------|------------|-----|
| * STG: Patient's Anxiety will decrease<br>AEB DAILY GROUP ATTENDANCE AND PARTICIPATION                                                                                          | A   | 11/04/09 EMW | 11/16/09 |         | * PSY: Anxiety Disorder. Assess<br>* Physician to assess mental status and effectiveness of medications.<br><br>* RN to assess anxiety and patient perception of effectiveness of medications.<br><br>* Patient education related to effects and side effects of medications administered to treat illness.<br><br>* Patient education regarding management of anxiety [], coping skills.<br><br>* Encourage Patient to attend group therapy related to [].<br><br>* Assist patient to identify anxiety-producing situations and plan for such events.<br><br>* Assist in the development of coping skills to manage anxiety. | 11/04/09 EMW |         |             |            |     |
| * LTG: Patient's Anxiety will decrease<br>AEB PT SELF-REPORT DURING DAILY ASSESSMENT REGARDING BOTH HERE AND AT HOME                                                            | A   | 11/04/09 EMW | 11/23/09 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |         |             |            |     |
| PSY: PROBLEM: Alteration in Thought Proc                                                                                                                                        | A   | 11/04/09 EMW |          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |         |             |            |     |
| * STG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB DECREASE/LACK OF BEHAVIORS INDICATING DECREASED CONCENTRATION OR ALTERED THOUGHT PROCESSES. ALSO AEB PT SELF-REPORT | A   | 11/04/09 EMW | 11/16/09 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |         |             |            |     |
| * LTG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB PT SELF-REPORT REGARDING THINKING AND FUNCTIONING IMPROVEMENT BOTH HERE AND AT HOME                                 | A   | 11/04/09 EMW | 11/23/09 |         | * PSY: Thought Disorder. Assess<br>* Physician to assess mental status, and effectiveness of medications.<br><br>* RN to assess mental status and patient perception of effectiveness of medications.<br><br>* Patient education related to thought disorder and effects and side effects of medications administered to treat illness.<br><br>* Encourage patient to attend group therapy related to [].<br><br>* Assist pt to ID behaviors that alienate significant others and family members<br><br>* Collaborate with pt to identify anxious behavior and coping techniques                                              | 11/04/09 EMW |         |             |            |     |

Age/Sex: 35  
 Unit #: J00018122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J 3PA  
 Room/Bed:

WILSON, S. LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Active  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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| STS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INIT BY | TRGT | COMP BY | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INIT BY      | COMP BY | DATE & TIME | DIRECTIONS | STS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|-------------|------------|-----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |      |         | * Collaborate with pt to establish a daily, achievable routine<br><br>* Encourage pt to explore adaptive behaviors that increase socialization<br><br>* Encourage pt to explore adaptive behaviors that help to accomplish ADL's                                                                                                                                                                                                                                  |              |         |             |            |     |
| PSY: PROBLEM: Discharge Planning A 11/09/09 EMW<br>* STG/LTG: APPROPRIATE AFTERCARE A 11/09/09 EMW 11/23/09<br>APPOINTMENTS WILL BE OBTAINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |         |             |            |     |
| Developmental Age 18-40 yrs-YOUNG ADLT A 11/04/09 EMW<br>Based on Erickson's eight stages of development.<br>--Developmental Need:<br>*Relationships<br>*Commitment<br><br><End of text><br>- PROTOCOL: AGE 18-40                                                                                                                                                                                                                                                                                                                                                                                                              |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |         |             |            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |      |         | * Age Specific Care: Young Adulthood +<br>1. Assess patient's self-perception for motivation.<br>2. Assess body image.<br>3. Assist with identifying useful coping mechanisms and support systems.<br>4. Encourage to talk about illness/injury - how it may affect plans, family/finances.<br>5. Encourage patient and family in decision making and patient care, if wanted.<br>6. Educate re injury prevention and healthy lifestyle.<br>- PROTOCOL: AGE 18-40 | 11/04/09 EMW |         |             |            |     |
| CARE GOALS: Dominion PHP Adult A 11/04/09 EMW<br>Related to the following Standards of Care:<br><br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Rights<br><br>*****GOALS*****<br><br>1. The patient will receive care which reflects an ongoing process of interdisciplinary care based on their specific care needs. Coping responses to PHP Program will be assessed and addressed.<br>2. The patient and/or significant others can expect to be involved in the Treatment Plan with attention to cultural, religious, and |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |         |             |            |     |

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILSON, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

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| SIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INIT BY | TRGT     | COMP BY | INTERVENTIONS | INIT BY                                                                                                                                                                                                                                                                                                                            | COMP BY  | DATE & TIME | DIRECTIONS    | SIS                |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|---------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------------|--------------------|----------------------------|
| spiritual, beliefs, privacy and confidentiality.<br>3. The patient and/or significant others will participate in the process of coordination of resources in preparation for discharge.<br>4. The patient and/or significant others will receive teaching about the nature of their health conditions, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged.<br>5. The patient and significant others will have their environment and care managed to minimize risk to themselves and others.<br>6. The patient will be supported in their effort to retain personal identity, self worth and patient rights.<br><br><End of text><br>- PROTOCOL : SOCMPHP |         |          |         |               |                                                                                                                                                                                                                                                                                                                                    |          |             |               |                    |                            |
| * Standards of Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A       | 11/04/09 | EMW     |               | * CARE AREA STATEMENT: PHP Adult +<br>--DOCUMENT AT END OF EVERY SHIFT--<br>To be documented every shift, to review current Pt. problems and to verify that the PHP Adult Patient Population Care Standards have been followed.<br>- PROTOCOL : SOCMPHP                                                                            | 11/04/09 | EMW         | 11/04/09 1548 | at end of each day | A                          |
| STANDARD: DOMINION HOSPITAL PHP<br>Care Standards related to the following care goals:<br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Discomfort/PAIN<br>6. Patient Rights<br>- PROTOCOL : SOCMPHP                                                                                                                                                                                                                                                                                                                                                                                                                        |         |          |         |               |                                                                                                                                                                                                                                                                                                                                    |          |             |               |                    |                            |
| * The patient will receive care which reflects an ongoing process of interdisciplinary care based on the patients specific needs and the PHP Patient Population Standards of Care. These will include those needs which are age-specific. Coping responses will be assessed and addressed.                                                                                                                                                                                                                                                                                                                                                                                                                                  | A       | 11/04/09 | EMW     |               | * VS: Monitor +<br>* MH Psycho-Educational Group +<br>* CARE PLAN : MH ADDITIONS +<br>--Use in place of Add Interventions--<br>Allows customization of Patient Care Plan.<br>* Preceptor Documentation Co-Sign +<br>* MH SW Group Therapy Session +<br>* ASSESS: Weight as Ordered and Record +<br>* MH Daily Nursing Assessment + | 11/04/09 | EMW         | 11/04/09 1548 | .X 1 on admission  | A<br>A<br>A<br>A<br>A<br>A |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |          |         |               |                                                                                                                                                                                                                                                                                                                                    |          | 11/04/09    | 1548          | Every 24 hrs       | A                          |

Age/Sex: 3J  
 Unit #: J000018122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILSON, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Active  
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 at 0722

|                                                                                                                                                                                                                                                                                                                     | STS | INIT BY      | TRGT | COMP BY      | INTERVENTIONS                                                                       | INIT BY      | COMP BY       | DATE & TIME | DIRECTIONS                  | STS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|------|--------------|-------------------------------------------------------------------------------------|--------------|---------------|-------------|-----------------------------|-----|
| * The patient and/or significant others can expect to be involved in the plan of care with attention to cultural and religious beliefs, communication barriers, privacy and confidentiality. Effective communication methods are utilized for the hearing and speech impaired as well as barriers to language.      | A   | 11/04/09 EMW |      |              |                                                                                     |              |               |             |                             |     |
| * The patient and/or significant other will receive teaching about the nature of their health condition, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged.                                                                                     | A   | 11/04/09 EMW |      |              | * EDUCATION: Interdisciplinary +                                                    | 11/04/09 EMW |               |             |                             | A   |
| * Patient and/or significant other will participate in the process of coordination of resources in preparation for discharge.                                                                                                                                                                                       | A   | 11/04/09 EMW |      |              | * DISCHARGE: Complete Discharge Form + ALSO:<br>Complete paper form-when going home | 11/04/09 EMW |               |             |                             | A   |
| * The patient will receive care which will reflect a safe environment. Infection control needs will be assessed and addressed. Care will be given in a controlled environment to reduce risk of injury or further illness.                                                                                          | A   | 11/04/09 EMW |      |              | * Admission Initial Safety Assessment +<br><br>* To be done on Admission *          | 11/04/09 EMW | 11/04/09 1548 |             | * To be done on Admission * | A   |
| * The patient will be supported in their effort to retain personal identity, self worth and patient rights.                                                                                                                                                                                                         | A   | 11/04/09 EMW |      |              | * Psychosocial Assessment std +                                                     | 11/04/09 EMW |               |             |                             | A   |
| * Participates in age appropriate activities and programs at level of activity. Able to identify daily, evening, and weekend treatment goals with minimal assistance.                                                                                                                                               | A   | 11/04/09 EMW |      |              | * ASSESSMENT: AT Evaluation +                                                       | 11/04/09 EMW | 11/04/09 1548 |             | 1 X                         | A   |
| STANDARD: DOMINION HOSPITAL WIDE CARE<br>Care Standards related to the following care goals:<br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Discomfort/PAIN<br>6. Patient Rights<br>- PROTOCOL: SOCMHADD          |     |              |      |              |                                                                                     |              |               |             |                             |     |
| * The patient will receive care which reflects an ongoing process of interdisciplinary care based on the patients specific needs and the hospitals Patient Population Standards of Care. These will include those needs which are age-specific. Coping responses to hospitalization will be assessed and addressed. | C   | 11/04/09 EMW |      | 11/04/09 EMW |                                                                                     |              |               |             |                             |     |
| * The patient and/or significant others can expect to be involved in the plan of care with attention to cultural and religious beliefs, communication barriers, privacy and confidentiality. Effective communication methods are                                                                                    | C   | 11/04/09 EMW |      | 11/04/09 EMW |                                                                                     |              |               |             |                             |     |



