

8D-06

Diabetic Flow Sheet

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121428	5/26/1990	12/20/2013

FS & Insulin Ordered: FSBS BID until released

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
12/20/13	1506	287					check for acceptance - call report
12/20/13	1800	281					intake - just ate
12-21-13	0442	232	Levemir 18u, Reg s/s	2u	RR		
12-21	1415	445	Charge call				
12-21-13	1740	273	S/S Reg	4u	RR		
12-21	1550	264				KC	Wills notified
12-21-13	2200	322	Levemir	1u	RR		
12-22-13	0438	290	Levemir 18u, Reg s/s	4u	RR		
12-22-13	1340	340			DA		He strength was dropping
12-22-13	1820	424	S/S Reg	10	A		Charge Nurse notified
12-27-13	2030	350				KC	Wills notified
12-23-13	0449	241	Levemir 18u, Reg s/s	2u	1h		



8D06

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336-917-7676

Physician's Order



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121428	5/26/1990	12/22/2013

ALLERGIES: NKDA

Physician: <i>Wilks</i>	
Date & Time: <i>12/22/13 2030</i>	<input type="checkbox"/> Another brand of drug identical in content may be dispensed unless checked.
<i>① Rcheck BS + report - 7^o p dinner ✓</i>	
<i>T.O. NP Wilks / K. [unclear]</i>	
<i>Added 12-21-30</i>	<i>Signature: R. Wilks</i>
<i>K. [unclear] 2030</i>	DEC 27 2013



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Physician's Order



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121428	Date of Birth 5/26/1990	Today's Date 12/21/2013
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ALLERGIES: **NKA**

Physician:	Wilks
Date & Time:	<input type="checkbox"/> Another brand of drug identical in content may be dispensed unless checked.
T.O. NP Wilks / BAKA CAW	
① Units of Humalog xl now ② Rev Blood Sugar in one hour (3:45pm)	
<i>Signature: B. Wilks</i> DEC 27 2013	
Noted BAKA CAW 12-21-13 1445	



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Physician's Order



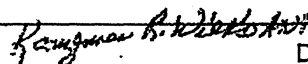
Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121428	Date of Birth 5/26/1990	Today's Date 12/20/2013
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ALLERGIES: NKDA

Physician: NP Wilks	
Date & Time: 12/20/13 2007	<input type="checkbox"/> Another brand of drug identical in content may be dispensed unless checked.
1) IDDM Protocol	
2) Levemir 18 Units SQ QAM x 60 days	
3) Levemir 10 Units SQ QPM @ 2000 x 60 days.	
4) Use inmate's Levemir medication.	
5) Chronic Care visit in 3 weeks for DM.	
T.O.R.A NP Wilks / G. Clark LPN	
Noted K. Ford LPN 12/20/2013 21:34	
Kangman B. Wilks NP DEC 27 2013	



Admission Orders for IDDM

Last	First	Middle Initial	DOB: 5/26/1990
Name Hill	Brian	D	AIS#
Date 12/20/13	Allergies NKDA		Facility FCDC
1). Admission Orders for INSULIN DEPENDENT DIABETICS			Location 8D-06 8D-07
2). 2500 Cal ADA Diet WITH a SNACK BAG until released. Kf			Noted by Ford LPN 12/20/13 18:
3). Place on Diabetic Chronic Care List. Kf			
4). FSBS BID until released			
5). Begin Sliding Scale Protocol			
6). Make referral for NP to see next day. Call for orders			
MD/NP Signature			Date/Time

DEC 27 2013

Nurses Observations

Inmate: Brian David Hill

Booking #: 121428

Date/Time	Comments	Nurse
12/20/2013 00:01	Please give 2500 cal ADA diet WITH a snack bag until released [12/20/2013 18:12, FORDKN, FCSO]	Ford, Kimberly

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Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 12/22/2013
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
12-20-2013	Acute	EXT CAUSES:	Suicide and Self-Inflicted Injury by Suicide Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
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Notes / History:

Added 12/22/2013 07:56 PM CST by kcoles RN

Wilks NP contacted for FS 424. Recheck of blood sugar 2 hours after supper results 356 reported. No new orders at this time. Inmate to receive scheduled PM levemir .

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Progress Notes



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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
12-20-2013	Acute	EXT CAUSES:	Suicide and Self-Inflicted Injury by Suicide	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
12-21-2013 01:41 PM CST	-	-	-	-	-	-	-

Notes / History:

Added 12/21/2013 01:45 PM CST by mcomatzer RN

Charge Call for high blood sugar
 S- States "My muscle ache and that's how I know my sugar is high"
 O- A+O x3; slightly slow (PMH- Autism). FSBS-445
 A/P- Instructed to continue to start drink water which he complied and the oncall provider was called for orders.
 OTO Insulin given as ordered
 Will recheck in 1 hour as ordered

Progress Notes



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	12/20/2013

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
12-20-2013	Acute	EXT CAUSES:	Suicide and Self-Inflicted Injury by Suicide	Other and Unspecified Means
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH:	Personal History of Mental Disorder	
		Psychiatric NOS	Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 12/20/2013 10:06 PM CST by jdouthit RN

S: Charge Nurse called to 8 South at 1812 to check inmate being housed into the Special Housing Unit. Inmate states he wants to kill himself.

O: Inmate has no visible injuries. He was fully processed in intake and placed on Active Suicide Watch by the intake screening nurse.

A: Ineffective coping skill and potential for self harm

P: Watch will continue until Mental Health evaluation.

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ASW
Progress Note

8D-06

CCS
 CORRECT CARE
 SOLUTIONS

Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121428	Date of Birth 5/26/1990	Today's Date 12/20/2013
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ALLERGIES NYDA

Time	Comments:
1830	PT placed on ASW due to stating on several accounts that he wanted to kill himself. PT was recently released from MH facility. PT suffers from mild Case of Asthma as well as multiple MH episodes. <i>[Signature]</i>
12/20/13 0035	Remains on ASW. Lying on back. eyes closed. Resp even & unlabored. Will cont to monitor. <i>[Signature]</i>
12-21-13 0845	Seen on bed side cheerful. Denies SF. Cont to monitor. <i>M-C</i>
12-21 1645	PS checked @ 264. He stated he felt better now than he did an hour ago. He denies intent to harm himself. <i>K Cole</i>
12-22-13 0200	PT asleep lying on (L) side. Resps. even & unlabored. acute distress. Will continue to monitor. — <i>Skow</i>
12-22-13 0835	Seen in cell door. Resp w/ur. Denies SF @ this time. Cont. to monitor. <i>M-C</i>
12-22-13 1555	Inmate seen walking in cell. He denies SF, saying, "No way". Resp. even. <i>NAD. K Cole</i>
12-23-13 0100	PT asleep lying on (L) side. Resps. even & unlabored. acute distress. Will continue to monitor. — <i>Skow</i>
12-23-13 0800	S. Patient denies HI/SI O. Resp 18 A. NAD P. Continue to monitor — <i>[Signature]</i>



Segregation Rounds Log

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#121428

Patient Name HILL, BRIAN D	Inmate Number 1908253	Date of Birth 5/26/1990	Today's Date 12/21/2013
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Date Placed in Seg 12/20/13 Housing Unit 8006

Existing medical conditions precluding housing in segregation:
 Yes No

Security notified: Not Indicated Yes Date: _____ Time: _____

Currently receiving mental health services:
 Yes No

Mental health notified of

Admission to segregation: Not Indicated Yes Date: _____ Time: _____

Date	Time	Observation	Significant Health Findings / Comments	Referred to:	Health Care Staff
12/21	1000	<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input checked="" type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
12/22	900	<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input checked="" type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
12/23	830	<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input checked="" type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests	ASW		<i>[Signature]</i>
		<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input type="checkbox"/> awake <input type="checkbox"/> no medical requests			
		<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input type="checkbox"/> awake <input type="checkbox"/> no medical requests			
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		<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input type="checkbox"/> awake <input type="checkbox"/> no medical requests			



Brief Jail Mental Health Screen



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 12/20/2013
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Section 2

Questions

1. Do you CURRENTLY believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? Yes No

General Comments:

2. Do you CURRENTLY feel that other people know your thoughts and can read your mind? Yes No

General Comments:

3. Have you CURRENTLY lost or gained as much as two pounds a week for several weeks without even trying? Yes No

General Comments:

4. Have you or your family or friends noticed that you are CURRENTLY much more active than you usually are? Yes No

General Comments:

5. Do you CURRENTLY feel like you have to talk or move more slowly than you usually do? Yes No

General Comments:

6. Have there CURRENTLY been a few weeks when you felt like you were useless or sinful? Yes No

General Comments:

7. Are you CURRENTLY taking any medication prescribed for you by a physician for any emotional or mental health problems? Yes No

General Comments: *cogentin, prozac and risperdal*

8. Have you EVER been in a hospital for emotional or mental health problems? Yes No

General Comments: *recently picked up from Martinsville hospital prior to incarceration.*

Section 3 (Optional)

Officers Comments/Impressions (check all that apply):

Language barrier Under the influence of drugs/alcohol Non-cooperative

Difficulty understanding questions Other

Specify: *Autistic*

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

* YES to item 7; OR

* YES to item 8; OR

* YES to at least 2 of items 1 through 6; OR

Forsyth County Detention Center
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Brief Jail Mental Health Screen



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	12/20/2013

- * YES to item 8; OR
- * YES to at least 2 of items 1 through 6; OR
- * If you feel it is necessary for any other reason

Referred Not Referred for further mental health evaluation.

On: 12/20/2013

To: MH Professional

Forsyth County Detention Center
Forsyth Co
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Federal Prisoner Health Care Co-Payment Act of 2000



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121428	5/26/1990	12/20/2013

Public law 106 – 2:4, The Federal Prisoner Healthcare Co-payment act of 2000 allows state and local government to assess and collect a reasonable fee from the trust fund (or institutional equivalent) of a federal prisoner for health care services.

Each person who is or becomes a federal prisoner shall be provided with written and oral notices of the provisions of the Federal prisoner Healthcare Co-payment Act of 2000. A fee may not be assessed against or collected from a federal prisoner until 30 days after he / she was provided such notice. This notice will be given to all Federal Inmates at time of booking into the Forsyth County Detention Center.

Exemptions:

- Staff referrals
- Chronic Care follow-up
- Preventative health care
- Prenatal care
- Emergency services
- Chronic infectious disease treatment
- Mental health care
- Substance abuse treatment

I have been provided with written and oral information on the Federal Prisoner Healthcare Co-payment Act of 2000.

Hill, Brian D 121428 12.20.13
Inmate's Name ID # Date

Brian D. Hill [Signature]
Inmate's Name Witness



Forsyth County Detention Center **Receiving Signature**
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
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1

Patient Name	Inmate Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	5/26/1990	12/20/2013

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Inmate Signature: Brian D. Hill Date: 12/20/2013
Witness Signature: [Signature] Date: 12/20/2013



Forsyth County Detention Center
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Receiving Screening



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 12/20/2013
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Refusal of admission until medically cleared

Patient Questionnaire (explain all yes answers)

1. Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder or kidney disease? Yes No
2. Have you or are you currently being treated for any other illness or health problem not listed above? Yes No

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
12-20-2013	Acute	EXT CAUSES:	Suicide and Self-Inflicted Injury by Suicide	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH:	Personal History of Mental Disorder	
		Psychiatric NOS	Not Otherwise Specified	

3. Are you currently taking any medication prescribed to you by a physician? Yes No

Medications

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

1. Name and dose: *Novolog Pen*

Last Date Filled: *12/12/2013*

Date Last Taken: *12/20/2013*

Check only if applicable: Verified Not Verified HCP Notified

2. Name and dose: *Levemir Pen*

Last Date Filled: *12/12/2013*

Date Last Taken: *12/20/2013*

Check only if applicable: Verified Not Verified HCP Notified

3. Name and dose: *Cogentin 1mg po QHS*

Last Date Filled: *unsure*

Date Last Taken: *12/19/2013*

Check only if applicable: Verified Not Verified HCP Notified

4. Name and dose: *Prozac 20mg po QD*

Last Date Filled: *unsure*

Date Last Taken: *12/20/2013*

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Last Date Filled: *unsure*
 Date Last Taken: 12/20/2013

Check only if applicable: Verified Not Verified HCP Notified

5. Name and dose: *Risperdone 3mg po QHS*

Last Date Filled: *unsure*

Date Last Taken: 12/19/2013

Check only if applicable: Verified Not Verified HCP Notified

4. Are you allergic to any medications or do you have any other allergies? Yes No

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

5. Have you been hospitalized by a physician or psychiatrist? Yes No

Describe: *Martinsville Hospital*

6. Do you have current painful dental condition or dental complaint? Yes No

Describe:

7. Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS or any other serious disease? Yes No

8. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? Yes No

9. Have you ever received treatment for exposure to or diagnosis of TB? Yes No

10. Do you currently have any of these symptoms: persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats or unexplained weight loss? Yes No

Explain:

11. Are you on a specific diet prescribed by a physician? Yes No

** No Items Selected **

Explain:

12. Do you use drugs not prescribed by a physician? Yes No

13. Do you use alcohol? Yes No

14. Do you have a history of withdrawal after you stopped using alcohol or drugs? Yes No

Describe:

15. Have you ever smoked cigarettes or used tobacco products? Yes No

16. Have you ever received treatment for substance or alcohol abuse? Yes No

17. Female? Yes No

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17. Female? Yes No

Visual Observation

18. Is Patient appearance abnormal in any way? (e.g., sweating, tremors, anxious, disheveled, evidence suggestive of trauma or abuse) Yes No

Describe:

19. Is Patient movement restricted or compromised in any way? (e.g., body deformities, physical abnormality, unsteady gait, cast or splint intake, etc.) Yes No

** No Items Selected **

Describe:

20. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.) Yes No

Explain:

21. Does Patient's skin or scalp have obvious lesions or draining wounds, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse? Yes No

Explain:

22. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance) Yes No

Explain: *Pt is autistic*

Remarks:

Med and MH referrals written ROI signed, Pt is an ASW due to verbalizing on multiple occasion the need to end his life

RPR-HIV Done Not done

Explain:

Education provided orally and in writing on Access to Healthcare Yes No

Education provided orally and in writing on Sexual Assault Awareness Yes No

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
12-20-2013 05:12 PM CST	142/88	112	20	97.90	98	180	25.8

Patient Refuses Vital Signs Check

Appropriate "Refusal of Treatment" paperwork completed Yes No

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Appropriate refusal or treatment paperwork completed Yes No

Do you currently have Health Insurance? Yes No

Suicide Potential Screening

1. Arresting or transporting officer believes subject may be a suicide risk. Yes No
2. Lacks close family/friends in community. Yes No
3. Worried about major problems other than legal situation (terminal illness). Yes No
4. Family member or significant other has attempted or committed suicide (spouse/parent/sibling/close friend/lover). Yes No
5. Has psychiatric history(psychotropic medication or treatment). Yes No
6. Holds position of respect in community (professional/Public Official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment /shame. Yes No
7. Expresses thoughts about killing self. Yes No
8. Has a suicide plan and/or suicide instrument in possession. Yes No
9. Has previous suicide attempt. Yes No
10. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). Yes No
11. Shows signs of depression (crying or emotional flatness). Yes No
12. Appears overly anxious, afraid or angry. Yes No
13. Appears to feel unusually embarrassed or ashamed. Yes No
14. Is acting and/or talking in a strange manner. (Cannot focus attention/hearing or seeing things not there). Yes No
15. Is apparently under the influence of alcohol or drugs. Yes No
16. If Yes to #15, is individual incoherent or showing signs of withdrawal or mental illness? Yes No
17. Is this individual's first arrest? Yes No
18. Detainee's charges include: Murder, Kidnapping and/or Sexual Offense. Unknown Yes No

Immediate Action: A "YES" from a Red question (1, 6, 7, 8, 10 or 16) or a total of 8 or more "Yes" responses shall result in notification of Shift Commander and immediate referral to MH evaluation. If after hours, initiate suicide watch IMMEDIATELY until MH can evaluate.

Routine Referral: Notify MH of any positive response to suicide screen that did not meet above criteria for immediate referral.

Psychiatric Screening

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Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	12/20/2013

Psychiatric Screening

1. History of or current psychotropic meds? Yes No

List: *prozac, risperdal, cogentin*

2. History of psychiatric hospitalization? Yes No

When? *prior to incarceration*

Where? *Martinsville Hospital*

3. History of outpatient mental health treatment? Yes No

Current Mental Status (Check all that apply)

- ORIENTATION Alert, Oriented Disoriented
- AFFECT Appropriate Flat Inappropriate
- THOUGHT PROCESS Logical Paranoid Does not make sense
- SPEECH Appropriate Slurred Pressured Slowed Loud
- MOOD Appropriate Depressed Elated Terrified/crying Angry
- ACTIVITY/BEHAVIOR Appropriate Unable to sit still Slow/Lethargic No eye contact
- HALLUCINATIONS Visual Auditory Tactile Olfactory

Patient Signature

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Sign Form **BRIAN D HILL** Date **12/20/2013 6:17:22 PM**

Referrals (Check appropriate box)

- Medical Provider
 - Chronic Care
 - Sick Call
 - CIWA/Withdrawal Protocol
- Mental Health
 - Acute Problems - IMMEDIATE Referral (Psychosis, Suicidal)

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Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138425	5/26/1990	12/20/2013

- Acute Problems - IMMEDIATE Referral (Psychosis, Suicidal)
- Routine Problems - (Current treatment non-emergent, chronic, developmental disability)

- Infection Control Nurse
- Dental

Placement/Housing (Check appropriate box)

Special Needs

- ** No Items Selected **
- General Population(GP)
- Medical Observational Housing
- Medical Isolation
- Mental Health Lockdown (if Mental Health not on-site)
- Emergency Room for Evaluation/Treatment
- IMMEDIATE placement on Suicide Precautions (if Mental Health not on-site)

**Staff Referral Form
Medical**

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121428	Date of Birth 5/26/1990	Today's Date 12/20/2013
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Type: Urgent Routine

Medical

Dental

Other

Physician

Dentist

Noted below

Mid-level Provider

Nurse

Chronic Care

Asthma
 Hypertension

COPD/Pulmonary
 HIV / AIDS

Cardiac
 Pregnancy

Diabetic
 Seizures

NID Diabetic
 Other (noted below)

Other Mild Autism

Reason for Referral: Med

NK40A
Diagnose

Additional Information (including interim actions taken):

23 yk old Caucasian male dx + tip for above listed condition. Pt presented to facility w/ medication Levenis Pen, Xanax Pen, Levenis 18u 80 @AM, Xanax used for sliding scale. Levenis 10u 80

B/S =
281

Referred By:

Almaz Clark

12/20/13

Printed Name

Signature

Date

To received NP with / @ Clark, RN

Appointment Date: _____

DEC 27 2013 Date Seen: _____

Seen By: _____

Printed Name

Signature

Date



Released

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676

Staff Referral Form
Mental Health



8D07 8206

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121428	5/26/1990	12/20/2013

Type: Urgent Routine

- Medical Dental Mental Health
- Physician Dentist Psychiatric Provider
- Mid-level Provider MH Professional
- Nurse MH Nurse
- Chronic Care
- Asthma COPD/Pulmonary Cardiac Diabetic NID Diabetic
- Hypertension HIV/AIDS Pregnancy Seizures Other (noted below)

Other Mild Anxiety, OCD

Reason for Referral: MH MD/PA

Additional Information (including interim actions taken):

33yr old Caucasian male dy at pt for above
listed conditions. Pt states he was recently released
from Martinville Hospital. Pt was prescribed
Cogentin 1mg po QHS, Prozac 50mg po QD
Risperidone 3mg po QHS. med's verified

Referred By:

Anna Clarke [Signature] 12.20.13

Printed Name

Signature

Date

Released prior to evaluation

Appointment Date: _____ Date Seen: _____

Seen By:

Sheila W. Greer, MHP

[Signature]

12/23/13

Printed Name



MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

INSTRUCTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
12/20/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	2500 Calorie ADA Diet YES, GIVE SNACK BAG		→																																										
12/20/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	FSBS BID until released	0500	→																			PR	PR	PR																					
12/20/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	FSBS <200: Give No Insulin	1700	→																			PR	PR																						
12/20/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	Begin Sliding Scale Protocol		→																			PR	PR	h																					
12/21/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	FSBS 201-250: Give 2 Units Regular Insulin		→																			PR	h																						
12/21/13 CONTINUE Nurse Initials: KF Provider name: Rhodes NP Wilks	FSBS 251- 300: Give 4 Units Regular Insulin		→																			PR																							

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
	<i>[Signature]</i>						

ATTENTION: BD-06	DATE OF BIRTH OR SOC. SEC. NO.: 5/26/1990	ALLERGIES: NKDA	DIAGNOSIS: IDDM
PATIENT NAME AND NUMBER: Hill, Brian	121428	FACILITY: FCDC	CHARTING FOR: 12-20-13 THROUGH: 12-31-13

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
12/1/13 CONTINUE until please	FSBS 301- 350: Give 6 Units Regular Insulin																																		
12/1/13 CONTINUE until please	FSBS 351-400: Give 8 Units Regular Insulin																																		
12/1/13 CONTINUE until please	FSBS >400: Give 10 Units Regular Insulin Recheck FSBS in 2 hours and Notify the Provider on call																																		
12/21/13 CONTINUE until please	Levemir 18 units SQ QAM x 60 days. Use pt's med.	0500																																	
12/21/14 CONTINUE until please	NP Wilks / K. Ford LPN																																		
12/21/13 CONTINUE until please	Levemir 10 units SQ QPM @ 2000 x 60 days. use pt's med.																																		
12/21/14 CONTINUE until please	NP Wilks / K. Ford LPN	2000																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

PATIENT NAME AND NUMBER: **Hill, Brian** DATE OF BIRTH OR SOC. SEC. NO.: **5/26/1990** ALLERGIES: **NKDA** DIAGNOSIS: **IDDM**
 FACILITY: **FCDC** CHARTING FOR: **12-20-13** THROUGH: **12-31-13**

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

ACTIVE DATES AT ORDER	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
6/1/13	8 units humalog x1 now w/ILK	2:45 pm																																		
6/1/13	BS Rev in one hour + report to NIP w/ILK	3:45 pm																																		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
SD	BANK						

PATIENT NAME AND NUMBER: **2006**
 DATE OF BIRTH OR SOC. SEC. NO.: **5-26-90**
 ALLERGIES: **NKA**
 FACILITY: **FCPL**
 CHARTING FOR: **12-21-13** THROUGH: **12-31-13**
 DIAGNOSIS:

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Intake Mental Health Assessment



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	12/20/2013

Suicide Potential Screening

1. Arresting or transporting officer believes subject may be a suicide risk. Yes No
2. Lacks close family/friends in community Yes No
3. Worried about major problems other than legal situation (terminal illness) Yes No
4. Family member or significant other has attempted or committed suicide (spouse / parent / sibling / close friend /lover) Yes No
5. Has psychiatric history(psychotropic medication or treatment). Yes No
6. Holds position of respect in community (professional / Public Official) and / or alleged crime is shocking in nature. Expresses feelings of embarrassment /shame. Yes No
7. Expresses thoughts about killing self. Yes No
8. Has a suicide plan and /or suicide instrument in possession. Yes No
9. Has previous suicide attempt. Yes No
10. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness) Yes No
11. Shows signs of depression (crying or emotional flatness). Yes No
12. Appears overly anxious, afraid or angry. Yes No
13. Appears to feel unusually embarrassed or ashamed Yes No
14. Is acting and / or talking in a strange manner. (Cannot focus attention / hearing or seeing things not there) Yes No
15. Is apparently under the influence of alcohol or drugs. Yes No
16. If Yes to #15, is individual incoherent or showing signs of withdrawal or mental illness? Yes No
17. Is this individual's first arrest? Yes No
18. Detainee's charges include: Murder, Kidnapping and / or Sexual Offense Unknown Yes No

Immediate Action : A "YES" from a Red question, or a total of 8 or more "Yes" responses shall result in notification of Shift Commander and referral for MH evaluation. If after hours, initiate suicide watch until MH can evaluate.

Routine Referral: Notify MH of any positive response to suicide screen that did not meet above criteria for immediate referral.

Summary

- No mental health problems
- Mental health problems requiring routine follow-up
- Chronic mental health problem
 - Mental Illness Developmental disability Other
- Acute mental health problem

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Intake Mental Health Assessment



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 12/20/2013
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- Acute mental health problem
- Psychosis Suicidal Other

Potential withdrawal from substance abuse

Psychiatric Screening

1. History of or current psychotropic medications Yes No
Prozac, risperdal, cogentin
2. History of psychiatric hospitalization? Yes No
When? *recently released*
Where? *Martinsville hospital*
3. History of outpatient mental health treatment? Yes No
unsure of where
4. History of substance abuse/treatment? (Include therapy and/or medications) Yes No

Current Mental Status (Check all that apply)

- Orientation Alert, Oriented Disoriented
- Affect Appropriate Flat Inappropriate
- Mood Appropriate Depressed Elated Terrified/crying Angry
- Speech Appropriate Slurred Pressured Slowed Loud
- Hallucinations Visual Auditory Tactile Olfactory None
- Activity/Behavior Appropriate Unable to sit still Slow No eye contact
- Thought Process Logical Paranoid Does not make sense

Comments: (comment on all "Yes" responses)

Disposition

- No mental health referral - Approved for General Population
- Routine mental health referral - Approved for General Population
- Mental Health Referral- ASAP Special Housing
- Mental Health Referral- ASAP Suicide Precaution Procedure
- Medical Monitoring for Potential Withdrawal

Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/26/2014
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FS & Insulin
 Ordered: _____

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
2-1-14	0445	196	70130	15	R		
2-1-14	1000	242			BD		
2-1-14	1700	288	70130	15u	K		
2-1-14	2145	178			K		
2-2-14	0425	216	70130 Insulin	15u	CU		
2-2-14	1650	198	70130	15u	K		
2-3-14	0500	133	70130 15u	15u	W		
2-3-14	1007	265	70130	15u	KT		
2-3-14	1725	227	70130	15u	K		
2-7-14	205	205 300			K		
2-4-14	0435	106	70130	5u	PC		
2-4-14	1001	253	70130	15u	KT		
2-14-14	1730	313	70130	15u	AC		
2-5-14	0445	31	70130	15	PC		give glucose / recheck kitchen trays
2-5-14	0610	233	70130	15	PC		
2-5-14	1005	146	70130	15u	KT		
2-5-14			70130	15u	K		
2-6-14	0430	216	70130	15u	PC		
2-6-14	0930	421	70130	15u	PC		change notified
2-6-14	1230	287			DA		recheck
2-6-14	1810	326	70130	15u	K		
2-6-14	2120	406	70130	3u	K		
2-7-14	0600	249	70130	15u	PC		



Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/12/2014
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FS & Insulin
 Ordered: _____

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
1-13-14	0443	47	70/30	15u	RC		Trays on post
1-13-14	0545	188	_____	_____	RC		recheck
1-13-14	0945	232	Humulin ⁷⁰ /30	15u	RT		
1-13-14	1700	253	⁷⁰ /30	15u	RT		
1-13-14	2200	98	⁷⁰ /30	5u	TR		
1-13-14	1700						
1-14-14	0455	44	_____	_____	RR		CN notified Given glucogel, trays on post
1-14-14	0610	243	70/30	15u	RR		No S/S per CA - BS artifactually raised
1-14-14	1000	306	70/30	15u	DA		No S/S
1-14-14	1700	215	70/30	15u	RT		
1-14-14	2200	177	70/30	5u	RL		
1-15-14	0450	134	70/30	15u	RR		
1-15-14	0950	284	Humulin ⁷⁰ /30	15u	RT		
1-15-14	1800	405	70/30	15u	h		
1-15-14	2210	204	70/30	5u	h		
1-16-14	0456	86	70/30	15u	RR		
1-16-14	1000	281	Humulin ⁷⁰ /30	15u	RT		
1-16-14	1500	168	70/30	15u	DA		
1-16-14	2230	142	70/30	5u	RR		
1-17-14	0447	51	_____	_____	RR		CN notified Glucogel given, trays on post
1-17-14	0950	324	Humulin ⁷⁰ /30	15u	RT		Recheck - 147 on 1-17-14 @ 0630
1-17-13	1800	109	70/30	15u	h		
1-17-13	2210		70/30	5u	h		
1-18-13	0600	47	70/30	15u	RC		CN notified glucogel, given trays on post
1-18-13	0600	247	70/30	15	RC		
1-18-14	1000	236	70/30	15u	DA		
1-18-14	1700	119	70/30	15u	h		
1-18-14	2145	53	_____	_____	h		Ate snack bed at 2:35



Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/12/2014
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FS & Insulin
 Ordered:

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
1-18-14	2245	126	————	—	K		Recheck
1-19-14	0443	138	70/30	15u	RR		
1-19-14	0930	271	70/30	15u	RR		
1-19-14	1100	217	70/30	15u	H		
1-20-14	0439	71	70/30	15u	RR		
1-20-14	1000	138	70/30	15u	KT		
1-20-14	1700	171	20/30	15u	K		Trays on post
1-20-14	2200		————	—	K		
1-21-14	0453	63	70/30	15u	RR		Trays on post/cn notified
1-21-14	1000	133	70/30	15u	KT		
1-21-14	1700	150	20/30	15	K		
1-22-14	0450	179	70/30	15u	RR		
1-22-14	1000	278	Humulin 70/30	15u	KT		
1-22-14	1700	206	Humulin 70/30	15u	RR		already had tray
1-22-14	22:01	242	————	—	RR		snack bag
1-23-14	0450	62	70/30	15u	RR		trays on post
1-23-14	0930	254	70/30	15u	RR		
1-23-14	1800	144	20/30	15u	K		
1-23-14	2210	57	————	—	K		
1-23-14	2245	95	Recheck	—	K		
1-24-14	0500	103	70/30	15u	RR		
1-24-14	1002	230	70/30	15u	KT		
1-24-14	1709	171	70/30	15u	RR		just eaten
1-25-14	0800	154	70/30	15u	RR		
1-25-14	1010	158	70/30	15u	KT		
1-25-14	1700	289	70/30	15u	RR		just ate dinner
1-26-14	0800	145	70/30	15	RR		



Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/25/2014
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FS & Insulin
 Ordered:

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
1-26-14	1010	37	70/30	15u	K		insulin glucose given
1-26-14	1330	419	70/30	15u	K		CU notified
1-27-14	1200	347	70/30 15u	15u	W		
1-27-14	2200	320	70/30	15u	W		
1-27-14	0430	57	70/30	15u	PC		insulin held till after meal
1-27-14	0555	374	70/30 ✓	15u ✓	PC		recheck after meal
1-27-14	1005	284	70/30	15u	K		
1-27-14	1818	346	70/30	15u	K		
1-28-14	0430	97	70/30	15u	PC		tray on post.
1-28-14	0930	243	70/30	15u	PC		
1-28-14	2215	90	70/30	15u	K		
1-28-14	1235	299	70/30	15u	K		
1-28-14	2210	268	70/30	15u	K		
1-29-14	0905	125	70/30	15u	PC		
1-29-14	1000	207	70/30	15u	K		
1-29-14	1720	315	70/30	15u	K		
1-29-14	2130	229	70/30	15u	K		
1-30-14	0447	133	70/30	15u	Y/P		
1-30-14	1005	207	70/30	15u	K		
1-30-14	1620	228	70/30	15u	PC		
1-30-14	2200	316	70/30	15u	W		
1-31-14	0450	291	70/30	15u	PC		
1-31-14	1002	325	70/30	15u	K		
1-31-14	1730	278	70/30	15u	K		
1-31-14	240	286	70/30	15u	K		



Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/2/2014
--------------------------------------	---------------------------------	---------------------------------	-----------------------------------	---------------------------------

FS & Insulin
 Ordered:

FSBS QID until release and report. with
 SSI

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
1-2-14	2140	276					at intake screening
1-3-14	0440	202	NPH 20u, Reg s/s	2u	RR		
1-3-14	1815	340	NPH 20u	15u	K		6 u reg s/s
1-3-14	0445	230	NPH 20u Reg s/s	2u	RR		
1-3-14	1745	344	NPH	15	RR		6 u s/s reg
1-5-14	0443	51			RR		Glucogel given, at tray
1-5-14	0635	283	NPH	20u	RR		
1-5-14	2010	349	NPH	15u	RR		4 units s/s reg
1-6-14	0515	155	NPH	20u	K		
1-6-14	1830	258	NPH	15u	K		4 u reg s/s
1-7-14	0446	258	NPH 20u, Reg s/s	4u	RR		
1-7-14	1815	259	NPH 20		RR		s/s reg 4 units
1-8-14	0451	149	70/30	15u	RR		
1-8-14	0955	276	70/30	15u	RR		
1-8-14	1830	358	70/30	15u	K		
1-8-14	2015	266	70/30	5u	K		
1-9-14	0400	78	70/30	15u	RR		
1-9-14	1700	197	70/30	15u	RR		
1-9-14	2200	166	70/30	5	RR		
1-10-13	0535	154	70/30	15u	RR		
1-10-13	0955	251	Humulin 70/30	15u	RR		
1-10-13	1802	162 302	70/30	15u	K		
1-11-14	0453	91	70/30	15u	RR		
1-11-14	1000	136	Humulin 70/30	15u	RR		
1-11-14	1830	121	70/30	15u	K		
1-12-14	0443	168	70/30	15u	RR		
1-12-14	1720	193	70/30	15u	K		
1-12-14	2210	268	70/30	5u	K		



Diabetic Flow Sheet

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121715	5/26/1990	1/2/2014

FS & Insulin
 Ordered:

FSBS QID until release and report. with
 SSI

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
1-2-14	2140	276					at intake screening
1-3-14	0440	288	NPH 20u, Reg s/s	2u	RR		
1-3-14	1815	340	NPH 20u	15u	K		le u reg s/s
1-3-14	0445	280	NPH 20u Reg s/s	2u	RR		
1-4-14	1745	344	NPH	15	RR		le u s/s reg
1-5-14	0443	51	————	—	RR		Glucogel given, at tray
1-5-14	0635	283	NPH	20u	RR		
1-5-14	2010	349	NPH	15u	RR		le u n/s s/s reg
1-6-14	0515	155	NPH	20u	E		
1-6-14	1830	258	NPH	15u	K		4 u reg s/s
1-7-14	0446	258	NPH 20u, Reg s/s	4u	RR		

Admission Orders for IDDM

8F01

Last	First	Middle Initial	DOB:	S-26-1990
Name	Hill, Brian		AIS#	12175
Date	1-2-14	Allergies	Facility	FCPC
1). Admission Orders for INSULIN DEPENDENT DIABETICS			Location	
2). 2500 Cal ADA Diet WITH a SNACK BAG until released.			Metrol Summit #4413 e 1/2/14	
3). Place on Diabetic Chronic Care List				
4). FSBS BID until released				
5). Begin Sliding Scale Protocol				
3). Make referral for NP to see next day. Call for orders				
TO DR Phd / W. Munnally, MD				
MD/NP Signature	Date/Time		[Signature] 1/2/14	

JAN 10 2014

01E 03

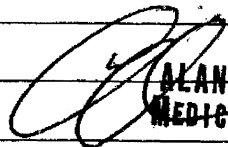
Physician's Order



Patient Name Brian Hill	Inmate Number 1906253	Booking Number 121715	Date of Birth 5/26/90	Today's Date 1/7/14
----------------------------	--------------------------	--------------------------	--------------------------	------------------------

ALLERGIES: NKA

Physician: Dr Rhoades	
Date & Time: 5:26 p	<input type="checkbox"/> Another brand of drug identical in content may be dispensed unless checked.
Stop NPH	
stop sliding scale insulin	
start Insulin 70/30	
15 units before breakfast	} x 60 days
15 units " " lunch	
15 units " " dinner	
5 units " " night snack	
* (call Dr Rhoades on 24hr + 48hr to update on FS) *	
DK = uncontrolled DM	
Fw to Dr Rhoades 3-5 days to evaluate DM ✓	
Noted	
C. Nowlin	
1.7.14	


ALAN R RHOADES MD
MEDICAL DIRECTOR



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

Physician's Order



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/2/2014
--------------------------------------	---------------------------------	---------------------------------	-----------------------------------	---------------------------------

ALLERGIES: *N/A*

Physician: <i>Dr. Rhoades</i>	
Date & Time: <i>1-2-14 2:48</i>	<input type="checkbox"/> Another brand of drug identical in content may be dispensed unless checked.

- 1) NPH 20 units subcut qAM x 90 days. ✓
- 2) NPH 15 units subcut. qPM x 90 days ✓
- 3) Sliding scale qAC and qHS x 90 days. ✓
- 4) Chronic care for DM in 3 weeks. ✓

T.O.R.A. *Dr. Rhoades / W. Munnick*

[Signature] 1/2/14
720 p

**ALAN R RHOADES MD
 MEDICAL DIRECTOR**

[Signature] 1-2-14



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Physician Order



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 2/6/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Another brand of drug identical in content may be dispensed unless checked

Added 02/06/2014 08:07 PM CST by arhoades Provider

Follow up with Dr Rhoades in 2 wks to evaluate uncontrolled DM

Alan Rhoades MD

Noted by

Control was NOT noted

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Physician Order



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 2/6/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Another brand of drug identical in content may be dispensed unless checked

Added 02/06/2014 03:17 PM CST by arhoades Provider

Stop insulin preparations ordered prior to day
 (I just ordered a new insulin regimen - see short orders)

Alan Rhoades MD

Noted by

Control was NOT noted

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Physician Order



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/30/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Another brand of drug identical in content may be dispensed unless checked

Added 01/30/2014 05:40 PM CST by arhoades Provider

STOP PRESENT DIABETIC DIET

Start a carbohydrate resiction diet 2500 cal/day x 90 days

Re-evaluation of uncontrolled diabetes in 1-2 wks with Dr Rhoades

Alan Rhoades MD

Noted by jdouthit RN on Thursday, January 30, 2014 6:50:54 PM

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Physician Order-
 Verbal/Telephone



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 2/4/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

- Another brand of drug identical in content may be dispensed unless checked
- Verbal
- Telephone Order

Added 02/04/2014 08:56 AM CST by jgrande Supervisory Staff

May D/C the HS FSBS.

Noted by jgrande Supervisory Staff on Tuesday, February 04, 2014 9:58:53 AM

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Physician Order-
 Verbal/Telephone



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/18/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

- Another brand of drug identical in content may be dispensed unless checked
- Verbal
- Telephone Order

Added 01/18/2014 09:50 AM CST by mcomatzer RN

D/C QHS Insulin 70/30 dose

Noted by mcomatzer RN on Saturday, January 18, 2014 10:51:14 AM

Nurses Observations

Inmate: Brian David Hill

Booking #: 121715

Date/Time	Comments	Nurse
01/02/2014 00:01	2500 CALORIE ADA DIET WITH HS SNACK UNTIL RELEASED. [01/02/2014 21:59, SHUMATWN, 105263, FCSO]	Shumate, Wendy

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

Medical Diet Order



Patient Name	Inmate Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	5/26/1990	1/2/2014

1/2/14
 DIET START DATE

Walter Nelson
 DIET END DATE

- CA CARDIAC (low fat, low sodium, low cholesterol, 2300 cal.)
- PR PREGNANCY (includes snack)
- SO SOFT (Dental)
- RD1 RENAL DIET I (60g protein)
- RD2 RENAL DIET II (80g protein)
- BROKEN JAW DIET (blended)
- CLEAR LIQUID (maximum of 48 hours)
- BLAND DIET
- 2500 CAL DIABETIC
- IDD 2500 CALORIE WITH HS SNACK
- NIDD 2500 CALORIE, NO HS SNACK
- GAS GASTRIC SOFT/LOW RESIDUE

Handwritten note:
 Just started
 1/2/14
 W

Comment: _____

Walter Nelson
 REQUESTING PROVIDER

1/2/14
 DATE

ALAN R RHOADES MD
MEDICAL DIRECTOR

AUTHORIZING SIGNATURE

[Signature]
 DATE 1/2/14
1990



Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 2/6/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 02/06/2014 08:06 PM CST by arhoades Provider

Medicine:

Reason for visit - evaluate cause for uncontrolled DM

HPI - this is a 23 yo male diabetic who is being treated with insulin an at our facility and his diabetic state is still uncontrolled despite changes in the insulin regimen. I was told the patient was doing slightly better than baseline but he has periods where the FS increases dramatically. I reviewed the FS log today and found the FS "jumped" to 421 mg/dl - a few hours after breakfast. He was given additional insulin and a subsequent FS was 287 mg/dl - about an hour after lunch.

Reviewed Insulin dose given

I checked the patient's commissary use and discovered that he spent \$160.00. A further check showed that he consumed a considerable amount of food known to cause uncontrolled diabetes. Items purchased:

1. Doritos
2. Tortilla chips - 11 bags
3. Oatmeal cookies - 3 bags
4. Beef/cheese sticks
5. Oreo cookies - 1 bag
6. Chick o sticks
7. Cheddar popcorn - 2 bags
8. Lemon tea

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	2/6/2014

Patient Problems:

7. Cheddar popcorn - 2 bags
8. Lemon tea

Patient interviewed:

1. I informed him the diabetic state is uncontrolled and we need to work together to conquer this problem. He initially reported eating the meals provided and stated that he does not know what was causing the uncontrolled state. I told him that "we are chasing your finger sticks at times" and this causes a "Yo-Yo" effect. I showed him the FS readings since the beginning of February and there is an erratic FS pattern.

2. When I told him that I checked on his commissary purchases, he became frustrated and stated that our food was "terrible here". He told me that it was necessary to eat through the commissary in order to make life here more tolerable. I agreed with his decision to eat other items but items need to be chosen very carefully. Also, he needs to stabilize his caloric intake and keep the intake constant so that we can match the insulin needs to him,

3. In the end, he agreed to work with us. I will make further changes in the insulin treatment and he will
- a. Avoid eating items which are known to cause a "jump" in finger sticks
 - b. Avoid eating partial amounts of his meal - causing hypoglycemic episodes

4. I will do the following

- a. Insulin 70/30 - 18 units with breakfast
- b. Insulin 70/30 - 18 units with lunch
- c. Insulin 70/30 - 15 units with dinner
- d. Regular insulin - 3 units with night snack

Follow up in 2 wks

Alan Rhoades MD

Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/7/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 01/07/2014 06:17 PM CST by arhoades Provider

Medicine:

I was asked to see this patient today because the patient's diabetes was not controlled on the present medicines:

1. NPH 20 units am and 15 units pm
2. Sliding scale insulin QAC and QHS

Reviewed FS readings: almost all of the FS readings are between 200 and 350 mg/dl

I met with the patient earlier today. He reports using Lantus insulin 30 units a day with sliding scale insulin to control his diabetes. I asked him about the typical FS obtained on this regimen and he reported "lows" between 60-100 and "highs" between 200-400. He often has problems controlling the diabetic state and claims to have brittle diabetes.

Recently, he was seen at a hospital in Virginia and that facility stopped Lantus and added Levamir insulin in its place. He reports FS readings within the hospital were also elevated and the diabetic state was not controlled properly.

Judging from the information provided by the patient, the diabetic state was never controlled and his finger stick readings have always been similarly elevated.