Age/Sex: 35  
 Unit #: J000018122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILSON, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Active  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STS | INIT BY      | TRGT | COMP BY      | INTERVENTIONS | INIT BY | COMP BY | DATE & TIME | DIRECTIONS | STS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|------|--------------|---------------|---------|---------|-------------|------------|-----|
| utilized for the hearing and speech impaired as well as barriers to language.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |              |      |              |               |         |         |             |            |     |
| * The patient and/or significant other will receive teaching about the nature of their health condition, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged.                                                                                                                                                                                                                                                                                                                                                                                                                               | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |
| * Patient and/or significant other will participate in the process of coordination of resources in preparation for discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |
| * The patient will receive care which will reflect a safe environment. Infection control needs will be assessed and addressed. Care will be given in a controlled environment to reduce risk of injury or further illness.                                                                                                                                                                                                                                                                                                                                                                                                                                    | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |
| * The patient will be assessed for pain Assessment to include:<br>a - (W) Words that describe<br>(I) Intensity<br>(L) Location<br>(D) Duration<br>(A) Aggravating factors<br>(A) Alleviating factors<br>b - Scoring of pain intensity, utilizing appropriate pain scale.<br>d - Effectiveness of medication/pain control method.                                                                                                                                                                                                                                                                                                                              | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |
| * The patient will be supported in their effort to retain personal identity, self worth and patient rights.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |
| CARE GOALS: Dominion MH Adult Related to the following Standards of Care:<br><br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Rights<br><br>*****GOALS*****<br><br>1. The patient will receive care which reflects an ongoing process of interdisciplinary care based on their specific care needs. Coping responses to hospitalization will be assessed and addressed.<br>2. The patient and/or significant others can expect to be involved in the plan of care with attention to cultural, religious, and spiritual beliefs, privacy and confidentiality. | C   | 11/04/09 EMW |      | 11/04/09 EMW |               |         |         |             |            |     |

Age/Sex: 3L  
 Unit #: J00001B122  
 Admitted:  
 Status: REG RCR

Attending: Roth, Richard L  
 Account #: JB4090218118  
 Location: J.3PA  
 Room/Bed:

WITTING, ELIZABETH D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Active  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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 Printed  
 11/09/09  
 at 0722

| STG                     | INIT BY | TRGT     | COMP BY | INTERVENTIONS                                                                                                                                                                                                                   | INIT BY  | COMP BY | DATE & TIME | DIRECTIONS | STG |
|-------------------------|---------|----------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-------------|------------|-----|
| 3.                      |         |          |         | The patient and/or significant others will participate in the process of coordination of resources in preparation for discharge.                                                                                                |          |         |             |            |     |
| 4.                      |         |          |         | The patient and/or significant others will receive teaching about the nature of their health conditions, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged. |          |         |             |            |     |
| 5.                      |         |          |         | The patient and significant others will have their environment and care managed to minimize risk to themselves and others.                                                                                                      |          |         |             |            |     |
| 6.                      |         |          |         | The patient will be supported in their effort to retain personal identity, self worth and patient rights.                                                                                                                       |          |         |             |            |     |
| <End of text>           |         |          |         |                                                                                                                                                                                                                                 |          |         |             |            |     |
| * Standards of Practice | C       | 11/04/09 | EMW     |                                                                                                                                                                                                                                 | 11/04/09 | EMW     |             |            |     |
| <End of text>           |         |          |         |                                                                                                                                                                                                                                 |          |         |             |            |     |

| ADDITIONAL INTERVENTIONS                                                            | INIT BY  | COMP BY | DATE & TIME | DIRECTIONS | STG | SRC |
|-------------------------------------------------------------------------------------|----------|---------|-------------|------------|-----|-----|
| * QUICK ADMISSION DATA +<br>Nursing Quick Start                                     | 11/04/09 | EMW     |             |            | A   | AS  |
| * ADMISSION: Medication History +<br>* Medication History to be done on Admission * | 11/04/09 | EMW     |             |            | A   | AS  |

| Monogram | Initials | Name                    | Nurse Type |
|----------|----------|-------------------------|------------|
| EMW      | J. NUR.  | EMW2 WITTING, ELIZABETH | RN         |



Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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| PSY PROBLEM                                                                                                                                                                     | STG | INIT BY    | TRGT | COMP BY  | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INIT BY  | COMP BY | DATE & TIME | DIRECTIONS | STG |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-------------|------------|-----|
| PSY PROBLEM: Anxiety                                                                                                                                                            |     | D 11/04/09 |      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |             |            |     |
| * STG: Patient's Anxiety will decrease AEB DAILY GROUP ATTENDANCE AND PARTICIPATION                                                                                             | D   | 11/04/09   | EMW  | 11/16/09 | <ul style="list-style-type: none"> <li>* PSY: Anxiety Disorder. Assess</li> <li>* Physician to assess mental status and effectiveness of medications.</li> <li>* RN to assess anxiety and patient perception of effectiveness of medications.</li> <li>* Patient education related to effects and side effects of medications administered to treat illness.</li> <li>* Patient education regarding management of anxiety [], coping skills.</li> <li>* Encourage Patient to attend group therapy related to [].</li> <li>* Assist patient to identify anxiety-producing situations and plan for such events.</li> <li>* Assist in the development of coping skills to manage anxiety.</li> </ul> | 11/04/09 | EMW     |             |            | D   |
| * LTG: Patient's Anxiety will decrease AEB PT SELF-REPORT DURING DAILY ASSESSMENT REGARDING BOTH HERE AND AT HOME                                                               | D   | 11/04/09   | EMW  | 11/23/09 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |             |            |     |
| PSY PROBLEM: Alteration in Thought Proc                                                                                                                                         |     | D 11/04/09 |      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |             |            |     |
| * STG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB DECREASE/LACK OF BEHAVIORS INDICATING DECREASED CONCENTRATION OR ALTERED THOUGHT PROCESSES. ALSO AEB PT SELF-REPORT | D   | 11/04/09   | EMW  | 11/16/09 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |             |            |     |
| * LTG: PATIENT WILL HAVE DECREASE IN DISTURBED THOUGHTS AEB PT SELF-REPORT REGARDING THINKING AND FUNCTIONING IMPROVEMENT BOTH HERE AND AT HOME                                 | D   | 11/04/09   | EMW  | 11/23/09 | <ul style="list-style-type: none"> <li>* PSY: Thought Disorder. Assess</li> <li>* Physician to assess mental status, and effectiveness of medications.</li> <li>* RN to assess mental status and patient perception of effectiveness of medications.</li> <li>* Patient education related to thought disorder and effects and side effects of medications administered to treat illness.</li> <li>* Encourage patient to attend group therapy related to [].</li> <li>* Assist pt to ID behaviors that alienate significant others and family members</li> <li>* Collaborate with pt to identify anxious behavior and coping techniques</li> </ul>                                                | 11/04/09 | EMW     |             |            | D   |

Age/Sex: 33 F  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Koln, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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| STC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INIT BY | TRGT | COMP BY | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INIT BY | COMP BY | DATE & TIME | DIRECTIONS | ST |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-------------|------------|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |      |         | * Collaborate with pt to establish a daily, achievable routine<br><br>* Encourage pt to explore adaptive behaviors that increase socialization<br><br>* Encourage pt to explore adaptive behaviors that help to accomplish ADL's                                                                                                                                                                                                                                  |         |         |             |            |    |
| PSY:PROBLEM: Discharge Planning D 11/09/09 EMW<br>* STG/LTG: APPROPRIATE AFTERCARE D 11/09/09 EMW 11/23/09<br>APPOINTMENTS WILL BE OBTAINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |             |            |    |
| Developmental Age 18-40 yrs-YOUNG ADLT D 11/04/09 EMW<br>Based on Erickson's eight stages of development.<br>-- Developmental Need:<br>*Relationships<br>*Commitment<br><br><End of text><br>- PROTOCOL: AGE 18-40                                                                                                                                                                                                                                                                                                                                                                                                             |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |             |            |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |      |         | * Patient will verbalize understanding of lifestyle changes, therapy/treatment options, and resources/support groups that may be beneficial to themselves and their family.<br>The patient will be able to make an informed decision about their health care<br><br><End of text>                                                                                                                                                                                 |         |         |             |            |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |      |         | * Age Specific Care: Young Adulthood +<br>1. Assess patient's self-perception for motivation.<br>2. Assess body image.<br>3. Assist with identifying useful coping mechanisms and support systems.<br>4. Encourage to talk about illness/injury - how it may affect plans, family/finances.<br>5. Encourage patient and family in decision making and patient care, if wanted.<br>6. Educate re injury prevention and healthy lifestyle.<br>- PROTOCOL: AGE 18-40 |         |         |             |            |    |
| CARE GOALS: Dominion PHP Adult D 11/04/09 EMW<br>Related to the following Standards of Care:<br><br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Rights<br><br>*****GOALS*****<br><br>1. The patient will receive care which reflects an ongoing process of interdisciplinary care based on their specific care needs. Coping responses to PHP Program will be assessed and addressed.<br>2. The patient and/or significant others can expect to be involved in the Treatment Plan with attention to cultural, religious, and |         |      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |             |            |    |



Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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|                                                                                                                                                                                                                                                                                                                     | STS | INIT BY      | TRGT | COMP BY      | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INIT BY                                                                                                                                                      | COMP BY                                                                                                                                                      | DATE & TIME                    | DIRECTIONS                       | STS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----|
| * The patient and/or significant others can expect to be involved in the plan of care with attention to cultural and religious beliefs, communication barriers, privacy and confidentiality. Effective communication methods are utilized for the hearing and speech impaired as well as barriers to language.      | D   | 11/04/09 EMW |      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              |                                                                                                                                                              |                                |                                  |     |
| * The patient and/or significant other will receive teaching about the nature of their health condition, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged.                                                                                     | D   | 11/04/09 EMW |      |              | * EDUCATION: Interdisciplinary +                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11/04/09 EMW                                                                                                                                                 |                                                                                                                                                              |                                |                                  |     |
| * Patient and/or significant other will participate in the process of coordination of resources in preparation for discharge.                                                                                                                                                                                       | D   | 11/04/09 EMW |      |              | * DISCHARGE: Complete Discharge Form + ALSO: Complete paper form-when going home                                                                                                                                                                                                                                                                                                                                                                                  | 11/04/09 EMW                                                                                                                                                 |                                                                                                                                                              |                                |                                  |     |
| * The patient will receive care which will reflect a safe environment. Infection control needs will be assessed and addressed. Care will be given in a controlled environment to reduce risk of injury or further illness.                                                                                          | D   | 11/04/09 EMW |      |              | * Admission Initial Safety Assessment +<br>* To be done on Admission *                                                                                                                                                                                                                                                                                                                                                                                            | 11/04/09 EMW                                                                                                                                                 |                                                                                                                                                              | 11/04/09 1548                  | * To be done on Admission *      |     |
| * The patient will be supported in their effort to retain personal identity, self worth and patient rights.                                                                                                                                                                                                         | D   | 11/04/09 EMW |      |              | * Psychosocial Assessment std +                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11/04/09 EMW                                                                                                                                                 |                                                                                                                                                              |                                |                                  |     |
| * Participates in age appropriate activities and programs at level of activity. Able to identify daily, evening, and weekend treatment goals with minimal assistance                                                                                                                                                | D   | 11/04/09 EMW |      |              | * ASSESSMENT: AT Evaluation +                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/04/09 EMW                                                                                                                                                 |                                                                                                                                                              | 11/04/09 1548                  | 1 X                              |     |
| STANDARD: DOMINION HOSPITAL WIDE CARE<br>Care Standards related to the following care goals:<br>1. Patient Care/Nursing Process<br>2. Patient Education<br>3. Patient Discharge Planning<br>4. Patient Safety/Infection Control<br>5. Patient Discomfort/PAIN<br>6. Patient Rights<br>- PROTOCOL: SOCMHADU          |     |              |      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              |                                                                                                                                                              |                                |                                  |     |
| * The patient will receive care which reflects an ongoing process of interdisciplinary care based on the patients specific needs and the hospitals Patient Population Standards of Care. These will include those needs which are age-specific. Coping responses to hospitalization will be assessed and addressed. | C   | 11/04/09 EMW |      | 11/04/09 EMW | * VS: Monitor +<br>* ASSESSMENT: AT Evaluation +<br>* ASSESS: Weight as Ordered and Record +<br>* MH Psycho-Educational Group +<br>* CARE PLAN : MH ADDITIONS +<br>--Use in place of Add Interventions--<br>Allows customization of Patient Care Plan.<br>* Preceptor Documentation Co-Sign +<br>* MH SW Group Therapy Session +<br>* NUTRITION: Monitor Meals, Record % +<br>* DISCHARGE: MED REC PATIENT MED List +<br>* UPDATE: Clarification of Medications + | 11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW | 11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW<br>11/04/09 EMW | 11/04/09 1547<br>11/04/09 1547 | Daily or per MD order.<br>1 Time |     |
| * The patient and/or significant others                                                                                                                                                                                                                                                                             | C   | 11/04/09 EMW |      | 11/04/09 EMW |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              |                                                                                                                                                              |                                |                                  |     |

Age/Sex: 50  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Koth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, LYNNAE D

Dominion Hospital Patient Care \*Live\*  
 Patient's Plan Of Care

Status: Discharged  
 Initiated: 11/04/09  
 Completed:  
 Protocol:

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| STS | INIT BY | TRGT                  | COMP BY        | INTERVENTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INIT BY | COMP BY | DATE & TIME   | DIRECTIONS      | STS |
|-----|---------|-----------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------------|-----------------|-----|
|     |         |                       |                | <p>others can expect to be involved in the plan of care with attention to cultural, religious, and spiritual beliefs, privacy and confidentiality.</p> <p>3. The patient and/or significant others will participate in the process of coordination of resources in preparation for discharge.</p> <p>4. The patient and/or significant others will receive teaching about the nature of their health conditions, procedures, treatments, self care and post discharge care. Verbalization of questions and concerns will be encouraged.</p> <p>5. The patient and significant others will have their environment and care managed to minimize risk to themselves and others.</p> <p>6. The patient will be supported in their effort to retain personal identity, self worth and patient rights.</p> <p>&lt;End of text&gt;</p> |         |         |               |                 |     |
| *   |         | Standards of Practice | C 11/04/09 EMW | 11/04/09 EMW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |         | 11/04/09 1547 | AL End of shift | C   |
|     |         |                       |                | <p>* CARE AREA STATEMENT: MH Adult +<br/>         --DOCUMENT AT END OF EVERY SHIFT--<br/>         To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed.<br/>         - PROTOCOL: SOCMHADU</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |         |               |                 |     |

| ADDITIONAL INTERVENTIONS                                                            | INIT BY      | COMP BY | DATE & TIME | DIRECTIONS | STS | SRC |
|-------------------------------------------------------------------------------------|--------------|---------|-------------|------------|-----|-----|
| * QUICK ADMISSION DATA +<br>Nursing Quick Start                                     | 11/04/09 EMW |         |             |            | D   | AS  |
| * ADMISSION: Medication History +<br>* Medication History to be done on Admission * | 11/04/09 EMW |         |             |            | D   | AS  |

| MO/CA/MI | INITIALS | NAME                    | NURSE TYPE |
|----------|----------|-------------------------|------------|
| EMW      | J. NUR   | EMW3 WITTING, ELIZABETH | RN         |

Age/Sex: 33 F  
 Unit #: J00000122  
 Admitted:  
 Status: DIS RCR

Attending: Rotn, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, E D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description           | Sts           | Directions    | From | Intervention Description                       | Sts  | Directions | From    |
|------------------------------------|---------------|---------------|------|------------------------------------------------|------|------------|---------|
| Activity Type                      | Occurred Date | Recorded Time | by   | Documented Date                                | Time | by         | Comment |
| Type                               | Date          | Time          | by   | Units                                          | Time | by         | Change  |
| Activity Date: 11/04/09 Time: 1441 |               |               |      | Activity Date: 11/04/09 Time: 1533 (continued) |      |            |         |

Patient Notes: SOCIAL SERVICES NOTES  
 - Create 11/04/09 1441 MXS 11/04/09 1453 MXS

MEETING WITH PATIENT FOR PURPOSE OF COMPLETING PSYCHOSOCIAL HISTORY:  
 This CSW interviewed patient and completed psychosocial history. Patient denied any bizarre behavior at work, could not recall statements she is reported to have made following recent auto accident and stated that she is willing to comply with PHP if this is what is required by the State Department in order to return to work.

IMPRESSION:

Today patient presents well groomed, dressed in business attire, oriented x 3, mood is anxious, affect wide ranging, eye contact good, demeanor is pleasant and cooperative. Patient denies any recent symptoms of depression or other mood disturbances, denies any auditory or visual hallucinations, denies any harmful ideation to self or other. Patient acknowledges prior episodes of depression/anxiety during grad school (at Georgetown Univ SFS) for which she was treated with medication and brief therapy. Patient acknowledges diagnosis of ADD. Patient acknowledges that the four month assignment with DOD that she spent in Iraq, where she was on a base that was "mortared every day, getting closer and closer" was stressful and fearful. Upon return from Iraq patient acknowledges having sleep disturbance for several weeks but then sleep cycle regulated and patient returned to work, transferred to State Department where reportedly she has exceeded work performance expectations. ?

PLAN:

1. CSW voice mailed attending psychiatrist re. completion of psychosocial history and possibility of a meeting with patient and her mother on 11/6/09 at 9.0 am.
2. Patient will bring police report of accident she is purported to have caused, with her tomorrow for psychiatrist to read.
3. Patient has sought legal counsel to represent her in court over charges ensuing from accident.
4. Patient commits to safety and has her mother staying in the home with her.
5. Attending psychiatrist informed of all above.

| Note Type | Description |
|-----------|-------------|
| None      | None        |

Activity Date: 11/04/09 Time: 1533

1002003 Psychosocial Assessment std + A CP  
 - Document 11/04/09 1533 MXS 11/04/09 1556 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

1002003 Psychosocial Assessment std + (continued)  
 Supervisor Informed:

Primary Language: ENGLISH ENGLISH

Social/Cultural/Educational Influences^:

Patient 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 in March 09. Patient has supportive parents (retired 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:

Describe Family CD Hx^:

Age/Sex: 33  
Unit #: J00000122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS, A E D

Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                                                                                                                                                                                                               |                                           |               |    |         |                  |        | Sts | Directions | From | Intervention Description                                                                 |                                                                                                     |               |    |         |                  |        | Sts | Directions | From |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----|---------|------------------|--------|-----|------------|------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------|----|---------|------------------|--------|-----|------------|------|--|--|--|
| Activity Type                                                                                                                                                                                                                                                                                                                          | Occurred Date                             | Recorded Time | by | Comment | Documented Units | Change |     |            |      | Activity Type                                                                            | Occurred Date                                                                                       | Recorded Time | by | Comment | Documented Units | Change |     |            |      |  |  |  |
| Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                                                                                                                                         |                                           |               |    |         |                  |        |     |            |      | Activity Date: 11/04/09 Time: 1533 (continued)                                           |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| 1002003                                                                                                                                                                                                                                                                                                                                | Psychosocial Assessment std + (continued) |               |    |         |                  |        |     |            |      | 1002003                                                                                  | Psychosocial Assessment std + (continued)<br>a friend<br>Bed 11.0 pm<br>Hobbies/Interests: Exercise |               |    |         |                  |        |     |            |      |  |  |  |
| Patient Psych/CD Treatment Hx: Y                                                                                                                                                                                                                                                                                                       |                                           |               |    |         |                  |        |     |            |      | Religion: CHR CHRISTIAN                                                                  |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Describe Treatment Hx^:<br>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.                                                                                                                                           |                                           |               |    |         |                  |        |     |            |      | Spiritual Practices: Church                                                              |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Additional Suicide Risk Elements: Hx of risky behavior                                                                                                                                                                                                                                                                                 |                                           |               |    |         |                  |        |     |            |      | Pt Believes in Higher Power: Y<br>Describe Higher Power^:                                |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Homicidal/Violence Risk Factors:<br>Patient denies                                                                                                                                                                                                                                                                                     |                                           |               |    |         |                  |        |     |            |      | Last Grade Completed: Graduate degree<br>Degrees/Certificates: Masters in Foreign Relati |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Marital Status: Single<br>Sexual Orientation:                                                                                                                                                                                                                                                                                          |                                           |               |    |         |                  |        |     |            |      | Current Student: N<br>Where:                                                             |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| # of Marriages: 0 How Long/Current: 0                                                                                                                                                                                                                                                                                                  |                                           |               |    |         |                  |        |     |            |      | Change in School Performance:<br>Describe Change In School Performance^:                 |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| How Long Previous Marriages^:<br>0                                                                                                                                                                                                                                                                                                     |                                           |               |    |         |                  |        |     |            |      | Problems with Behavior at School:<br>Truancy:                                            |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Number of Children: 0 Ages: 0                                                                                                                                                                                                                                                                                                          |                                           |               |    |         |                  |        |     |            |      | Learning Problems/Special Education: N<br>Describe Learning/Behavioral Problems^:        |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Living Arrangement: Own Place                                                                                                                                                                                                                                                                                                          |                                           |               |    |         |                  |        |     |            |      | -----EMPLOYMENT HISTORY-----                                                             |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Needs Alt Living Arrangement: N                                                                                                                                                                                                                                                                                                        |                                           |               |    |         |                  |        |     |            |      | Currently Employed: Y                                                                    |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Social Support Network: Good                                                                                                                                                                                                                                                                                                           |                                           |               |    |         |                  |        |     |            |      | Pt Occupation: Analyst                                                                   |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Support Person(s): Family<br>Friends                                                                                                                                                                                                                                                                                                   |                                           |               |    |         |                  |        |     |            |      | Time at Current Job: 4.5 years                                                           |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Treatment Participants: Patient's parents<br>who are in town                                                                                                                                                                                                                                                                           |                                           |               |    |         |                  |        |     |            |      | Job Satisfaction: High                                                                   |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Support Comments^:<br>"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" |                                           |               |    |         |                  |        |     |            |      | Longest Time at One Job: 4.5 years                                                       |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
| Describe Typical Day: Wake at 7.0 am<br>Work by 8.30 - 5.30<br>Evening - outdoor running<br>or work out in gym<br>Dinner alone or with                                                                                                                                                                                                 |                                           |               |    |         |                  |        |     |            |      | Frequent Job Changes: N                                                                  |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                           |               |    |         |                  |        |     |            |      | Reason for Job Changes^:                                                                 |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                           |               |    |         |                  |        |     |            |      | Unemployed in Last Year: N                                                               |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                        |                                           |               |    |         |                  |        |     |            |      | Reason for Unemployment^:                                                                |                                                                                                     |               |    |         |                  |        |     |            |      |  |  |  |

Age/Sex: 33  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS, JAE D

Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

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Printed 11/12/09 at 0701

| Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                             |      |          |    |          |      |            |         |       |        | Sts Directions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |          | From | Intervention Description |      |            |         |       |        |                        |      |          |                        | Sts Directions |      |            | From    |       |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----|----------|------|------------|---------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|------|--------------------------|------|------------|---------|-------|--------|------------------------|------|----------|------------------------|----------------|------|------------|---------|-------|--------|
| Activity                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Occurred |    | Recorded |      | Documented |         |       | Change | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Occurred |      | Recorded                 |      | Documented |         |       | Change | Activity               |      | Occurred |                        | Recorded       |      | Documented |         |       | Change |
| Type                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date | Time     | by | Date     | Time | by         | Comment | Units |        | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date | Time     | by   | Date                     | Time | by         | Comment | Units |        | Type                   | Date | Time     | by                     | Date           | Time | by         | Comment | Units |        |
| Activity Date: 11/04/09                                                                                                                                                                                                                                                                                                                                                                                                              |      |          |    |          |      |            |         |       |        | Activity Date: 11/04/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |          |      |                          |      |            |         |       |        | Time: 1533 (continued) |      |          | Time: 1533 (continued) |                |      |            |         |       |        |
| 1002003 Psychosocial Assessment std + (continued)<br>Parent Occupation:<br>Spouse Occupation:<br>Financial Needs: Denies any stressors<br>Denies debts<br>Denies compulsive spendin<br>States she manages<br>money "very well and<br>I have good savings"<br>Military Hx: N<br>Branch(es):<br># of Years:<br>Military Reserve:<br>Discharge Type:<br>Year:<br>Discharge R/T Substance Abuse:<br>Discharge R/T Psych Condition:       |      |          |    |          |      |            |         |       |        | 1002003 Psychosocial Assessment std + (continued)<br>Types of Caffeine: Coffee<br>Amt per Day: 1-2<br>-----NICOTINE HISTORY-----<br>Nicotine Hx: N<br>Kind of tobacco:<br>Age First Used:<br>Packs/tins per day:<br>How many years:<br>Any Consequences:<br>Quit:<br>When:<br>Does Patient Drink Alcoholic Beverages Y<br>Type of Alcohol: WINE<br>How Often: 1 - 2 times/month<br>How Long: 10 years<br>How Much: glass<br>Last Drink:<br>Type of Alcohol:<br>How Often:<br>How Long:<br>How Much:<br>Last Drink:<br>Type of Alcohol: |      |          |      |                          |      |            |         |       |        |                        |      |          |                        |                |      |            |         |       |        |
| -----ARREST HISTORY-----<br>Arrest or Pending Litigation/Civil Charges Hx: Y<br>Number of Arrests: 1<br>Reason for Arrest: leaving scene of accident<br>Arrests Involving Violence: N<br>DUI/DWI: N<br>When:<br>Public Intoxication: N<br>When:<br>Probation Hx: N<br>Why/When:<br>Parole Hx: N<br>Why/When:<br>Describe Pending Litigation/Civil Charges:<br>See above note re: recent charges.<br>Patient has retained an attorney |      |          |    |          |      |            |         |       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |          |      |                          |      |            |         |       |        |                        |      |          |                        |                |      |            |         |       |        |
| -----CAFFEINE HISTORY-----<br>Pt Use Caffeine: Y                                                                                                                                                                                                                                                                                                                                                                                     |      |          |    |          |      |            |         |       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |          |      |                          |      |            |         |       |        |                        |      |          |                        |                |      |            |         |       |        |



Age/Sex: 33  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS JAE D  
Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

| Intervention Description |          |          | Sts | Directions | From | Intervention Description |          |          | Sts | Directions | From |
|--------------------------|----------|----------|-----|------------|------|--------------------------|----------|----------|-----|------------|------|
| Activity                 | Occurred | Recorded |     | Documented |      | Activity                 | Occurred | Recorded |     | Documented |      |
| Type                     | Date     | Time     | by  | Date       | Time | Type                     | Date     | Time     | by  | Date       | Time |

Activity Date: 11/04/09 Time: 1533 (continued)

1002003 Psychosocial Assessment std + (continued)  
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  
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^:  
Pt Believes Drug Use a Problem: N  
Negative Effects on Life:

Activity Date: 11/04/09 Time: 1533 (continued)

1002003 Psychosocial Assessment std + (continued)  
Medical Problems from CD Use:  
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:  
Describe Emotional Abuse^:  
Sexual:  
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^:

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
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Attending: Roth, Richard L  
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 Location: J.3PA  
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WILLIAMS AE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |               |    |      |      |    |         |                  | Sts    | Directions | From | Intervention Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |               |               |                                           |      |      |    |         | Sts              | Directions | From |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----|------|------|----|---------|------------------|--------|------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|-------------------------------------------|------|------|----|---------|------------------|------------|------|--|--|--|--|--|--|
| Activity Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Occurred Date                             | Recorded Time | by | Date | Time | by | Comment | Documented Units | Change |            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Activity Type | Occurred Date | Recorded Time | by                                        | Date | Time | by | Comment | Documented Units | Change     |      |  |  |  |  |  |  |
| Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |               |    |      |      |    |         |                  |        |            |      | Activity Date: 11/04/09 Time: 1533 (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |               |               |                                           |      |      |    |         |                  |            |      |  |  |  |  |  |  |
| 1002003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Psychosocial Assessment std + (continued) |               |    |      |      |    |         |                  |        |            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               | 1002003       | Psychosocial Assessment std + (continued) |      |      |    |         |                  |            |      |  |  |  |  |  |  |
| Abuse Comments^:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |               |    |      |      |    |         |                  |        |            |      | <p>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 she has had a conflictual relationship with this co-worker.</p> <p>Pt Perception of Needs^:<br/>         Patient states she will "do whatever you tell me here and whatever I need to get back to my job"</p> <p>Pt's Goals for Treatment^:<br/>         Return to work<br/>         Have attorney advocate that legal charges be dropped<br/>         Be able to convince her boss that she is stable</p> <p>Community Resources Current/Needed:<br/>         Unable to assess</p> <p>Anticipated Treatment Mgr Role in TX/DC Planning:<br/>         FAMILY CONTACT<br/>         COORDINATION OF CARE/OPP<br/>         DISCHARGE PLANNING<br/>         REFERRAL TO COMM. RESOURC</p> <p>Goals of Treatment: STABILIZE MOOD<br/>         IMPROVE COPING SKILLS</p> |               |               |               |                                           |      |      |    |         |                  |            |      |  |  |  |  |  |  |
| <p>-----STRENGTHS/WEAKNESSES-----</p> <p>Stability of Home Environment: Strength</p> <p>Motivation for Tx: Weakness</p> <p>Insight into Current Problems: Weakness</p> <p>Judgement Regarding Current Problems: Weakness</p> <p>Stability and Support of Employment: Strength</p> <p>Function of Marriage/Family System: Strength</p> <p>Support System in and Beyond Family: Strength</p> <p>Education Attainment: Strength</p> <p>Intellectual Skills: Strength</p> <p>Range of Leisure Activities^:<br/>         Mostly exercise</p> <p>Type of Recent Leisure Activities^:<br/>         Running, working out in gym</p> <p>What Do You Do When Bored/Lonely^:<br/>         Go running on the mall</p> <p>Does Your Work Schedule Interfere With Your Leisure Activities: N<br/>         Do you Belong to Any Social Groups/Community Organizations: N</p> <p>Improvement Needed in ANY of the following areas:<br/>         Patient denies</p> <p>Pt Perception of Illness^:<br/>         Patient is bewildered as to why she is here.</p> |                                           |               |    |      |      |    |         |                  |        |            |      | <p>1001451-A CARE PLAN : MH ADDITIONS + C CP<br/>         --Use in place of Add Interventions--<br/>         Allows customization of Patient Care Plan.</p> <p>- Create 11/04/09 1547 EMW 11/04/09 1547 EMW<br/>         - Ed Status 11/04/09 1547 EMW 11/04/09 1547 EMW A =&gt; C</p> <p>1002003 Psychosocial Assessment std + C CP<br/>         - Create 11/04/09 1547 EMW 11/04/09 1547 EMW<br/>         - Ed Status 11/04/09 1547 EMW 11/04/09 1547 EMW A =&gt; C</p> <p>1002030 PSY: Anxiety Disorder, Assess A CP<br/>         * Physician to assess mental status and effectiveness of medications.</p> <p>* RN to assess anxiety and patient perception of effectiveness of medications.</p> <p>* Patient education related to effects and side effects of medications administered to treat illness.</p> <p>* Patient education regarding management</p>                                                             |               |               |               |                                           |      |      |    |         |                  |            |      |  |  |  |  |  |  |
| Activity Date: 11/04/09 Time: 1547                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |               |    |      |      |    |         |                  |        |            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |               |               |                                           |      |      |    |         |                  |            |      |  |  |  |  |  |  |