1. I spoke with the patient and informed him that he needs to stabilize his caloric intake. He decided to eat part

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Progress Notes



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/7/2014

Patient Problems:

1. I spoke with the patient and informed him that he needs to stabilize his caloric intake. He decided to eat part of his meals at times and I see where a hypoglycemic event occurred on 1/5/2014 with a FS reading = 51 mg/dl.
2. Informed the patient that I needed to make changes in the insulin regimen
 - a. will treat with insulin 70/30 15 units before breakfast, lunch, and dinner
 - b. will given 5 units before the evening snack
 - c. continue to adjust the dose of insulin until we reach our goal - FS 90-130
3. Will request that FS readings be reported to me within the next 48 hrs
4. follow up with me in 3-5 days

Alan Rhoades MD

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/5/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 01/05/2014 06:48 PM CST by kcoles RN

Due to an emergency on the unit the 17:00 meds and FS were unable to be given. NPH insuling given when meds were able to be given at a later than usual time.

Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/2/2014
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 01/02/2014 11:05 PM CST by srowell RN

CHARGE NURSE CALLED TO CHECK PATIENT INTO SHU-8E03. PATIENT WAS PROCESSED DOWN IN INTAKE. PATIENT REPORTS HX OF AUTISM AND TYPE 1 DIABETES IN WHICH HE TAKES NOVOLOG AND LEVEMIR INSULIN. PATIENT DENIES ANY ETOH AND/OR DRUGS. GAIT STEADY. NO ACUTE DISTRESS. NO FORCE USED. NO INJURIES NOTED. SROWELL RN

Segregation Rounds Log

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



121715

Patient Name HILL, BRIAN D	Inmate Number 1908253	Date of Birth 5/26/1990	Today's Date 1/4/2014
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Date Placed in Seg 1/2/14
 Existing medical conditions precluding housing in segregation:
 Yes No
 Currently receiving mental health services:
 Yes No

Housing Unit 8E03
 Security notified: Not Indicated Yes Date: _____ Time: _____
 Mental health notified of _____
 Admission to segregation: Not Indicated Yes Date: _____ Time: _____

Date	Time	Observation	Significant Health Findings / Comments	Referred to:	Health Care Staff
1/4	9:00	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
1/4	8:00	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
1/4	1:00	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
1/4	10:00	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
1/4	8:30	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
1/4	8:00	<input type="checkbox"/> sleeping <input checked="" type="checkbox"/> no acute distress <input type="checkbox"/> awake <input checked="" type="checkbox"/> no medical requests			<i>[Signature]</i>
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		<input type="checkbox"/> sleeping <input type="checkbox"/> no acute distress <input type="checkbox"/> awake <input type="checkbox"/> no medical requests			



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Medication Order



Patient Name HILL, BRIAN	Patient Number 1908253	Booking Number 121715	Birth Date 5/26/1990	Date Of Service 2/6/2014
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Order Overview

Ordered By: Rhoades, Alan on 02/06/2014 03:10PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
2/6/2014	insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 18 unit SC Diabetic Noon for 90 days. with lunch meal.	18	unit	Diabetic Noon	90	No	No

Noted By: Coles, Kathryn RN 02/06/2014 04:53PM

2/6/2014	insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 18 unit SC Diabetic AM for 90 days. with breakfast meal.	18	unit	Diabetic AM	90	No	No
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Noted By: Coles, Kathryn RN 02/06/2014 04:49PM

2/6/2014	insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 015 unit SC Diabetic PM for 90 days. with dinner meal.	15	unit	Diabetic PM	90	No	No
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Noted By: Coles, Kathryn RN 02/06/2014 04:54PM

2/6/2014	insulin regular human 100 unit/mL injection solution: give 03 unit INJ Diabetic HS for 90 days. with night snack - stop all previously ordered insulins .	3	unit	Diabetic HS	90	No	No
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Noted By: Coles, Kathryn RN 02/06/2014 04:54PM

Adendum to Medical Request Form:

The doctor will have to get in touch with my primary physician and have all of my prescriptions faxed to the facility.

Primary care physician:

Dr. Surender Singh or Dr. Singh
Martinsville, VA

Assistant was Dr. Andrew Maier
Western Rockingham Family Medicine
Radison, NC

Apparently my family is not allowed to send a vial to the facility. The Forsyth Co. Detention Center doctor will have to get in touch with Dr. Singh in Martinsville Virginia to have my prescriptions faxed to him. The request that my family send a vial to the facility is an unreasonable and unlawful request. I request that you contact Dr. Singh to fax my prescriptions to the facility to authorize the use of Lantus insulin vial.

A copy of this paper's contents has been made and is on file. This copy has been made by,

Brian David Hill

Jan 23, 2014

5-20-90
Hill Brian 121715 SF01
1-20-14 11520 Nursing Spencer

Brian David Hill



HEALTH SERVICE REQUEST
SOLICITUD DE SERVICIO DE SALUD

If the doctor is concerned about morning lows then cutting a few units back should stabilize morning blood sugar levels.

NAME (NOMBRE) Brian David Hill Date of Request (Fecha de solicitud) _____
ID # (Nº de identificación) 1908253 DOB (Fecha de nacimiento) 05/26/90
Site (Sitio) Forsythia Detention Center Unit (Unidad) 8F01

Nature of Problem or Request (be specific). Naturaleza del problema o solicitud (sea específico): Cutting off my fourth insulin injection while having my snack bug is driving my blood sugar level high. I understand that it was cut due to low blood sugars I've been having in the morning. To prevent diabetic damages to my body I had every day exercised in my cell and in my cell block when out. Because I have no way to regulate how much I should walk to prevent highs, my blood sugars go low regardless of cutting insulin.

List Allergies (Nombre las alergias): _____
I consent to be treated by Health Care Staff for the condition described (Doy mi consentimiento para que la condición descrita sea tratada por el Personal de Asistencia Médica).

ask
at my fourth shot be reinstated upon agreement Brian David Hill Jan 23, 2014
at I cut my intentional exercising every day. Inmate Signature and Date (Firma y fecha del recluso)

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
COLOQUE ESTE FORMULARIO EN LA CASILLA MÉDICA O EN EL ÁREA DESIGNADA

Do Not Write Below This Line

Received/Triage Date: 1-24-14 Time: 0520 Signature: [Signature]
Refer to: Provider Mental Health Nursing Dental Administrator

HEALTH CARE DOCUMENTATION

Response to Inmate:

Rt provider for evaluation

Nurse Signature: [Signature] Date/Time 1/24/14

Inmate Name <u>Hill, Brian</u>	ID# <u>121715</u>	DOB <u>5-20-90</u>	Date <u>1-24-14</u>
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HEALTH SERVICE REQUEST
SOLICITUD DE SERVICIO DE SALUD

My family also has a concern that sending a vial directly to the jail might be illegal and violate Federal Law. Please clarify whether sending a Lantus vial is legal or not.

NAME (NOMBRE) Brian David Hill Date of Request (Fecha de solicitud) 01/23/14
ID # (Nº de identificación) 1908253 DOB (Fecha de nacimiento) 05/26/90
Site (Sitio) Forsyth Co. Detention Center Unit (Unidad) 8F01

tween
0:30
11:5

Nature of Problem or Request (be specific). Naturaleza del problema o solicitud (sea específico): The reason my family has refused to send Lantus insulin was due to concern of low blood sugar levels. They have agreed to send a sealed untampered vial under the condition that my Lantus units given every night must be lower than 30u per 24 hours to keep it under control and prevent too much from being given which triggers bottoming out lows.

List Allergies (Nombre las alergias): _____

I consent to be treated by Health Care Staff for the condition described (Doy mi consentimiento para que la condición descrita sea tratada por el Personal de Asistencia Médica).

? I request that the doctor agrees to lower y nightly Lantus units in injections before my mily agrees to send a vial to the jail.

Brian David Hill Jan 23, 2014
Inmate Signature and Date (Firma y fecha del recluso)

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
COLOQUE ESTE FORMULARIO EN LA CASILLA MÉDICA O EN EL ÁREA DESIGNADA

Do Not Write Below This Line

Received/Triage Date: 1-24-14 Time: 05:00 Signature: [Signature]
Refer to: Provider Mental Health Nursing Dental Administrator

HEALTH CARE DOCUMENTATION

Response to Inmate:

R H prov

Nurse Signature: [Signature] Date/Time 1/24/14

Inmate Name <u>Hill, Brian</u>	ID# <u>121715</u>	DOB <u>5-20-90</u>	Date <u>1-24-14</u>
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SFOI



HEALTH SERVICE REQUEST
SOLICITUD DE SERVICIO DE SALUD

NAME (NOMBRE) Brian David Hill Date of Request (Fecha de solicitud) Jan 17, 2014
ID # (Nº de identificación) 1908253 DOB (Fecha de nacimiento) May 26 1990
Site (Sitio): _____ Unit (Unidad) 8F01

Nature of Problem or Request (be specific) Naturaleza del problema o solicitud (sea específico): My family has refused to send a sealed vial of insulin to the jail. I still need 136 units of insulin Lantus every night. Lantus is type of insulin needed and was already prescribed prior to arrest. Please order and pickup Lantus vial from Stalling Pharmacy, Martinsville VA 24112. Doctor prescribing insulin is Dr. Sukender Singh.

List Allergies (Nombre las alergias): Anesthesia

I consent to be treated by Health Care Staff for the condition described (Doy mi consentimiento para que la condición descrita sea tratada por el Personal de Asistencia Médica):

Medicaid is paying for my prescriptions. Brian David Hill
Inmate Signature and Daté (Firma y fecha del recluso)

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
COLOQUE ESTE FORMULARIO EN LA CASILLA MÉDICA O EN EL ÁREA DESIGNADA

Do Not Write Below This Line

Received/Triage Date: 1-18-14 Time: 0300 Signature: [Signature]

Refer to: Provider Mental Health Nursing Dental Administrator

HEALTH CARE DOCUMENTATION

Response to Inmate:
Referred to CN - Brian Hill
Spoke to NP Wilks. Only given if family brings in. D/C OHS 7/15/14
all hypo glycemia.
Communications sent.

Nurse Signature: [Signature] Date/Time 1-18-14 @ 1030

Inmate Name <u>Hill, Brian</u>	ID# <u>121715</u>	DOB <u>5-26-90</u>	Date <u>1-18-14</u>
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Brief Jail Mental Health Screen



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/2/2014
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Section 2

Questions

1. Do you CURRENTLY believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? Yes No

General Comments:

2. Do you CURRENTLY feel that other people know your thoughts and can read your mind? Yes No

General Comments:

3. Have you CURRENTLY lost or gained as much as two pounds a week for several weeks without even trying? Yes No

General Comments:

4. Have you or your family or friends noticed that you are CURRENTLY much more active than you usually are? Yes No

General Comments:

5. Do you CURRENTLY feel like you have to talk or move more slowly than you usually do? Yes No

General Comments:

6. Have there CURRENTLY been a few weeks when you felt like you were useless or sinful? Yes No

General Comments:

7. Are you CURRENTLY taking any medication prescribed for you by a physician for any emotional or mental health problems? Yes No

General Comments: *OCD/MILD AUTISM.*

8. Have you EVER been in a hospital for emotional or mental health problems? Yes No

General Comments: *MARTINSVILLE MEMORIAL HOSPITAL.*

Section 3 (Optional)

Officers Comments/Impressions (check all that apply):

- Language barrier Under the influence of drugs/alcohol Non-cooperative
- Difficulty understanding questions Other

Specify:

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- * YES to item 7; OR
- * YES to item 8; OR
- * YES to 4 items of items 1 through 6; OR

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Brief Jail Mental Health Screen



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

- * YES to item 8; OR
- * YES to at least 2 of items 1 through 6; OR
- * If you feel it is necessary for any other reason

Referred Not Referred for further mental health evaluation.

On: 1/2/2014

To: MH

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676

Federal Prisoner Health Care Co-Payment Act of 2000



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121715	5/26/1990	1/2/2014

Public law 106 – 2:4, The Federal Prisoner Healthcare Co-payment act of 2000 allows state and local government to assess and collect a reasonable fee from the trust fund (or institutional equivalent) of a federal prisoner for health care services.

Each person who is or becomes a federal prisoner shall be provided with written and oral notices of the provisions of the Federal prisoner Healthcare Co-payment Act of 2000. A fee may not be assessed against or collected from a federal prisoner until 30 days after he / she was provided such notice. This notice will be given to all Federal Inmates at time of booking into the Forsyth County Detention Center.

Exemptions:

- Staff referrals
- Chronic Care follow-up
- Preventative health care
- Prenatal care
- Emergency services
- Chronic infectious disease treatment
- Mental health care
- Substance abuse treatment

I have been provided with written and oral information on the Federal Prisoner Healthcare Co-payment Act of 2000.

Brian Hill

Inmate's Name

121715

ID #

1/2/14

Date

P Brian D. Hill

Inmate's Name

W. H. ...

Witness



* In medical pharmacy fridge *

Forsyth County Sheriff's Office

Page ___ of ___

Detention Services Bureau

Inmate Medication Receipt and Transfer Form

Inmate Name: Hill, Bryan

Booking Number: 121715

Inmate Date Of Birth: 5/26/1990

Housing Location: 8E-04

Property Number _____

Information of Person Delivering Medication to Medical Staff

Name (Printed): K. Ford LPN

Date: 1/2/14

Signature: K. Ford LPN

Phone #: _____

Non-Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed In Property
Novolog Flexpen	2 Flexpens					() Yes (X) No
Levemir Flexpen	2 Flexpens					() Yes (X) No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed In Property
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Property Management Information

Medical Staff Signature: K. Ford LPN

Date: 1/2/14

Date Placed in Inmate's Property: 1/2/14

Property Clerk's Signature: James H. [Signature]

Time Stored: _____

Narcotics Placed in Evidence bag: [] Yes [] No

Comments: _____

Forsyth County Detention Center **Receiving Signature**
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	5/26/1990	1/2/2014

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Inmate Signature: Brian D. Hill Date: 1/2/2014
Witness Signature: [Signature] Date: 1/2/2014



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/2/2014
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Refusal of admission until medically cleared

Patient Questionnaire (explain all yes answers)

1. Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder or kidney disease? Yes No

2. Have you or are you currently being treated for any other illness or health problem not listed above? Yes No

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

3. Are you currently taking any medication prescribed to you by a physician? Yes No

Medications

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

1. Name and dose: LEVEMIR 20U Q AM AND 15U PM

Last Date Filled: UNKNOWN.

Date Last Taken: TODAY.

Check only if applicable: Verified Not Verified HCP Notified

2. Name and dose: NOVOLOG SLIDING SCALE

Last Date Filled: UNKNOWN

Date Last Taken: TODAY.