Age/Sex: 33  
 Unit #: J000U18122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, MAE D

  
 Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description                       |                                                                                                                            |                   |    |                                        | Sts Directions   |  |        | From                               | Intervention Description                                                                                                                                                                                              |               |    |         |                         | Sts Directions |        |  | From |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------|----|----------------------------------------|------------------|--|--------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|---------|-------------------------|----------------|--------|--|------|
| Activity Type                                  | Occurred Date                                                                                                              | Recorded Time     | by | Comment                                | Documented Units |  | Change | Activity Type                      | Occurred Date                                                                                                                                                                                                         | Recorded Time | by | Comment | Documented Units        |                | Change |  |      |
| Activity Date: 11/04/09 Time: 1547 (continued) |                                                                                                                            |                   |    |                                        |                  |  |        | Activity Date: 11/04/09 Time: 1547 |                                                                                                                                                                                                                       |               |    |         |                         |                |        |  |      |
| 1002030                                        | PSY: Anxiety Disorder, Assess (continued) of anxiety [], coping skills.                                                    |                   |    |                                        |                  |  |        | 1051009-A                          | CARE AREA STATEMENT: MH Adult + --DOCUMENT AT END OF EVERY SHIFT-- To be documented every shift, to review current Pt. problems and to verify that the MH Adult Patient Population Care Standards have been followed. |               |    | C       | . At End of shift       |                | CP     |  |      |
|                                                | * Encourage Patient to attend group therapy related to [].                                                                 |                   |    |                                        |                  |  |        |                                    | - Create 11/04/09 1547 EMW 11/04/09 1547 EMW                                                                                                                                                                          |               |    |         |                         |                |        |  |      |
|                                                | * Assist patient to identify anxiety-producing situations and plan for such events.                                        |                   |    |                                        |                  |  |        |                                    | - Ed Status 11/04/09 1547 EMW 11/04/09 1547 EMW                                                                                                                                                                       |               |    |         |                         |                | A => C |  |      |
|                                                | * Assist in the development of coping skills to manage anxiety.                                                            |                   |    |                                        |                  |  |        | 1300006                            | Age Specific Care: Young Adulthood +                                                                                                                                                                                  |               |    | A       |                         |                | CP     |  |      |
| - Create 1002051                               | 11/04/09 1547 EMW                                                                                                          | 11/04/09 1547 EMW |    | PSY: Thought Disorder, Assess          |                  |  | CP     |                                    | 1. Assess patient's self-perception for motivation.                                                                                                                                                                   |               |    |         |                         |                |        |  |      |
|                                                | * Physician to assess mental status, and effectiveness of medications.                                                     |                   |    |                                        |                  |  |        |                                    | 2. Assess body image.                                                                                                                                                                                                 |               |    |         |                         |                |        |  |      |
|                                                | * RN to assess mental status and patient perception of effectiveness of medications.                                       |                   |    |                                        |                  |  |        |                                    | 3. Assist with identifying useful coping mechanisms and support systems.                                                                                                                                              |               |    |         |                         |                |        |  |      |
|                                                | * Patient education related to thought disorder and effects and side effects of medications administered to treat illness. |                   |    |                                        |                  |  |        |                                    | 4. Encourage to talk about illness/injury - how it may affect plans, family/finances.                                                                                                                                 |               |    |         |                         |                |        |  |      |
|                                                | * Encourage patient to attend group therapy related to [].                                                                 |                   |    |                                        |                  |  |        |                                    | 5. Encourage patient and family in decision making and patient care, if wanted.                                                                                                                                       |               |    |         |                         |                |        |  |      |
|                                                | * Assist pt to ID behaviors that alienate significant others and family members                                            |                   |    |                                        |                  |  |        |                                    | 6. Educate re injury prevention and healthy lifestyle.                                                                                                                                                                |               |    |         |                         |                |        |  |      |
|                                                | * Collaborate with pt to identify anxious behavior and coping techniques                                                   |                   |    |                                        |                  |  |        | - Create 1572301                   | ASSESS: Weight as Ordered and Record +                                                                                                                                                                                |               |    | C       |                         |                | CP     |  |      |
|                                                | * Collaborate with pt to establish a daily, achievable routine                                                             |                   |    |                                        |                  |  |        | - Create 1751000                   | VS: Monitor +                                                                                                                                                                                                         |               |    | C       | .Daily or per MD order. |                | CP     |  |      |
|                                                | * Encourage pt to explore adaptive behaviors that increase socialization                                                   |                   |    |                                        |                  |  |        | - Ed Status 2120363                | MH Daily Nursing Assessment +                                                                                                                                                                                         |               |    | C       | .Every 24 hours         |                | A => C |  |      |
|                                                | * Encourage pt to explore adaptive behaviors that help to accomplish ADL's                                                 |                   |    |                                        |                  |  |        | - Create 2120365                   | ASSESSMENT: AT Evaluation +                                                                                                                                                                                           |               |    | C       | . 1 Time                |                | CP     |  |      |
| - Create 1009999                               | 11/04/09 1547 EMW                                                                                                          | 11/04/09 1547 EMW |    | UPDATE: Clarification of Medications + |                  |  | CP     | - Ed Status 2120366                | MH Psycho-Educational Group +                                                                                                                                                                                         |               |    | C       |                         |                | A => C |  |      |
| - Create                                       | 11/04/09 1547 EMW                                                                                                          | 11/04/09 1547 EMW |    |                                        |                  |  |        | - Create 2120370                   | MH SW Group Therapy Session +                                                                                                                                                                                         |               |    | C       |                         |                | CP     |  |      |
| - Ed Status                                    | 11/04/09 1547 EMW                                                                                                          | 11/04/09 1547 EMW |    |                                        |                  |  | A => C | - Ed Status 2120752                | Preceptor Documentation Co-Sign +                                                                                                                                                                                     |               |    | C       |                         |                | CP     |  |      |
|                                                |                                                                                                                            |                   |    |                                        |                  |  |        | - Create 3766530                   | NUTRITION: Monitor Meals, Record % +                                                                                                                                                                                  |               |    | C       |                         |                | CP     |  |      |
|                                                |                                                                                                                            |                   |    |                                        |                  |  |        | - Ed Status 4136600                | MEDS: Administer PAIN-MEDS(prn/standing)                                                                                                                                                                              |               |    | C       |                         |                | A => C |  |      |
|                                                |                                                                                                                            |                   |    |                                        |                  |  | A => C |                                    | 1. Monitor effectiveness/side effects (and any adverse reactions).                                                                                                                                                    |               |    |         |                         |                | CP     |  |      |
|                                                |                                                                                                                            |                   |    |                                        |                  |  |        | - Create                           | 11/04/09 1547 EMW 11/04/09 1547 EMW                                                                                                                                                                                   |               |    |         |                         |                |        |  |      |

Age/Sex: 33  
Unit #: J000018122  
Admitted:  
Status: DIS RCR

Attending: Roth, Richard L  
Account #: J84090218118  
Location: J.3PA  
Room/Bed:

WILLIAMS, AE D

Dominion Hospital Patient Care \*Live\*  
CLINICAL DOCUMENTATION RECORD

| Intervention Description                                                                                                                     |                                                                    |          |          |            |      |     |         |          |        | Intervention Description                                                                                                                                                                                                                                                                                                                                                      |                                                   |            |    |      |      |    |         |       |        |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|----------|------------|------|-----|---------|----------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|----|------|------|----|---------|-------|--------|
| Activity                                                                                                                                     |                                                                    | Occurred | Recorded | Directions |      |     | From    | Activity |        | Occurred                                                                                                                                                                                                                                                                                                                                                                      | Recorded                                          | Directions |    |      | From |    |         |       |        |
| Type                                                                                                                                         | Date                                                               | Time     | by       | Date       | Time | by  | Comment | Units    | Change | Type                                                                                                                                                                                                                                                                                                                                                                          | Date                                              | Time       | by | Date | Time | by | Comment | Units | Change |
| Activity Date: 11/04/09 Time: 1547                                                                                                           |                                                                    |          |          |            |      |     |         |          |        | Activity Date: 11/04/09 Time: 1548 (continued)                                                                                                                                                                                                                                                                                                                                |                                                   |            |    |      |      |    |         |       |        |
| 4136600                                                                                                                                      | MEDS: Administer PAIN-MEDS(prn/standing)                           | C        |          |            |      |     |         |          | CP     | 1001070                                                                                                                                                                                                                                                                                                                                                                       | Admission Initial Safety Assessment + (continued) |            |    |      |      |    |         |       |        |
|                                                                                                                                              | 1. Monitor effectiveness/side effects (and any adverse reactions). |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| - Ed Status                                                                                                                                  | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | A => C | Does the patient have a history of self harm: N Types of Self Harm Behaviors:<br>Head Banging: N Scratching/Cutting: N Manipulating others to harm self: N<br>Fire Setting: N Hanging: N Overdosing: N Burning: N Self Strangulation: N<br>Jump in front of car, window, metro: N Poison: N Self Biting: N Other: N<br>Triggers: NA                                           |                                                   |            |    |      |      |    |         |       |        |
| 4801200                                                                                                                                      | EDUCATION: Interdisciplinary +                                     | C        |          |            |      |     |         |          | CP     | Level of Impulsivity: Low                                                                                                                                                                                                                                                                                                                                                     |                                                   |            |    |      |      |    |         |       |        |
| - Create                                                                                                                                     | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | A => C | Admission history/symptoms indicate potential for self-harm: N<br>Commits to notify staff of self harm thoughts, intent, or plans: Y                                                                                                                                                                                                                                          |                                                   |            |    |      |      |    |         |       |        |
| - Ed Status                                                                                                                                  | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | CP     | Patient's Protective Barriers against Suicide/Self Harm: Coping Skills<br>Currently Employed/School<br>Positive Attitude<br>Social Supports<br>Ability Reality Test                                                                                                                                                                                                           |                                                   |            |    |      |      |    |         |       |        |
| 5021010                                                                                                                                      | DISCHARGE: Complete Discharge Form +                               | C        |          |            |      |     |         |          | CP     | Precipitating Factors: If applicable what does the pt identify as the cause<br>of loss of control or acting out behavior? "MY JOB'S CONCERN AFTER THE ACCIDENT REPORT<br>: FOLLOWING MY CAR ACCIDENT ON OCT 27, 2009" <i>I had to have (1) the car<br/>before discharge (2) a 30 day wait needed to check out of the car</i>                                                  |                                                   |            |    |      |      |    |         |       |        |
|                                                                                                                                              | ALSO:<br>Complete paper form-when going home                       |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| - Create                                                                                                                                     | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | A => C | Techniques used to help patient control behavior: "I HAVE BEEN IN CONTROL<br>: OF MY MOOD, NOT OUT OF CONTROL, EXCEPT WHEN DISORIENTED FEW DAYS AFTER ACC.                                                                                                                                                                                                                    |                                                   |            |    |      |      |    |         |       |        |
| - Ed Status                                                                                                                                  | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | CP     | <<NURSING ADMISSION NOTE>>                                                                                                                                                                                                                                                                                                                                                    |                                                   |            |    |      |      |    |         |       |        |
| 5021012                                                                                                                                      | DISCHARGE: MED REC PATIENT MED List +                              | C        |          |            |      |     |         |          | AS     | Oriented to unit: Y<br>Appearance: WELL GROOM : PT ADMITTED TO ADULT PARTIAL PROGRAM TODAY. STATES<br>Additional Comments: SHE WAS DISORIENTED AFTER HER CAR ACCIDENT FOR A FEW DAYS BUT DENIES<br>: LOSS OF CONTROL OF MOOD OR BEHAVIOR RECENTLY. HAS AN INTERVIEW AT WORK<br>: TODAY; VERY ELEGANTLY AND NEATLY DRESSED IN BUSINESS SUIT. DENIES SI/HI/SIB<br>: GIVES SL=10 |                                                   |            |    |      |      |    |         |       |        |
| - Create                                                                                                                                     | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | A => C | 1001083 ADMISSION: Medication History + A AS<br>* Medication History to be done on Admission *                                                                                                                                                                                                                                                                                |                                                   |            |    |      |      |    |         |       |        |
| - Ed Status                                                                                                                                  | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          | AS     | - Create 11/04/09 1548 EMW 11/04/09 1548 EMW<br>- Document 11/04/09 1548 EMW 11/04/09 1548 EMW                                                                                                                                                                                                                                                                                |                                                   |            |    |      |      |    |         |       |        |
| 9100004                                                                                                                                      | QUICK ADMISSION DATA +                                             | A        |          |            |      |     |         |          | AS     | Home Medications:                                                                                                                                                                                                                                                                                                                                                             |                                                   |            |    |      |      |    |         |       |        |
|                                                                                                                                              | Nursing Quick Start                                                |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| - Create                                                                                                                                     | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| - Document                                                                                                                                   | 11/04/09                                                           | 1547     | EMW      | 11/04/09   | 1547 | EMW |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| *** QUICK ADMIT ***                                                                                                                          |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Location/Service: J.3PA                                                                                                                      |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Patient Care Type: AGE: 33                                                                                                                   |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Arrival Time: 1130                                                                                                                           |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Activity Date: 11/04/09 Time: 1548                                                                                                           |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| 1001070                                                                                                                                      | Admission Initial Safety Assessment +                              | A        |          |            |      |     |         |          | CP     | * To be done on Admission *                                                                                                                                                                                                                                                                                                                                                   |                                                   |            |    |      |      |    |         |       |        |
| - Create                                                                                                                                     | 11/04/09                                                           | 1548     | EMW      | 11/04/09   | 1548 | EMW |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| - Document                                                                                                                                   | 11/04/09                                                           | 1548     | EMW      | 11/04/09   | 1556 | EMW |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| What are your goals for this hospitalization: "Adequately address any concerns about my<br>: ability to return to work and cope with stress" |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Any History of Abuse or Neglect: N                                                                                                           |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| History of Aggressive/Assaultive Behavior: None                                                                                              |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Access 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                                                                                          |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |
| Does the patient have a plan for suicide: DENIES                                                                                             |                                                                    |          |          |            |      |     |         |          |        |                                                                                                                                                                                                                                                                                                                                                                               |                                                   |            |    |      |      |    |         |       |        |

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, WAE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               |               |    |         | Sts              | Directions | From          | Intervention Description |               |    |         |                  | Sts    | Directions | From |
|--------------------------|---------------|---------------|----|---------|------------------|------------|---------------|--------------------------|---------------|----|---------|------------------|--------|------------|------|
| Activity Type            | Occurred Date | Recorded Time | by | Comment | Documented Units | Change     | Activity Type | Occurred Date            | Recorded Time | by | Comment | Documented Units | Change |            |      |

Activity Date: 11/04/09 Time: 1548 (continued) | Activity Date: 11/04/09 Time: 1548

|         |                                             |  |  |  |  |  |                                     |                                      |                   |   |  |  |    |
|---------|---------------------------------------------|--|--|--|--|--|-------------------------------------|--------------------------------------|-------------------|---|--|--|----|
| 1001083 | ADMISSION: Medication History + (continued) |  |  |  |  |  | 2120366                             | MH Psycho-Educational Group +        |                   | A |  |  | CP |
|         |                                             |  |  |  |  |  | - Create                            | 11/04/09 1548 EMW                    | 11/04/09 1548 EMW |   |  |  |    |
|         |                                             |  |  |  |  |  | 2120370                             | MH SW Group Therapy Session +        |                   | A |  |  | CP |
|         |                                             |  |  |  |  |  | - Create                            | 11/04/09 1548 EMW                    | 11/04/09 1548 EMW |   |  |  |    |
|         |                                             |  |  |  |  |  | 2120752                             | Preceptor Documentation Co-Sign +    |                   | A |  |  | CP |
|         |                                             |  |  |  |  |  | - Create                            | 11/04/09 1548 EMW                    | 11/04/09 1548 EMW |   |  |  |    |
|         |                                             |  |  |  |  |  | 4801200                             | EDUCATION: Interdisciplinary +       |                   | A |  |  | CP |
|         |                                             |  |  |  |  |  | - Create                            | 11/04/09 1548 EMW                    | 11/04/09 1548 EMW |   |  |  |    |
|         |                                             |  |  |  |  |  | 5021010                             | DISCHARGE: Complete Discharge Form + |                   | A |  |  | CP |
|         |                                             |  |  |  |  |  | ALSO:                               |                                      |                   |   |  |  |    |
|         |                                             |  |  |  |  |  | Complete paper form-when going home |                                      |                   |   |  |  |    |
|         |                                             |  |  |  |  |  | - Create                            | 11/04/09 1548 EMW                    | 11/04/09 1548 EMW |   |  |  |    |

Activity Date: 11/05/09 Time: 0855

|  |  |  |  |  |  |  |            |                             |                   |   |     |  |    |
|--|--|--|--|--|--|--|------------|-----------------------------|-------------------|---|-----|--|----|
|  |  |  |  |  |  |  | 2120365    | ASSESSMENT: AT Evaluation + |                   | A | 1 X |  | CP |
|  |  |  |  |  |  |  | - Document | 11/05/09 0855 KDO           | 11/05/09 0855 KDO |   |     |  |    |

Sources Used For This Documentation:

Routine Pharmacies Used:

Clarification needed for any Medication:

Home Medication Disposition:

1001451-A CARE PLAN : MH ADDITIONS + A CP  
 --Use in place of Add Interventions--  
 Allows customization of Patient Care Plan.  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 1002003 Psychosocial Assessment std + A CP  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 1051013 CARE AREA STATEMENT: PHP Adult + A CP  
 --DOCUMENT AT END OF EVERY SHIFT--  
 To be documented every shift, to review current Pt. problems and to verify that the PHP Adult Patient Population Care Standards have been followed.  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 1572301 ASSESS: Weight as Ordered and Record + A CP  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 1751000 VS: Monitor + A CP  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 2120363 MH Daily Nursing Assessment + A CP  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW  
 2120365 ASSESSMENT: AT Evaluation + A CP  
 - Create 11/04/09 1548 EMW 11/04/09 1548 EMW

PROBLEMS TO BE ADDRESSED BY ACTIVITY THERAPY:

Difficulty Identifying and Expressing Feelings: Y  
 Poor Concentration: Y  
 Disorganized Thoughts: Y  
 Poor Impulse Control: Y  
 Low Frustration Tolerance: Y  
 Distractability: Y  
 Restlessness: Y  
 Low Self-Esteem: Y  
 Social Isolation/Withdrawal: Y  
 Poor Reality Testing: Y  
 Inadequate Social Skills: Y  
 Distorted Body Image: Y  
 Poor Leisure Time Management: Y  
 Inadequate Leisure Skills: Y  
 Leisure Time/Activities Related To Drug/Alcohol Abuse: Y

Other:  
 Physical Problems/Safety Concerns: decreased ability to cope, hx of stress/anxiety

CONCLUSIONS: ACTIVITY THERAPY INTERVENTIONS WILL FOCUS ON PROVISIONS OF ACTIVITIES THAT FACILITATE:

Identification and Expression of Feelings: Y  
 Focus of Attention and Organization of Thoughts: Y  
 Attending, Concentrating and Completing Tasks: Y  
 Feelings of Mastery and Self-Esteem: Y  
 Development of Realistic Body Image: Y  
 Social Interaction: Y  
 Development of More Functional Social Skills: Y

*I read this and found it helpful as a topic because it was helpful. This is the first time I have seen this in the PPD, I have seen it in the past.*

Age/Sex: 33 .  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, AE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               |               |    |      | Sts  | Directions | From    | Intervention Description |        |               |               |               | Sts | Directions | From |    |         |                  |        |
|--------------------------|---------------|---------------|----|------|------|------------|---------|--------------------------|--------|---------------|---------------|---------------|-----|------------|------|----|---------|------------------|--------|
| Activity Type            | Occurred Date | Recorded Time | by | Date | Time | by         | Comment | Documented Units         | Change | Activity Type | Occurred Date | Recorded Time | by  | Date       | Time | by | Comment | Documented Units | Change |

Activity Date: 11/05/09 Time: 0855 (continued)      Activity Date: 11/05/09 Time: 1630 (continued)

2120365 ASSESSMENT: AT Evaluation + (continued)  
 Development of Impulse Control:  
 Identification of Leisure Time Skills and Interests: Y  
 Development of Structured Leisure Plan For After Discharge:  
 Identification of Healthy Alternatives to Drug Related Behavior:  
 Other:  
*Please refer to group notes for more details*

2120363 MH Daily Nursing Assessment + (continued)  
 Thoughts:  
 Intent to Harm Self:  
 Plan:  
 Self Harm: N Type:  
 Identify Current Triggers:

Activity Date: 11/05/09 Time: 1608

Patient Notes: NURSE NOTES  
 - Create 11/05/09 1608 MJ 11/05/09 1608 MJ  
 ACTIVITY/EXPRESSIVE THERAPY GROUP NOTE  
 GROUP TOPIC: Movement Therapy Self-Esteem  
 Observation of Symptomology: Minimal  
 Group Participation: Involved  
 Affect: Flat  
 Mood: Calm  
 Peer Interaction: Minimal  
 Staff Interaction: Compliant  
 Impulse Control: Good  
 Pt/Family Education Done: Yes  
 Person Taught: Patient  
 Readiness to Learn: Receptive  
 Teaching Method: Group Session/Class  
 Outcome: Comm. Understanding  
 Comments:  
 Note Type Description  
 No Type None

Homicidal Ideation: N  
 Thoughts:  
 Intent to Harm Others:  
 Plan:  
 Aggressive/Assaultive Behavior Level: Low Impulse Control: Mod ?  
 Safety Level: 9-10  
 Comments: PATIENT SAYS SAFETY IS 10 -- accurate, although...  
 --APPETITE--  
 Nutritional Status: PATIENT SAYS APPETITE IS GOOD  
 Comments:  
 --ADL/HYGIENE--  
 Grooming/Dress: Appropriate/Neat/Clean  
 Comments:  
 --MEDICATIONS--  
 Is patient compliant with medication regimen: Y  
 If no, explain:  
 Medication Side Effects: N  
 If yes, explain:  
 Monitoring of effects of medications to include:  
 Staff observations of effect(s):  
 Pt's perceptions of effect(s):

Activity Date: 11/05/09 Time: 1630

2120363 MH Daily Nursing Assessment +  
 - Document 11/05/09 1630 MVP 11/05/09 1635 MVP  
 - ---Mental Status Exam---  
 LOC: Alert Concentration: Good  
 Orientation: Oriented x 3 Memory: Intact  
 Knowledge of Illness: Yes Speech: Clear/Well Modulated  
 Eye Contact: Fleeting Behavior: Cooperative  
 Thought Content: Self-Accepting Thought Process: Coherent/Logical  
 Appearance: Clean and Neat Affect: Appropriate  
 Mood: Anxious Motor: Steady/No Extraneous Move  
 Insight: Fair Judgement: Fair  
 Comment: PATIENT WAS FOCUSED ON GROUP SESSIONS  
 Suicidal Ideation: N

Physical Complaints:  
 Sleep Pattern Disturbance: N Difficulty Falling Asleep: Early A.M. Awakening:  
 Day/Night Reversal: Nightmares:  
 Sleep Walking: Hypersomnia:  
 Other:  
 Is this a change in patient's regular sleep pattern:  
 Comment:  
 Pt/Family Education Done: Y Enter Note?  
 Person Taught: Patient

Age/Sex: 33  
 Unit #: J000018122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS, ANAE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |          |          |    |      |      |    | Sts        | Directions | From   | Intervention Description |          |          |    |      |      |    | Sts        | Directions | From   |
|--------------------------|----------|----------|----|------|------|----|------------|------------|--------|--------------------------|----------|----------|----|------|------|----|------------|------------|--------|
| Activity                 | Occurred | Recorded |    |      |      |    | Documented |            |        | Activity                 | Occurred | Recorded |    |      |      |    | Documented |            |        |
| Type                     | Date     | Time     | by | Date | Time | by | Comment    | Units      | Change | Type                     | Date     | Time     | by | Date | Time | by | Comment    | Units      | Change |

|                         |            |             |                         |            |             |
|-------------------------|------------|-------------|-------------------------|------------|-------------|
| Activity Date: 11/05/09 | Time: 1630 | (continued) | Activity Date: 11/06/09 | Time: 1155 | (continued) |
|-------------------------|------------|-------------|-------------------------|------------|-------------|

2120363 MH Daily Nursing Assessment + (continued)  
 Readiness to Learn: Receptive Teaching Method: Verbal/Written  
 Discipline: Nursing  
 Medication Education: N  
 If FDI Ed. which drug:  
 1st Time Dose Instruction:  
 Medication Name(s):  
 Medication Information Taught:  
 Medication Info Cont.:  
 Medication Info. Cont.:  
 Content Area: Treatment  
 Outcome: Comm. Understanding  
 Education Notes: GOAL SETTING  
 : SUPPORT  
 : SAFETY

2120363 MH Daily Nursing Assessment + (continued)  
 Intent to Harm Self:  
 Plan:  
 Self Harm: N Type:  
 Identify Current Triggers:  
 Homicidal Ideation: N  
 Thoughts:  
 Intent to Harm Others:  
 Plan:  
 Aggressive/Assaultive Behavior Level: Low Impulse Control: Mod  
 Safety Level: 9-10  
 Comments: SL=10, denies SI/HI/SIB  
 --APPETITE--  
 Nutritional Status: reports appetite good  
 Comments:

Activity Date: 11/05/09 Time: 1635

Patient Notes: NURSE NOTES  
 - Create 11/05/09 1635 MVP 11/05/09 1638 MVP  
 PATIENT PRESENT FOR GROUP SESSION TODAY INVOLVED AFFECT ANXIOUS SAYS SHE WENT TO THE GYM YESTERDAY ATE DINNER AND TALKED WITH FRIENDS. SOCIAL WITH PEERS. SET GOAL TO CONTINUE TO PROGRESS AT RESOLVING CONCERNS FROM JOB. SAY SHE HAS NO SAFETY ISSUES AND RATES SAFETY AT LEVEL 10. PATIENT SAYS SHE IS SLEEPING OK AND APPETITE IS GOOD. EXPRESSED FEELING HAPPY CALM DETERMINED AND CALM.  
 Note Type Description  
 Diagnosis PSY PROBLEM: Anxiety

---ADL/HYGIENE---  
 Grooming/Dress: Appropriate/Neat/Clean  
 Comments: elegantly dressed in business suit  
 --MEDICATIONS--  
 Is patient compliant with medication regimen: Y  
 If no, explain:  
 Medication Side Effects: N  
 If yes, explain:  
 Monitoring of effects of medications to include:  
 Staff observations of effect(s): affect appropriate, composed, participates in groups  
 Pt's perceptions of effect(s): not taking (none prescribed by Dominion)

Activity Date: 11/06/09 Time: 1155

2120363 MH Daily Nursing Assessment + A Every 24 hrs CP  
 - Document 11/06/09 1155 EMW 11/06/09 1159 EMW  
 - ---Mental Status Exam---  
 LOC: Alert Concentration: Fair  
 Orientation: Oriented x 3 Memory: Intact  
 Knowledge of Illness: Yes Speech: Clear/well Modulated  
 Eye Contact: Direct Behavior: Composed  
 Thought Content: positive self-talk Thought Process: Coherent/Logical  
 Appearance: Clean and Neat Affect: Appropriate  
 Mood: Pleasant Motor: Steady/No Extraneous Move  
 \* Insight: Fair Judgement: Fair  
 Comment:

Physical Complaints: none reported or observed  
 Sleep Pattern Disturbance: N Difficulty Falling Asleep: Early A.M. Awakening:  
 Day/Night Reversal: Nightmares:  
 Sleep Walking: Hypersomnia:  
 Other:  
 Is this a change in patient's regular sleep pattern:  
 Comment: reports sleep ok  
 Pt/Family Education Done: Y Enter Note? N

Suicidal Ideation: N  
 Thoughts: *Based on what she says?*

Person Taught: Patient  
 Readiness to Learn: Receptive Teaching Method: Group Session/Class







Age/Sex: 33  
 Unit #: J00000122  
 Admitted:  
 Status: DIS RCR

Attending: Roth, Richard L  
 Account #: J84090218118  
 Location: J.3PA  
 Room/Bed:

WILLIAMS AE D

Dominion Hospital Patient Care \*Live\*  
 CLINICAL DOCUMENTATION RECORD

| Intervention Description |               |                  |                    | Sts Directions |        |  | From          | Intervention Description |                  |                    |       | Sts Directions |  |  | From |
|--------------------------|---------------|------------------|--------------------|----------------|--------|--|---------------|--------------------------|------------------|--------------------|-------|----------------|--|--|------|
| Activity Type            | Occurred Date | Recorded Time by | Documented Comment | Units          | Change |  | Activity Type | Occurred Date            | Recorded Time by | Documented Comment | Units | Change         |  |  |      |