Check only if applicable: Verified Not Verified HCP Notified

4. Are you allergic to any medications or do you have any other allergies? Yes No

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

12-20-2013 Allergy Items No Known Allergies

5. Have you been hospitalized by a physician or psychiatrist? Yes No

Describe: MARTINSVILLE MEMORIAL HOSPITAL. DECEMBER, SUICIDE.

6. Do you have current painful dental condition or dental complaint? Yes No

Describe:

7. Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS or any other serious disease? Yes No

8. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? Yes No

9. Have you ever received treatment for exposure to or diagnosis of TB? Yes No

10. Do you currently have any of these symptoms: persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats or unexplained weight loss? Yes No

Explain:

11. Are you on a specific diet prescribed by a physician? Yes No

** No Items Selected **

Explain:

12. Do you use drugs not prescribed by a physician? Yes No

13. Do you use alcohol? Yes No

14. Do you have a history of withdrawal after you stopped using alcohol or drugs? Yes No

Describe:

15. Have you ever smoked cigarettes or used tobacco products? Yes No

16. Have you ever received treatment for substance or alcohol abuse? Yes No

17. Female? Yes No

Visual Observation

18. Is Patient appearance abnormal in any way? (e.g., sweating, tremors, anxious, disheveled, evidence suggestive of trauma or abuse) Yes No

Describe:

19. Is Patient movement restricted or compromised in any way? (e.g., body deformities, physical abnormality, unsteady gait, cast or splint intake, etc.) Yes No

** No Items Selected **

Describe:

20. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.) Yes No

Explain:

Receiving Screening



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/2/2014
-------------------------------------	----------------------------------	---------------------------------	--------------------------------	------------------------------------

Explain:

21. Does Patient's skin or scalp have obvious lesions or draining wounds, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse? Yes No

Explain:

22. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance) Yes No

Explain:

Remarks:

PPD NOT GIVEN D/T PPD SOLUTION N/A, NEGATIVE TB HX. PT DENIES ANY SI/HI AT THIS TIME, MEDICAL AND MH REFERRALS, FSBS 276, IDDM PROTOCOL INITIATED. ROI TO MARTINSVILLE MEMORIAL, ROI STARLING PHARMACY IN MARTINSVILLE, VA. PT'S MOTHER'S CONTACT INFO ROBERTA RUTH HILL 276-641-2700.

RPR-HIV Done Not done

Explain:

Education provided orally and in writing on Access to Healthcare Yes No

Education provided orally and in writing on Sexual Assault Awareness Yes No

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
01-02-2014 08:33 PM CST	136/89	86	18	97.90	98	171	23.8

Patient Refuses Vital Signs Check

Appropriate "Refusal of Treatment" paperwork completed Yes No

Do you currently have Health Insurance? Yes No

Suicide Potential Screening

1. Arresting or transporting officer believes subject may be a suicide risk. Yes No
2. Lacks close family/friends in community. Yes No
3. Worried about major problems other than legal situation (terminal illness). Yes No
4. Family member or significant other has attempted or committed suicide (spouse/parent/sibling/close friend/lover). Yes No
5. Has psychiatric history(psychotropic medication or treatment). Yes No
6. Holds position of respect in community (professional/Public Official) and/or alleged Yes No

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

- 5. Has psychiatric history (psychotropic medication or treatment). YES NO
- 6. Holds position of respect in community (professional/Public Official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment /shame. Yes No
- 7. Expresses thoughts about killing self. Yes No
- 8. Has a suicide plan and/or suicide instrument in possession. Yes No
- 9. Has previous suicide attempt. Yes No
- 10. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). Yes No
- 11. Shows signs of depression (crying or emotional flatness). Yes No
- 12. Appears overly anxious, afraid or angry. Yes No
- 13. Appears to feel unusually embarrassed or ashamed. Yes No
- 14. Is acting and/or talking in a strange manner. (Cannot focus attention/hearing or seeing things not there). Yes No
- 15. Is apparently under the influence of alcohol or drugs. Yes No
- 16. If Yes to #15, is individual incoherent or showing signs of withdrawal or mental illness? Yes No
- 17. Is this individual's first arrest? Yes No
- 18. Detainee's charges include: Murder, Kidnapping and/or Sexual Offense. Unknown Yes No

Immediate Action: A "YES" from a Red question (1, 6, 7, 8, 10 or 16) or a total of 8 or more "Yes" responses shall result in notification of Shift Commander and immediate referral to MH evaluation. If after hours, initiate suicide watch IMMEDIATELY until MH can evaluate.

Routine Referral: Notify MH of any positive response to suicide screen that did not meet above criteria for immediate referral.

Psychiatric Screening

- 1. History of or current psychotropic meds? Yes No
 List: UNKNOWN AT THIS TIME,
- 2. History of psychiatric hospitalization? Yes No
 When? DECEMBER 2013
 Where? MARTINSVILLE MEMORIAL
- 3. History of outpatient mental health treatment? Yes No

Current Mental Status (Check all that apply)

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

Current Mental Status (Check all that apply)

- ORIENTATION Alert, Oriented Disoriented
- AFFECT Appropriate Flat Inappropriate
- THOUGHT PROCESS Logical Paranoid Does not make sense
- SPEECH Appropriate Slurred Pressured Slowed Loud
- MOOD Appropriate Depressed Elated Terrified/crying Angry
- ACTIVITY/BEHAVIOR Appropriate Unable to sit still Slow/Lethargic No eye contact
- HALLUCINATIONS Visual Auditory Tactile Olfactory

Patient Signature

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Sign Form **BRIAN D HILL** Date **01/02/2014 9:34:45 PM**

Referrals (Check appropriate box)

- Medical Provider
- Chronic Care
- Sick Call
- CIWA/Withdrawal Protocol
- Mental Health
- Acute Problems - IMMEDIATE Referral (Psychosis, Suicidal)
- Routine Problems - (Current treatment non-emergent, chronic, developmental disability)
- Infection Control Nurse
- Dental

Placement/Housing (Check appropriate box)

Special Needs

- ** No Items Selected **
- General Population(GP)
- Medical Observational Housing

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

- Medical Observational Housing
- Medical Isolation
- Mental Health Lockdown (if Mental Health not on-site)
- Emergency Room for Evaluation/Treatment
- IMMEDIATE placement on Suicide Precautions (if Mental Health not on-site)

**Staff Referral Form
Medical**

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121715	5/26/1990	1/2/2014

Type: Urgent Routine

- | | | |
|--|---|--|
| <u>Medical</u> | <u>Dental</u> | <u>Other</u> |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist | <input type="checkbox"/> Noted below |
| <input checked="" type="checkbox"/> Mid-level Provider | | |
| <input type="checkbox"/> Nurse | | |
| <input type="checkbox"/> Chronic Care | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD/Pulmonary | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HIV / AIDS | <input checked="" type="checkbox"/> Diabetic |
| | | <input type="checkbox"/> Seizures |
| | | <input type="checkbox"/> NID Diabetic |
| | | <input type="checkbox"/> Other (noted below) |
| <input type="checkbox"/> Other _____ | | |

Reason for Referral: Diabetic, autism

Additional Information (including interim actions taken):
23 y/o caucasian male states mild autism and IDDM.
States he takes Novolog and Levemir. FSBS-276 at
intake. States he also controls by diet-carb counting.
ROI signed for Starling pharmacy in Martinsville, VA. IDDM
protocol initiated

Referred By:
K. Ford LPN K. Ford LPN 01/02/14
 Printed Name Signature Date

T.O. from Dr. Rhoades to W. Shumate LPN

Appointment Date: Seen yesterday Date Seen: _____

Seen By: [Signature] 1/5/14
11409 **ALAN R RHOADES MD**
MEDICAL DIRECTOR

Printed Name Signature Date



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

**Staff Referral Form
 Mental Health**

85
 82-03



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	121715	5/26/1990	1/2/2014

Type: Urgent Routine

- | <u>Medical</u> | <u>Dental</u> | <u>Mental Health</u> |
|---|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist | <input type="checkbox"/> Psychiatric Provider |
| <input type="checkbox"/> Mid-level Provider | | <input checked="" type="checkbox"/> MH Professional |
| <input type="checkbox"/> Nurse | | <input type="checkbox"/> MH Nurse |
| <input type="checkbox"/> Chronic Care | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD/Pulmonary | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Pregnancy |
| | | <input type="checkbox"/> Diabetic |
| | | <input type="checkbox"/> Seizures |
| | | <input type="checkbox"/> NID Diabetic |
| | | <input type="checkbox"/> Other (noted below) |
| <input type="checkbox"/> Other _____ | | |

Reason for Referral: OCD, mild Autism, Recent MH hosp.

Additional Information (including interim actions taken):

23 y/o caucasian male states mild autism, OCD.
Has been hospitalized for MH ~~several~~ ^{the last} times was at Martinsville
Memorial Hosp for SI in December 2013. Denies
any MH meds. ROI signed for Memorial Hosp in Martinsville.

Referred By:

K. Ford LPN
 Printed Name

K. Ford LPN
 Signature

01/02/14
 Date

See mental health progress

note dated: 1/6/14

Appointment Date: _____

Date Seen: _____

Seen By:

Sheila W. Greer, MHP

[Signature]
 Signature

1/6/14
 Date

Printed Name



Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

TB Record



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	121715	5/26/1990	1/15/2014

PPD TEST Initial Annual

Previous Positive Yes No

PPD Skin Test Refused Yes No

Test Planted

Planted Date: 1/15/2014
Planted Time: 1000
***Military time required for time entry (e.g. 6:05am is 0605, 6:00pm is 1800)**
Initials: AS
Location: LFA RFA
Lot #: 605771
Expiration: 6/1/2015

- Refusal Form Signed (perform action in accordance with your facility policy)
- PPD Testing Pamphlet given
- PPD Skin Test NOT APPLIED due to

Test Read

Date Read: 1/18/2014
Time Read: 0145
***Military time required for time entry (e.g. 6:05am is 0605, 6:00pm is 1800)**
Results (mm) 0
Initials: sr
Is PPD Skin Test positive? Yes No
Did the patient answer YES to any of the TB symptom questions on the Receiving Screening or the Periodic Health Assessment? Yes No
If Yes, place the patient in a mask and contact the charge nurse for instructions.
If No, schedule the patient for CXR.

CXR

PREVIOUS POSITIVE (Complete for Patients Past Positive Only)

Notes

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

TB Record



<i>Patient Name</i>	<i>Patient Number</i>	<i>Booking Number</i>	<i>Birth Date</i>	<i>Date Of Service</i>
BRIAN D HILL	1908253	121715	5/26/1990	1/15/2014

Notes

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

TB Record



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/2/2014

PPD TEST *Initial* *Annual*

Previous Positive *Yes* *No*

PPD Skin Test Refused *Yes* *No*

Test Planted

Refusal Form Signed (perform action in accordance with your facility policy)

PPD Testing Pamphlet given

PPD Skin Test NOT APPLIED due to

PPD NOT GIVEN D/T PPD SOLUTION N/A, NEGATIVE TB HX.

Test Read

CXR

PREVIOUS POSITIVE (Complete for Patients Past Positive Only)

Notes

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No:	Order Status:	Verbal/Ph	Submit Date:	Start Date:	End Date:																												
1630158	Released 02/08/2014 08:01		02/06/2014 16:54	02/06/2014 15:00	05/07/2014 15:59																												
insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 015 unit SC Diabetic PM for 90 days. with dinner meal. - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
17:00		--	--	--	--	--																											
Order No:	Order Status:	Verbal/Ph	Submit Date:	Start Date:	End Date:																												
1630156	Released 02/08/2014 08:01		02/06/2014 16:49	02/06/2014 14:44	05/07/2014 15:43																												
insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 18 unit SC Diabetic AM for 90 days. with breakfast meal. - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
05:00		--	--	--	--	--																											
Order No:	Order Status:	Verbal/Ph	Submit Date:	Start Date:	End Date:																												
1630157	Released 02/08/2014 08:01		02/06/2014 18:53	02/06/2014 14:45	05/07/2014 15:44																												
insulin NPH & reg human insulin 100 unit/mL (70-30) subcutaneous susp: give 18 unit SC Diabetic Noon for 90 days. with lunch meal. - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10:00		--	--	--	--	--																											
Order No:	Order Status:	Verbal/Ph	Submit Date:	Start Date:	End Date:																												
1630159	Released 02/08/2014 08:01		02/06/2014 16:54	02/06/2014 15:02	05/07/2014 16:01																												
insulin regular human 100 unit/mL injection solution: give 03 unit INJ Diabetic HS for 90 days. with night snack - stop all previously ordered insulins . - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
22:00		--	--	--	--	--																											

Patient Status Changes

Patient Status	Description	To/From	Date
Discharged	Discharged		02/07/2014 07:48

Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
Order:									

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

PRN Effectiveness

Order:	Follow Up Date	Result	Reason	Initials

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note

Initials Legend

Initials	User

Order Administration Sites

Abbreviation	Site

MEDICATION ADMINISTRATION RECORD



1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10/14 ORIGINAL ORDER	70/30 Insulin 18u SQ c breakfast	0500							X																									
10/14 SCONTINUE	x90 Rhoader/KC																																	
10/14 ORIGINAL ORDER	70/30 Insulin 18u SQ c Lunch	1100							X																									
10/14 SCONTINUE	x90 Rhoader/KC																																	
10/14 ORIGINAL ORDER	70/30 Insulin 15u SQ c Dinner	1700							X																									
10/14 SCONTINUE	x90 Rhoader/KC																																	
2/14 ORIGINAL ORDER	Regular Insulin 3u c HS Snack	2200							X																									
2/14 SCONTINUE	x90 Rhoader/KC																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

CAUTION: **BF 01**
 DATE OF BIRTH OR SOC. SEC. NO: **5-20-1990**
 ALLERGIES: **NKDA**
 PATIENT NAME AND NUMBER: **Hill, Brian 121715**
 FACILITY: **FCDC**
 CHARTING FOR: **2/14**
 THROUGH: **2-28-14**
 DIAGNOSIS:

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
2/7/14 <small>ORIGINAL ORDER</small>	FSBS QID x 60 days Rhoades	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>		1000																																			
2/7/14 <small>ORIGINAL ORDER</small>		1700																																			
		2200																																			
2/7/14 <small>ORIGINAL ORDER</small>	Humulin 70/30 5units SubQ before breakfast x 60 days Rhoades	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>																																					
2/7/14 <small>ORIGINAL ORDER</small>		1000																																			
		1700																																			
2/7/14 <small>ORIGINAL ORDER</small>	Humulin 70/30 5units SubQ before lunch x 60 days Rhoades	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>																																					
2/7/14 <small>ORIGINAL ORDER</small>		1000																																			
		1700																																			
2/7/14 <small>ORIGINAL ORDER</small>	Humulin 70/30 5units SubQ before dinner x 60 days Rhoades	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>																																					
2/7/14 <small>ORIGINAL ORDER</small>		1700																																			
2/7/14 <small>ORIGINAL ORDER</small>	Humulin 70/30 5units SubQ at HS x 60 days Rhoades	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>																																					
2/7/14 <small>ORIGINAL ORDER</small>		1700																																			
2/8/14 <small>ORIGINAL ORDER</small>	FSBS AC meals x 60 days	0500	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<small>SCONTINUE</small>		1000																																			
2/8/14 <small>ORIGINAL ORDER</small>		1700																																			

New order 2-5-14

D/C

D/C

D/C

D/C

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

CATION 8701	DATE OF BIRTH OR SOC. SEC. NO. 5-26-90	ALLERGIES NKDA	DIAGNOSIS
PATIENT NAME AND NUMBER Hill, Brian #121715		FACILITY Forsyth County Detention Center	CHARTING FOR Feb 1, 2014 THROUGH Feb 28, 2014

Admission Orders for INSULIN DEPENDANT DIABETIC (TYPE 1 & 2) MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR																																					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
<small>ORIGINAL ORDER</small> DISCONTINUE	2500 Calorie ADA Diet YES, GIVE SNACK BAG Nurse Initials: Provider name:																																						
<small>ORIGINAL ORDER</small> DISCONTINUE	FSBS BID until released Nurse Initials: Provider name:	OSBO 1700		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP																								
<small>ORIGINAL ORDER</small> DISCONTINUE	Begin Sliding Scale Protocol Nurse Initials: Provider name:			PP				PP																															
<small>ORIGINAL ORDER</small> DISCONTINUE	FSBS <200: Give No Insulin																																						
<small>ORIGINAL ORDER</small> DISCONTINUE	FSBS 201-250: Give 2 Units Regular Insulin			PP																																			
<small>ORIGINAL ORDER</small> DISCONTINUE	FSBS 251- 300: Give 4 Units Regular Insulin							PP																															

<small>Initial</small>	<small>Signature</small>	<small>Initial</small>	<small>Signature</small>	<small>Initial</small>	<small>Signature</small>	<small>Initial</small>	<small>Signature</small>

LOCATION SE04	DATE OF BIRTH OR SOC. SEC. NO. 5-26-1990	ALLERGIES NKDA	DIAGNOSIS
PATIENT NAME AND NUMBER Jul, Brian O 121715	FACILITY FMR	CHARTING FOR 1-3-14	THROUGH 1-31-14

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
RIGINAL ORDER	FSBS 301- 350: Give 6 Units Regular Insulin				3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DISCONTINUE																																		
RIGINAL ORDER	FSBS 351-400: Give 8 Units Regular Insulin		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DISCONTINUE																																		
RIGINAL ORDER	FSBS >400: Give 10 Units Regular Insulin Recheck FSBS in 2 hours and Notify the Provider on call		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DISCONTINUE																																		
RIGINAL ORDER	NPH 20 units SQ 9 AM x qoddy Rhoads	0500	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DISCONTINUE																																		
RIGINAL ORDER	NPH 15 units SQ 8 PM x qoddy Rhoads	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DISCONTINUE																																		
RIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DISCONTINUE																																		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: **SECM** DATE OF BIRTH OR SOC. SEC. NO.: **5/26/1990** ALLERGIES: **NKA** DIAGNOSIS:

PATIENT NAME AND NUMBER: **Hill Brian 121715** FACILITY: **FURL** CHARTING FOR: **1-3-14** THROUGH: **1-31-14**

MEDICATION ADMINISTRATION RECORD



1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	DATE																																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
1/8/14	Insulin 70/30 15 units ac breakfast Lunch + Dinner x body Plasolyn	0500 1000 1700																																				
1/8/14	Insulin 70/30 SunAD ac hs snack away x body	2200																																				

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: **8E03** DATE OF BIRTH OR SOC. SEC. NO.: **5-26-1990** ALLERGIES: **AKIAP** DIAGNOSIS: _____
 PATIENT NAME AND NUMBER: **Hill, Brian 121715** FACILITY: **FENC** CHARTING FOR: **1-11-14** THROUGH: **1/31/14**

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES <small>(ORIGINAL ORDER)</small>	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
4/7/14	FSBS QLA X 60 DAYS RHODES	5AM																																	
<small>(DISCONTINUE)</small>		10AM																																	
4/7/14		5PM																																	
<small>(ORIGINAL ORDER)</small>		10AM																																	
<small>(DISCONTINUE)</small>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<small>(ORIGINAL ORDER)</small>				2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<small>(DISCONTINUE)</small>					2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<small>(ORIGINAL ORDER)</small>					2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<small>(DISCONTINUE)</small>						2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: SF-01 DATE DEPT OR SOC SEC NO.: 5/26/14 ALLERGIES: NKDA DIAGNOSIS:
 PATIENT NAME AND NUMBER: HILL, BRIAN FACILITY: FCDC CHARTING FOR: THROUGH:

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES ORIGINAL ORDER	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1-8-14	Stop NPH																																	
DISCONTINUE																																		
1-8-14	Dr. Rhoades/cn																																	
DISCONTINUE																																		
1-8-14	Stop sliding scale insulin																																	
DISCONTINUE																																		
1-8-14	Dr. Rhoades/a																																	
DISCONTINUE																																		
1-7-14	Insulin 70/30 SQ 15units before breakfast	0500																																
DISCONTINUE																																		
3-7-14	Dr. Rhoades/a																																	
DISCONTINUE																																		
1-7-14	Insulin 70/30 SQ 15units before lunch	1000																																
DISCONTINUE																																		
3-7-14	Dr. Rhoades/a																																	
DISCONTINUE																																		
1-7-14	Insulin 70/30 SQ 15units before dinner	1700																																
DISCONTINUE																																		
3-7-14	Dr. Rhoades/a																																	
DISCONTINUE																																		
1-7-14	Insulin 70/30 SQ 5units at HS																																	
DISCONTINUE																																		
3-7-14		2200																																
DISCONTINUE																																		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: SE 01 DATE OF BIRTH OR SOC. SEC. NO: 5-26-1990 ALLERGIES: NKDA DIAGNOSIS: _____

PATIENT NAME AND NUMBER: Hill, Brian FACILITY: FCDC CHARTING FOR: 1-8-14 THROUGH: 1-30-14

Mental Health Progress Note

Use only if no other specific note applies

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Date of Birth 5/26/1990	Today's Date 1/7/2014
--------------------------------------	---------------------------------	-----------------------------------	---------------------------------

Referral Source: Sick Call Nursing/Medical Referral Security Referral Other

Reason for Visit: Follow up

Subjective: He stated that once again he does have a mhx history of being hosp. for threatening suicide after he learned of a incarceration. No suicidal attempts. He stated that he was also in the hosp "a long time ago" when he was a teenager. He stated that he was prescribed Prozac. Risperidol? Clozapine however did not cont. taking it. He denies any "splitting" or "mind" No auditory/visual hallucinations.

Objective: Mental Status Exam

Sensorium: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented x 3 <input type="checkbox"/> Distractible <input type="checkbox"/> Poor concentration <input type="checkbox"/> Other _____	Behavior: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Other _____	Mood: <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Other _____	Thought Process: <input checked="" type="checkbox"/> Goal-Directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Associations <input type="checkbox"/> Tangential <input type="checkbox"/> Other _____	Thought Content: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicidal <input type="checkbox"/> Paranoid <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Other _____
Appearance: <input checked="" type="checkbox"/> Well kept <input type="checkbox"/> Self-neglect <input type="checkbox"/> Other _____	Speech: <input checked="" type="checkbox"/> Clear/Coherent <input type="checkbox"/> Spontaneous <input type="checkbox"/> Pressured <input type="checkbox"/> Poverty <input type="checkbox"/> Other _____	Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Other _____	Memory: <input checked="" type="checkbox"/> Recent Intact <input checked="" type="checkbox"/> Remote Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Other _____	Cognitive Estimate: <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low

Assessment and Interventions Provided:

Plan:

- Mental Health Treatment not indicated at this time -- mental health will follow up as needed
- Mental Health follow-up in: 2 weeks (# of days or date)
- Initiate suicide precaution protocol. **also complete the MH Initial Suicide Watch Note
- Refer to Special Needs
- Referral to medical staff
- Referral to psychiatric provider
- Consult with _____
- Completed ROI. Follow-up when information is received.
- Homework assigned? If yes, please list: _____
- Other Interventions: _____

[Signature] 1/7/14
 Mental Health Professional Date



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Initial Behavioral Health Evaluation			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 121715	Date of Birth 5/26/1990
			Today's Date: 4/3/2014

Mental Health Treatment

Mental Health Outpatient Treatment Yes No Psychiatric Hospitalization Yes No

When/Where/Why EHS DEC 23, 2013 Martinsville, VA
1/6/14
Jail

Currently taking MH meds Yes No Provider: _____
 Pharmacy: _____
 Date Last Taken: _____
 Medications: _____

Prior MH Medication Yes No If Yes, list: Prozac, Risperdal

Prior Diagnosis Yes Mild Autism, OCD No Unknown

Prior MH Court Services Yes No Prior SSDI Yes No Prior Guardianship Yes No
 If Yes, list: Medicaid

Past Self Harm/Suicide Attempts Yes No If Yes, detail method and dates: _____

Current Self Harm thoughts Yes No Specify: _____

Concern about ability to cope while incarcerated? Yes No

Current MH Issues Yes No Specify: _____

Clinical Observations He taken by Homeland Security and then taken to Guilford Co. Then Federal Marshalls brought him to FDC

Substance Use History

Substance Use Yes No

Substance Used _____	Frequency of Use _____
Last Use _____	Typical Amount Used _____
Substance Used _____	Frequency of Use _____
Last Use _____	Typical Amount Used _____

Past Substance Abuse Treatment Yes No

Inpatient/Residential Treatment Yes No Outpatient Treatment Yes No

Where: _____



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Initial Behavioral Health Evaluation			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date: 1/3/2014

Personal/Social History

Educational History (include special education): Homeschool
 Employment History: _____
 Military History: NO
 Family Support/Support System Status: Mother Roberta Ruth Hill
 First Arrest: Yes No
 Legal History: _____
 Housing Status (prior to arrest) Apt complex that his mother lived in
 History of Violent Behavior Yes No If Yes, detail: _____
 History of Sex Offense (perpetrating) Yes No If Yes, detail: _____
 History of Victimization Yes No If Yes, detail: _____
 History of Head Injury Yes No If Yes, detail: _____

Mental Status Exam

Sensorium: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented X 3 <input type="checkbox"/> Distractable <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Other _____	Behavior: <input type="checkbox"/> Calm <input type="checkbox"/> Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Other _____	Mood: <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Other _____	Thought Process: <input checked="" type="checkbox"/> Goal-Directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Associations <input type="checkbox"/> Tangential <input type="checkbox"/> Other _____	Thought Content: <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> S/I <input type="checkbox"/> H/I <input type="checkbox"/> Paranoid <input type="checkbox"/> Hallucinations <input checked="" type="checkbox"/> Delusions <input type="checkbox"/> Other _____
Appearance: <input checked="" type="checkbox"/> Well kept <input type="checkbox"/> Self-neglect <input type="checkbox"/> Other _____	Speech: <input checked="" type="checkbox"/> Clear/Coherent <input type="checkbox"/> Spontaneous <input type="checkbox"/> Pressured <input type="checkbox"/> Poverty <input type="checkbox"/> Other _____	Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Other _____	Memory: <input checked="" type="checkbox"/> Recent Intact <input checked="" type="checkbox"/> Remote Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Other _____	Cognitive Estimate: <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low

Comments

noted
 Pt is dx w/ Autism and answers all questions thoroughly.
 Pt described what his neighbors in EE of would like to have a toothbrush comb. Security MHP explained to pt that he is not to give anything to any other IM in facility.
 Pt agreed.

Plan

<input type="checkbox"/> Refer to MH Special Needs <input type="checkbox"/> Initiate Suicide Watch Protocol <input type="checkbox"/> Refer to Discharge Planner <input type="checkbox"/> Release of Information completed for: _____ <input type="checkbox"/> Provide educational material, specify: _____ <input type="checkbox"/> Refer to Medical for: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Refer to Psychiatry <input checked="" type="checkbox"/> Follow up by MH on <u>1/6/14</u> (date) <input type="checkbox"/> MH follow-up PRN; patient educated on how to request services
---	---

Sheila W. Greer, MHP

1/6/14 1510ms
 Date/Time



Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Mental Health Weekly
Segregation Rounds Form



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/28/2014

Date Entered Segregation: 1/2/2014

Date: 1/24/2014

Orientation: Person Place Time

Affect: Flat/Blunted Euphoric Euthymic Dysthymic Angry Other

Explain:

Mood: Calm Agitated Depressed Angry Other

Explain:

Cognition: Normal Hallucinations Delusions

Suicidal Ideation Homicidal Ideation

Psych Meds: Not Prescribed Compliant Non-compliant

Behavior: Cooperative Aggressive Assaulting Withdrawn Mute

Cell: Messy Clean

Remarks: **No concerns at this time.**

**If any abnormal findings noted, notify MH Supervisor and complete progress note outlining actions to be taken.*

Staff Initials: SWG

Check for another entry

13 2nd AVE
Raydon, NC
27027

FORSYTH COUNTY HEALTH DEPARTMENT
799 Highland Avenue, P.O. Box 686
Winston-Salem, NC 27101 Telephones: 336-703-3150
703-3100

14 JAN 08 2014
K. Ford LPN

LABORATORY SERVICES

CHART NUMBER: 121715
NAME: Hill, Brian D.
SS#: HB0526901
BIRTH DATE: 5/26/1990
RACE: W **SEX:** M **AGE:** 23

LAB NUMBER
610

DATE 1-2-14
OTHER INSTRUCTIONS

CLINIC FCDC
DOCTOR K. Ford LPN

SUBMIT REQUISITION FOR EACH TEST

CHECK PROCEDURE REQUESTED	
<input type="checkbox"/>	CHLAMYDIA
<input type="checkbox"/>	CBC / H&H (Circle One)
<input type="checkbox"/>	ENTERIC CULTURE
<input type="checkbox"/>	GRAM STAIN
<input type="checkbox"/>	THROAT CULTURE
<input type="checkbox"/>	URINALYSIS
<input checked="" type="checkbox"/>	TRUST - Syphilis Screening
<input type="checkbox"/>	OTHER:

FOR LABORATORY USE ONLY

NON REACTIVE

14 JAN 3 PM 1:56
K. Ford

16 Chalmers St D
artinsville, Va

FORSYTH COUNTY HEALTH DEPARTMENT
799 Highland Avenue, P.O. Box 686
Winston-Salem, NC 27101 Telephones: 336-703-3150
703-3100

13 DEC 23 PM 3:51

Handwritten signature
JAN 09 2014

LABORATORY SERVICES

276-632-2599

CHART NUMBER:

NAME: Brian Hill

SS#:

BIRTH DATE: 05/26/1990

RACE: W SEX: M AGE: 23

LAB NUMBER

629

DATE 12/20/13

OTHER INSTRUCTIONS

CLINIC FCDC

DOCTOR Parker

SUBMIT REQUISITION FOR EACH TEST

FOR LABORATORY USE ONLY

CHECK PROCEDURE REQUESTED	
<input type="checkbox"/>	CHLAMYDIA
<input type="checkbox"/>	CBC / H&H (Circle One)
<input type="checkbox"/>	ENTERIC CULTURE
<input type="checkbox"/>	GRAM STAIN
<input type="checkbox"/>	THROAT CULTURE
<input type="checkbox"/>	URINALYSIS
<input checked="" type="checkbox"/>	TRUST - Syphilis Screening
<input type="checkbox"/>	OTHER:

NON-REACTIVE

13 DEC 24 AM 10:56



High Risk TB Testing Checklist

(To be done at the Health Assessment on all patients except those with known past + TB testing results)

If patient answers affirmatively to any of the questions below and has not had any form of TB testing with negative results within the last 6 months, the patient is considered high risk and should be evaluated by either chest x-ray or blood test (Quantiferon Gold, etc.).