Activity Date: 11/06/09 Time: 1410 (continued)      Activity Date: 11/09/09 Time: 1230

1051013 CARE AREA STATEMENT: PHP Adult + (continued)  
 6: CARE GOALS: Dominion PHP Adult : A18: :  
 7: STANDARD: DOMINION HOSPITAL PHP : A19: :  
 8: : 20: :  
 9: : 21: :  
 10: : 22: :  
 11: : 23: :  
 12: : 24: :  
 I have reviewed the Pt problems listed above and the Treatment Plan for pt: Y  
 The Pt Care Standards appropriate for this patient defined for his/her patient population  
 have been met throughout the shift (unless otherwise documented): YES (Review-SHFT F8)  
 Comment:  
 Enter Note? N Shift: 7AM-3PM Signature: PERRY, MARILYN - RN

Activity Date: 11/09/09 Time: 1027

Patient Notes: SOCIAL SERVICES NOTES  
 - Create 11/09/09 1027 MXS 11/09/09 1034 MXS

MEETING WITH PATIENT:  
 This CSW met with patient for purpose of assessment and discharge planning.  
 Patient reported that her mother is continuing to stay with her and provide  
 support. Patient had spent weekend in a highly structured way, exercising,  
 eating out with her mother or with friends and remaining busy most of the  
 time.  
 IMPRESSION:  
 Today patient presents dressed in business attire with good grooming. Her mood  
 is anxious, affect is congruent with ideation, eye contact is good, thinking  
 is clear and goal directed. Patient denies any harmful ideation toward self or  
 other, acknowledges some sleep disturbance over the weekend which she  
 attributes to her anxiety about court date tomorrow and the ongoing employment  
 status investigation that she has to face with her governmental agency.  
 Patient continues to offer plausible explanation for her traffic accident and  
 flat out denies other accusations of bizarre behavior at work. Patient denies  
 any symptoms suggestive of a psychotic episode.  
 PLAN:  
 1. Patient will attend court hearing in the AM with her mother and friends as  
 a support system.  
 2. Patient will either return to PHP after court or return on wed 11/11/09.  
 3. Patient encouraged to find OP providers so that she can follow up after  
 discharge from PHP.  
 5. Attending psychiatrist informed of all above.  
 Note Type Description  
 No Type None

2120363 MH Daily Nursing Assessment + A Every 24 hrs CP  
 - Document 11/09/09 1230 DPS 11/09/09 1235 DPS  
 ---Mental Status Exam---  
 LOC: Alert Concentration: Fair  
 Orientation: Oriented to Person only ? Memory: Intact  
 Knowledge of Illness: Yes Speech: Clear/Well Modulated  
 Eye Contact: Direct Behavior: Composed  
 Thought Content: Self-Accepting Thought Process: Coherent/Logical  
 Appearance: Clean and Neat Affect: Blunted  
 Mood: Calm Motor: Steady/No Extraneous Move  
 Insight: Fair Judgement: Fair  
 Comment:

Suicidal Ideation: N  
 Thoughts:  
 Intent to Harm Self:  
 Plan:

Self Harm: N Type:  
 Identify Current Triggers:

Homicidal Ideation: N  
 Thoughts:  
 Intent to Harm Others:  
 Plan:

Aggressive/Assaultive Behavior Level: Low Impulse Control: High  
 Safety Level: 9-10  
 Comments: NO UNSAFE BEHAVIOR NOTED

--APPETITE--  
 Nutritional Status: GOOD  
 Comments:

---ADL/HYGIENE---  
 Grooming/Dress: Appropriate/Neat/Clean  
 Comments:

--MEDICATIONS--  
 Is patient compliant with medication regimen: N  
 If no, explain: NOT ON MEDS

Medication Side Effects: N  
 If yes, explain:

Monitoring of effects of medications to include:  
 Staff observations of effect(s): NOT ON MEDS  
 Pt's perceptions of effect(s): NOT ON MEDS

Physical Complaints: NONE

WILLIAMS, LYNNAE D  
J84090218118 REG RCR J.3PA  
11/04/09 Roth, Richard L  
DOB: 07/09/1976 F/33 MR# J000018122  
Dominion Hospital

DOMINION HOSPITAL

PHYSICIAN ADMISSION INSTRUCTION SHEET  
ADULT PARTIAL PROGRAM

(CIRCLE THE ANSWER, YES OR NO)

- Y  N Admit to the Partial Hospitalization Program
- Y  N Regular Diet (specify other: \_\_\_\_\_)
- Y  N Medical History and Physical Examination (ONLY FOR A DIRECT ADMISSION)
- Y  N Vital Signs (B.P., TPR x1) Other: \_\_\_\_\_

DUAL DIAGNOSIS EDUCATION GROUPS

- Y  N Assessment
- Y  N Groups

I certify that the services identified as "partial hospitalization" are medically necessary to prevent further decompensation and subsequent admission to inpatient treatment.

Elizabeth W. Roth RN per Dr. Roth 11/4/09 1200 (rhv) RLW  
Telephone Order Received By: Physician Name Date Time Read Back  
(RN Signature) (RN Initials)

Elizabeth W. Roth RN  
Transcribed By: (RN Signature) 11/4/09 1500  
Date Time

[Signature] 11/4/09  
Physician Signature Date Time

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.


| Date | Time | Complete top portion with each Level of Care change. Indicate order with a Check Mark.        |
|------|------|-----------------------------------------------------------------------------------------------|
|      |      | <input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason)   |
|      |      | <input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason). |
|      |      | <input type="checkbox"/> Admit as Inpatient for _____ (medical reason).                       |

Physician Signature: \_\_\_\_\_

| Date     | Time | Additional Orders: (Dates/Times required)                                                                                        |
|----------|------|----------------------------------------------------------------------------------------------------------------------------------|
| 11/4/09  | 1200 | T.O. Dr. Roth / Ehabed With, RN (sb)<br>Admit pt to adult partial program<br>noted E. Miller, RN 11/4/09 1200<br>Blossum 11/4/09 |
| 11/9/09  |      | Pt. will not attend this P/T "11/10/09 due<br>to a court appearance in DC court<br>noted 11/9/09 1000 Blossum                    |
| 11/11/09 |      | Discharge Today Blossum<br>noted E. Miller, RN 1200 11/11/09                                                                     |

Allergies & Sensitivities  NKA

|        |        |           |
|--------|--------|-----------|
| Weight | Height | Diagnosis |
|        |        |           |

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**DOMINION HOSPITAL**

2960 Sleepy Hollow Road  
Falls Church, Virginia 22044  
Phone (703) 536-2000

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Dominion Hospital

**Patient Identification**

**DISCHARGE PLAN FORM**

Discharge Status \_\_\_\_\_  
Admission Date: 11/4/09 Discharge Date: 11/11/09 Discharge To: home

**FOLLOW-UP APPOINTMENTS**

| Name                                      | Telephone               | Appt Date | Appt Time | Date Faxed |
|-------------------------------------------|-------------------------|-----------|-----------|------------|
| Psychiatrist<br><i>* PATIENT DECLINED</i> |                         |           |           |            |
| Fax Number<br><i>AFTERCARE</i>            | Address<br><i>APPT.</i> |           |           |            |
| Therapist                                 |                         |           |           |            |
| Fax Number                                | Address                 |           |           |            |
| Other                                     |                         |           |           |            |

**AFTERCARE PLAN**

**Mental Health/Social /Medical Issues**

*\* PATIENT STATES " I AM WAITING FOR GUIDANCE FROM MY EMPLOYER "*

Patient has been advised of the potential for Metabolic Syndrome and the need for follow up with the Psychiatrist and Primary Care Physician.

**DISCHARGE DIAGNOSIS:**

|          |           |
|----------|-----------|
| Axis I:  | Axis III: |
|          |           |
| Axis II: | Axis IV:  |
|          | Axis V:   |

Attending Physician: Dr Richard Roth Phone #: 703-821-2337

Physician Signature: *R Roth MD* Date: 11-13-09

Patient Signature: *Lynnae Williams* Date: 11/11/09

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Signature: *M. Saul* Date: \_\_\_\_\_



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.

Current Diagnosis: Axis 1: Psychosis, NOS  
Axis 2: defence  
Axis 3: no diagnosis  
Axis 4: none known  
Axis 5: GAF: 60

Presenting Problem (target symptoms and behaviors): 3 separate incidents of  
bizarre behavior during the few days prior to her  
inpt adm 10/30/09

Mental Status: since admission no overt evidence of  
psychosis noted

Treatment Planning:  
Treatment Problem Statement: The behavior/relationship difficulties, which require change in order for the patient to function in a less restrictive setting, require that the patient will: show stable mood  
thinking and behavior

PHYSICIAN TREATMENT PLANNING INTERVENTIONS

Therapeutic Interventions: therapy: individual, group,  
possibly family

Other: \_\_\_\_\_


Estimated Length of Stay 4 to 8 days in PHO

Discharge Plan home, out pt TX

R. Rothman  
ATTENDING PHYSICIAN

10-31-09  
DATE:

DOMINION HOSPITAL  
PHYSICIAN PSYCHIATRIC  
ADMISSION HISTORY

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:

"I was referred by Dr. Newman."

HISTORY OF PRESENT ILLNESS:

CHECK IF THIS IS AN UPDATED ADMISSION HISTORY. (See Adm. Hx. From Past 30 Days)

1<sup>st</sup> DH adm. + 1<sup>st</sup> psychiatric hospitalization for this unmarried 33 year old white U.S. Gov't employee ref. for adm. by the medical office at her workplace after the patient exhibited episodes of bizarre thinking and/or behavior.

On 10/28/09 the patient was in the lunch room at work when she began talking in a loud, agitated voice, cursing, swearing. Her co-worker took her outside where she yelled at people passing by, accusing them of following her. When a car drove by she said she was being followed. (cont.)

PAST PSYCHIATRIC HISTORY:

In 2006 while a graduate student at Georgetown Univ. it had problems with focus + concentration. Was seen in student health diagnosed mild depression, tried on Prozac, Wellbutrin, eventually diagnosed ADD and prescribed Adderall - which she continues to take

FAMILY PSYCHIATRIC HISTORY:

maternal aunt - Schizophrenia