- Patient has recently been in close contact with a person with active TB.
- Patient's place of origin is Africa, Asia, Eastern Europe, Latin America or Russia.
- Patient has recently visited any of the above areas.
- Patient is homeless.
- Patient is HIV+ (confirmed).
- Patient is receiving immunosuppressive drugs (steroids, anti-rejection drugs, etc.).
- Patient has a history of inadequately treated active TB.
- Patient has a history of silicosis, uncontrolled diabetes, chronic renal failure/dialysis, leukemia/lymphoma, cancer of the head, neck or lung. *PPD planted 4/15/14*
- Patient has had a gastrectomy or other gastric bypass surgery.
- Patient weighs less than 90% of their ideal body weight without alternative explanation (see chart below).
- Patient has history of IV drug use within the last 2 years.

Signature: *Betty W. [unclear]*

Time: *1615 pm*

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kg	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight					Healthy					Overweight					Obese			Extremely obese					
5'0" - 152.4						25	26	27	28	29														
5'1" - 154.0						25	26	27	28	29														
5'2" - 157.4							25	26	27	28	29													
5'3" - 160.0								25	26	27	28	29												
5'4" - 162.5									25	26	27	28	29											
5'5" - 165.1										25	26	27	28	29										
5'6" - 167.6											25	26	27	28	29									
5'7" - 170.1												25	26	27	28	29								
5'8" - 172.7													25	26	27	28	29							
5'9" - 175.2														25	26	27	28	29						
5'10" - 177.8															25	26	27	28	29					
5'11" - 180.3																25	26	27	28	29				
6'0" - 182.8																	25	26	27	28	29			
6'1" - 185.4																		25	26	27	28	29		
6'2" - 187.9																			25	26	27	28	29	
6'3" - 190.5																				25	26	27	28	29
6'4" - 193.0																					25	26	27	28

Patient Name <i>Brian Hill</i>	ID# <i>121715</i>	DOB <i>5/26/1990</i>	Date / Time <i>1/14/14</i>
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OT-1

1615 pm

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Health and Physical Assessment



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/14/2014
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Patient refuses healthcare physical assessment with mental health screening.

Appropriate "Refusal of Treatment" paperwork completed

History

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

1. History of anemia? Yes No
2. History of arthritis? Yes No
3. History of asthma? Yes No
4. History of balance / dizziness problems? Yes No
5. History of blackouts? Yes No
6. History of bladder infection? Yes No
7. History of blood problems? Yes No
8. History of cough / sputum? Yes No
9. History of D.T's? Yes No
10. History of diabetes? Yes No
11. False teeth? Yes No
12. History of gall bladder problems? Yes No
13. History of Gonorrhea? Yes No
14. History of hay fever? Yes No
15. History of headaches? Yes No
16. History of hearing problems? Yes No

Forsyth County Detention Center
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Health and Physical Assessment



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/14/2014

16. History of hearing problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
17. History of heart problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
18. History of heartburn?	<input checked="" type="radio"/> Yes <input type="radio"/> No
19. History of hepatitis?	<input type="radio"/> Yes <input checked="" type="radio"/> No
20. History of hernia problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
21. History of hypertension?	<input type="radio"/> Yes <input checked="" type="radio"/> No
22. History of joint problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23. History of kidney disease?	<input type="radio"/> Yes <input checked="" type="radio"/> No
24. History of lice or scabies?	<input type="radio"/> Yes <input checked="" type="radio"/> No
25. History of liver problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
26. History of muscle problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
27. History of nausea / vomiting?	<input type="radio"/> Yes <input checked="" type="radio"/> No
28. History of a nervous disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
29. History of oral pain / discomfort?	<input type="radio"/> Yes <input checked="" type="radio"/> No
30. History of pneumonia?	<input type="radio"/> Yes <input checked="" type="radio"/> No
31. Any recent injuries?	<input type="radio"/> Yes <input checked="" type="radio"/> No
32. History of seizures?	<input type="radio"/> Yes <input checked="" type="radio"/> No
33. History of stomach pain?	<input type="radio"/> Yes <input checked="" type="radio"/> No
34. History of syphilis?	<input type="radio"/> Yes <input checked="" type="radio"/> No
35. History of teeth problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
36. History of throat problems?	<input type="radio"/> Yes <input checked="" type="radio"/> No
37. History of voiding trouble?	<input type="radio"/> Yes <input checked="" type="radio"/> No
38. History of tuberculosis?	<input type="radio"/> Yes <input checked="" type="radio"/> No
39. History of ulcers?	<input type="radio"/> Yes <input checked="" type="radio"/> No
40. Other	<input type="radio"/> Yes <input checked="" type="radio"/> No

Diets

** No Items Selected **

Appliances

** No Items Selected **

Immunization Status

Date of Last Tetanus: UNKNOWN

Other: NONE

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Health and Physical Assessment



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/14/2014
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Date of Last Tetanus: **UNKNOWN**
 Other: **NONE**

PPD Status

PPD MEDICATION NOT AVAILABLE

Have you had a history of a past positive PPD? Yes No

- Unexplained weight loss Fever or chills Night sweats Chronic cough - lasting 3 weeks or longer
 With bloody sputum Without bloody sputum

Vision (Snellen Chart)

Right: *N* With Glasses: *N*
 Left: *N* With Glasses: *N*
 Both: *N* With Glasses: *N*

Breast Exam: Normal Deferred

Rectal Exam: Normal Deferred

Testicular Exam: Normal Deferred

Receiving screen form reviewed: Yes No

Educational materials provided: Yes No

Oral hygiene instructions provided: Yes No

Exam

Age: 23 Sex: M Race: W

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
01-14-2014 08:23 PM CST	120/70	74	16	98.00	95	171	23.8

1. Skin Color: Normal Abnormal

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Health and Physical Assessment



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/14/2014

- 1. Skin Color: Normal Abnormal
- 2. Skin Condition: Normal Abnormal
- 3. Skin Turgor: Normal Abnormal
- 4. Eye pupils: Normal Abnormal
- 5. Eye sclera: Normal Abnormal
- 6. Eye conjunctiva: Normal Abnormal
- 7. Ear appearance: Normal Abnormal
- 8. Ear canals: Normal Abnormal
- 9. Ear hearing: Normal Abnormal
- 10. Throat: Normal Abnormal
- 11. Tongue: Normal Abnormal
- 12. Tonsils: Normal Abnormal
- 13. Teeth Condition: Normal Abnormal
- 14. Gum Condition: Normal Abnormal
- 15. False Teeth: Normal Abnormal
- 16. Nose Obstructions: Normal Abnormal
- 17. Nose Drainage: Normal Abnormal
- 18. Neck Veins: Normal Abnormal
- 19. Neck Mobility: Normal Abnormal
- 20. Neck Thyroid: Normal Abnormal
- 21. Neck Carotids: Normal Abnormal
- 22. Neck Lymph Nodes: Normal Abnormal
- 23. Chest Configuration: Normal Abnormal
- 24. Chest Auscultation: Normal Abnormal
- 25. Chest Respirations: Normal Abnormal
- 26. Heart Auscultation: Normal Abnormal
- 27. Heart Radial Pulses: Normal Abnormal
- 28. Heart Apical Pulse: Normal Abnormal
- 29. Heart Rhythm: Normal Abnormal
- 30. Extremity Pulse: Normal Abnormal
- 31. Extremity Edema: Normal Abnormal
- 32. Extremity Joints: Normal Abnormal

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Health and Physical Assessment



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/14/2014

31. LARICENLY LUCHE: Normal Abnormal

32. Extremity Joints: Normal Abnormal

33. Spine: Normal Abnormal

34. Abdomen Shape: Normal Abnormal

35. Abdomen Bowel Sounds: Normal Abnormal

36. Abdomen Palpitation: Normal Abnormal

Comments:

PT. IS A INSULIN DEPENDENT DIABETIC.

Suicide Potential Screening

1. Have you ever attempted suicide? Yes No

2. Have you recently considered attempting suicide? Yes No

3. Note circumstances that increase suicide potential:
 NONE

Psychiatric Screening

1. History of current psychotropic medication? Yes No
 List: PROZAC, COGENTIN, RESPERIDOL

2. History of psychiatric hospitalization? Yes No
 When? 2013
 Where? MARTINVILLE MEMORIAL IN VIRGINIA

3. History of outpatient mental health treatment? Yes No
 EHS SUPPORT SERVICES

4. History of substance abuse / treatments? (Include therapy and/or medications) Yes No

5. History of sex offense? Yes No

6. History of victimization? Yes No

7. History of violent behavior? Yes No

8. History of cerebral trauma or seizures? Yes No

9. Family Situation: Single Married Divorced Separated Widowed
 Family / Significant other supportive? Yes No

10. History of special education? Yes No

11. Education (highest grade completed): 12

12. Level of cognitive functioning: Above Average Average Below Average

13. Patient concerned with ability to code? Yes No

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Health and Physical Assessment



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/14/2014
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12. Level of cognitive functioning:

Above Average
 Average
 Below Average

13. Patient concerned with ability to cope?

Yes
 No

Current Mental Status (check all that apply)

- Orientation: Alert, Oriented Disoriented
- Affect: Appropriate Inappropriate Flat
- Mood: Appropriate Depressed Terrified/crying Elated Angry
- Speech: Appropriate Slurred Pressured Slowed Loud
- Appearance: Neat & Clean Dirty Disheveled
- Hallucinations: Visual Auditory Tactile Olfactory
- Activity Behavior: Appropriate Unable to sit still Slow No eye contact
- Thought Process: Logical Paranoid Does not make sense

Summary

- No mental health problems
- Mental health problems requiring routine follow-up
- Chronic mental health problem
 - Mental Illness Developmental disability Other
 - Other:
- Acute mental health problem
 - Psychosis Suicidal Other
 - Other:
- Potential withdrawal from substance abuse

Disposition

Special Needs

- ** No Items Selected **
- No mental health referral - Approved for General Population
- Routine mental health referral - Approved for General Population
- Mental health referral ASAP - Special Housing
- Mental health referral ASAP - Suicide Precaution Procedure
- Medical Monitoring for Potential Withdrawal

FORSYTH COUNTY DETENTION CENTER

MEDICAL COMMUNICATION

To: Hill, Brian

121715

From: Medical

Date: 1.18.14

Spoke to NP Wilks
unless your family brings
in your lantos we are unable
to give

[Handwritten signature]

**Chronic Care Diabetes Mellitus
 Initial Visit**



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/30/2014
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Patient refuses the Chronic Care Diabetes Mellitus Initial Visit.

Appropriate "Refusal of Treatment" paperwork completed

SUBJECTIVE (Review chart for other medical problems)

23 yo male with diabetes (Type 1) since 2 years old was evaluated through the CC program today. He reports doing well and he offers no complaints but his reported FS are "200" which he considers to be acceptable. Later when I commented that such a level was too high and unacceptable, the patient changed his position and he agreed with me on my position.

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Type of Diabetes

1 2

Onset of Disease 1992

Last Dilated Fundus Examination fall 2013

Current medication(s):

Insulin 70/30 15 units QAC

Check all that apply:

- Adherent to medication
- Adherent to diet
- Drug/Alcohol abuse
- Recent weight changes
- Chest Pain
- Excessive Thirst
- Vision difficulties/Prior Laser Treatment
- Kidney Trouble

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 Forsyth Co
 201 North Church Street
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Chronic Care Diabetes Mellitus
 Initial Visit



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/30/2014
------------------------------	---------------------------	--------------------------	-------------------------	------------------------------

- Kidney Trouble
- Cardio/Pulmonary Difficulties
- Slow Healing sores on legs or feet
- Loss of sensation in feet
- Shortness of Breath with exercise
- Shortness of Breath at rest
- Frequent Urination at Night

Explain/Describe items checked above and/or Other Symptoms:

The patient agrees that he has not been consistent with his eating schedule Also, he says that eating certain foods (oranges) causes a major rise in FS

Frequency of finger-stick glucose: QAC and QH
 Typical results: 200-374
 A1C: N/A

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
01-30-2014 05:46 PM CST	122/84	75	18	98.00	97	171	23.8

DIRECTED PHYSICAL EXAM

- SKIN WNL ABN
- HEENT WNL ABN
- HEART WNL ABN
- LUNGS WNL ABN
- EXTREMITIES WNL ABN
- FEET (sensory exam & skin integrity) WNL ABN
- PULSES (dorsal pedalis & posterior tibialis) WNL ABN
- OTHER (explain) WNL ABN

Explain: *Some of the toenails are cracked and sharp. They can potentially cut his skin and I advised they be cut soon by NP Wilks*

Physical Exam Abnormalities:

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Chronic Care Diabetes Mellitus
Initial Visit



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 1/30/2014
------------------------------	---------------------------	--------------------------	-------------------------	------------------------------

Physical Exam Abnormalities:
see above

ASSESSMENT

1. DIABETES MELLITUS: *Type 1* Degree of Control: *Poor Control*

INTERVENTIONS AND PLAN (Use Treatment Plan Form CCS-CC10 for initial treatment plan)

Medication changes:

Patient's diet and eating habits need to be stabilized Then, a re-evaluation of FS need to be done to see if medicines need to be changed

Monitoring: *BS* ___ x day Number of x day: *4* Number of x week: Number of x month:

Education: *nutrition* *weight management* *diet* *disease process*
 smoking cessation *exercise* *symptom management*

Comments and Immediate Needs:

see above Re-evaluate DM in 1 wk

Follow-up appointment in: *1 wk and 3 months*

Forsyth County Detention Center Comprehensive Diabetes Foot Examination Form

Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676

Adapted from the National Diabetes Education Program's
Foot Screening Form



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 121715	Date of Birth 5/26/1990	Today's Date 1/30/2014
--------------------------------------	---------------------------------	---------------------------------	-----------------------------------	----------------------------------

Age at Onset: 2 yrs Diabetes Type 1 2 Current Treatment: Diet Oral Insulin

I. Medical History
(Check all that apply.)
 Peripheral Neuropathy Retinopathy
 Cardiovascular Disease Peripheral Vascular Disease
 Nephropathy

II. Current History
 1. Any change in the foot or feet since the last evaluation?
 Yes No
 2. Current ulcer or history of a foot ulcer?
 Yes No

III. Foot Exam
 1. Pedal Pulses
 (Fill in the blanks with a "P" or an "A" to indicate present or absent.)
 Posterior tibial: Dorsalis pedis:
 Left Left
 Right Right
 2. Skin Condition (Measure, draw in and label the patient's skin condition using the key and foot diagram to the right.)
 C = Callus R = Redness W = Warmth
 F = Fissure S = Swelling U = Ulcer
 M = Maceration PU = Pre-ulcerative lesion D = Dryness

IV. Sensory Foot Exam
 Label sensory level with a "+" in the five circled areas of the foot if the patient can feel the 5.07 Semmes-Weinstein (10-gram) nylon filament and "-" if the patient cannot feel the filament.

NOTES NOTES

Right Foot Left Foot

V. Risk Categorization (Check appropriate item.)
 Low-Risk Patient
 All of the following:
 Intact protective sensation No severe deformity
 No prior foot ulcer Pedal pulses present
 No severe deformity No amputation
 High-Risk Patient
 One or more of the following:
 Loss of protective sensation
 Absent pedal pulses
 Severe foot deformity
 History of foot ulcer

VI. Footwear Assessment
 1. Does the patient wear appropriate shoes?
 Yes No
 2. Does the patient need inserts/orthotics?
 Yes No

VII. Education
 1. Has the patient had prior foot care education?
 Yes No
 2. Can the patient demonstrate appropriate self-care?
 Yes No

VII. Management Plan (Check all that apply.)
 Provide patient education for preventive foot care
 Date: _____ Provider Signature: [Signature]
 1/30/14 7:55p



Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Practitioner Order Set for Initial
Chronic Care Visit



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	1/30/2014

TO BE USED BY THE HCP FOR INITIAL HCP VISIT OF EACH INCARCERATION ONLY

Physician: Alan Rhoades MD

Date &
Time of 1/30/14 650 p
Initiation:

Allergies:

Allergy No Known Allergies

Another brand of drug identical in form may be dispensed unless checked

PLEASE CLEARLY INDICATE THE ORDER SET(S) TO BE USED AND ADJUST ORDER SETS AS NECESSARY TO AVOID DUPLICATIVE ORDERS.

ASTHMA/COPD

DIABETES

Continue finger-stick blood glucose checks alternating:

BID QDay Twice Weekly QWeek

Offer Influenza vaccine 0.5cc IM (if exam occurs during flu season and patient has not already been vaccinated)

Weigh patient and document

HTN/CAD

HIV

HYPERLIPIDEMIA

SEIZURES

OTHER ORDERS (INCLUDING MEDICATIONS)

Treatment Plan



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	121715	5/26/1990	1/30/2014

Initial Treatment Plan Addendum to existing Treatment Plan

Medical Condition to be addressed:

23 year old male with Type 1 diabetes which has been poorly controlled for years was seen through the chronic care program today He reports doing well and he offered no complaints but the FS log shows the diabetic state is grossly uncontrolled

Diagnostic Needs:

Change to a carbohydrate controlled diet and continue to monitor FS Re-evaluate in 1 wk to assess the diabetic state and the need to adjust medicines

Treatment Goals:

1. Diabetic glucose goals a. Finger stick values = 90 – 130 mg/dl b. HbA1c = 6.0 – 7.0 % 2. The patient needs to stabilize the caloric intake before we can change insulin dose to achieve diabetic control 3. Cholesterol goals: a. Ideal total cholesterol < 200 mg/dl b. Ideal Triglycerides < 150 mg/dl c. Ideal HDL for men > 40 mg/dl AND for women > 50 mg/dl d. Ideal LDL < 100 mg/dl for most patients e. Ideal LDL < 70 mg/dl for those with the following: i. Diabetics ii. Those that had a prior heart attach iii. Those that had a prior stroke/TIA iv. Those who have known renal artery stenosis, carotid artery stenosis, or PVD/PAD

Check for additional goal entry

4. EXERCISE – we recommend an aerobic type exercise each day for a continuous period of 30-60 minutes. a. Examples are speed walking, jogging, running, swimming, and cycling but the chosen exercise should be based on physical abilities. b. Speed walking is the safest form of exercise that we can recommend for a fully functional patient. c. If the patient has long standing diabetes, hypertension, or hyperlipidemia, a cardiac evaluation is needed before recommending an exercise beyond speed walking. 5. WEIGHT – a gradual and customized weight reduction program should be developed and started for each patient. The 1st step is to focus on eating the proper types of food and a reasonable amount of calories each day. The 2nd step is to exercise each day. The goal is to achieve a BMI of 20.0-24.9 for all patients. 6. Patient obligations: required in order to achieve outlined goals (above) a. You are obligated to provide us with accurate medical and personal information b. You are obligated to provide us with an up to date list of medications c. You are obligated to eat responsibly – we suggest eating the cardiac diet without consuming additional foods from our commissary d. You are obligated to take medicines regularly as prescribed e. You are obligated to assist us in collection of data: finger sticks, BPs, labs, EKGs f. You are obligated to exercise daily g. You are obligated to make an effort to maintain a reasonable body weight - based on your height (BMI) h. You are obligated to inform us of any acute event which threatens your health

Check for additional goal entry

3. DIET – we recommend a cardiac diet with 2000-2500 calories a day

Intervention:

Goal: see above

Service Modality (Nurse, Social Worker, Etc) and Process:

see above

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Treatment Plan



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	121715	5/26/1990	1/30/2014

see above

Anticipated Date for Goal attainment: *1/30/2014*

Educational Interventions:

Service Modality (Nurse, Social Worker, Etc) and Process:

see above

Anticipated Date for Goal attainment: *1/30/2014*

Review Date for Treatment Plan: 2/6/2014

Follow Up Appointment: 1 wk and 3 months

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

**Chronic Care Diabetes Mellitus
 Initial Visit**



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Patient refuses the Chronic Care Diabetes Mellitus Initial Visit.
 Appropriate "Refusal of Treatment" paperwork completed

SUBJECTIVE (Review chart for other medical problems) No complaints

The inmate reports diabetes treated by his medical doctor - was supposed to see an endocrinologist last week but then incarcerated. He states regimen at home: Novalog flexpen dose per carb ratio with meals, sliding scale qid and Lantus at HS. He checks FSBS bid but cannot remember the range - states it fluctuates.

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current medication(s):

see MAR

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	5/27/2015 10:00:00 PM	6/3/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
Tylenol (Acetaminophen) 325 mg tablet	2.00 tablet	Forsyth Co Facility: BID AM & HS - Worker	6/1/2015 10:00:00 PM	6/3/2015 9:59:00 PM

Diabetes

Type of Diabetes © 1 0 2
 Onset of Disease 1991 (age 1 1/2 years)
 Date of last Urinalysis and results (if known) Unknown
 Date of last Dilated Fundus Examination and results (if known) Unknown

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**Chronic Care Diabetes Mellitus
 Initial Visit**



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Diabetes Mellitus (if known)

Check all that apply

- Adherent to medication Adherent to diet Drug/Alcohol abuse
- Frequent infections Recent weight changes Chest Pain
- Shortness of Breath at rest Shortness of Breath with exercise
- Excessive Thirst Frequent Urination at night
- Vision difficulties/known retinopathy
- Slow healing sores on legs or feet Neuropathy
- Kidney Trouble Smoking Dialysis Other

Frequency of finger-stick glucose:
 Range of results:
 A1C:

bid
unknown
unknown

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
06-01-2015 11:00 AM EST	118/78	88	16	98.30	98	182	25.4

Pain Scale (0-10) 0

Directed Physical Exam:

- SKIN / EXTREMITIES Normal Abnormal Not done
- HEENT / NECK Normal Abnormal Not done
- HEART Normal Abnormal Not done
- LUNGS Normal Abnormal Not done
- ABDOMEN Normal Abnormal Not done
- GU / RECTAL Normal Abnormal Not done
- NEURO Normal Abnormal Not done
- OTHER Normal Abnormal Not done

See Comprehensive Diabetic Foot Exam Form

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Chronic Care Diabetes Mellitus
Initial Visit



Patient Name BRIAN D HILL	Inmate Number 1906253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Physical Exam Abnormalities:

"blood blisters" bottom both great toes secondary to flip flops normal appearance and ROM right 5th toe - had sick call for bumping toe against wall

ASSESSMENT refer to CCS Definitions of Disease Control and Clinical Status

DIABETES MELLITUS: *Type 1*
Degree of Control: *Fair Control*

INTERVENTIONS AND PLAN

- Medication Changes: None As follows
- Diagnostics Chest x-ray EKG Fasting Lipid Profile Diagnostic Panel 1
 Diagnostic Panel 3 HgbA1c PT/INR
- Monitoring Finger-stick Glucose (*x per day/x per week/x per month*)
 QID
- Education Condition specific education provided Condition specific education not provided
- Additional Education diet/nutrition medication disease process exercise
 drug/alcohol/tobacco avoidance symptom management
 weight management adaptation to incarceration other
- Other education
- Special Nursing Care: *none*
- Immunizations UTD

Diet:

**** No Items Selected ****

Restrictions, Activity Restrictions and Special Needs Other

**** No Items Selected ****

Explain:

Comments and Immediate Needs

none

Treatment Plan

This must have measurable treatment goal(s) and a timeframe to reach the goal(s). Use Chronic Care Treatment Plan Form for initial treatment plan WHEN NEEDED for treatment planning of multiple chronic medical problems or complex issues.

Added 06/01/2015 08:18 PM EST by eaycoth Nurse Practitioner

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

**Chronic Care Diabetes Mellitus
Initial Visit**



<i>Patient Name</i> BRIAN D HILL	<i>Inmate Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/1/2015
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Added 06/01/2015 08:18 PM EST by eaycoth Nurse Practitioner

- 1) Diagnostic panel II and HgA1C
- 2) will continue to closely monitor FSBS and adjust insulin accordingly
- 3) will make referral to Mental Health due to history obsessive compulsive disorder, previous suicide attempt and possibility of lengthy incarceration - is on no medications since incarceration

Other Orders

Flu Vaccine (if indicated) Hep A vaccine (if indicated) Hep B vaccine (if indicated)

Follow-Up Appointment in 3 months

Discharge from Chronic Care Clinic

Reason

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Treatment Plan



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/1/2015

Initial Treatment Plan Addendum to existing Treatment Plan

Medical Condition to be addressed:

Type I Diabetes

Diagnostic Needs:

Diagnostic panel II and HgA1C

Treatment Goals:

- 1. FSBS < 160

Check for additional goal entry

Intervention:

Goal: *medication management*

Service Modality (Nurse, Social Worker, Etc) and Process:

medical provider

Anticipated Date for Goal attainment: *6/1/2015*

Educational Interventions:

Service Modality (Nurse, Social Worker, Etc) and Process:

dietary compliance - FNP

Anticipated Date for Goal attainment: *6/1/2015*

Review Date for Treatment Plan: *6/1/2015*

Follow Up Appointment: *3 months*

FORSYTH COUNTY SHERIFF'S OFFICE
DETENTION SERVICES BUREAU
INMATE PERMISSION SLIP

Date: 10-16-15 Housing Assignment 2A01
Inmate Name: Hill, Brian Booking Number 138725

The above named inmate has permission to have the following items in his/her cell.

- | | | |
|--|--|--|
| <input type="checkbox"/> Extra Blanket | <input type="checkbox"/> Basin | <input checked="" type="checkbox"/> Specialized Medication |
| <input type="checkbox"/> Extra Sheet | <input type="checkbox"/> Dial/Special Soap | <input checked="" type="checkbox"/> Specimen Cup |
| <input type="checkbox"/> Extra Face Cloth | <input type="checkbox"/> Extra Towel | <input type="checkbox"/> Rosary Beads |
| <input type="checkbox"/> Educational Material / Explain: _____ | | |

Other / Explain:

Purpose/Instructions: Hydrocortisone Cream apply 3x day
x 7 days

Authorized by: [Signature] Date: 10-16-15

FORSYTH COUNTY SHERIFF'S OFFICE
DETENTION SERVICES BUREAU
INMATE PERMISSION SLIP

Date: 6-1-15 Housing Assignment 138125
Inmate Name: Hill, Brian Booking Number 2B-7

The above named inmate has permission to have the following items in his/her cell.

- | | | |
|--|--|--|
| <input type="checkbox"/> Extra Blanket | <input type="checkbox"/> Basin | <input checked="" type="checkbox"/> Specialized Medication |
| <input type="checkbox"/> Extra Sheet | <input type="checkbox"/> Dial/Special Soap | <input type="checkbox"/> Specimen Cup |
| <input type="checkbox"/> Extra Face Cloth | <input type="checkbox"/> Extra Towel | <input type="checkbox"/> Rosary Beads |
| <input type="checkbox"/> Educational Material / Explain: | _____ | |

Other / Explain:

Purpose/Instructions: orange shoes til released

Authorized by: J. White Date: 6-1-15

FORSYTH COUNTY DETENTION CENTER

Medical Communication

2B-07

TO: Brian Hill (138123)

FROM: Medical Dept.

DATE: 6-7-15

Your lab work was within normal limits except the Hemoglobin A1C was too high at 9.5 - should be less than 7.

We will closely monitor your blood sugars and adjust the insulin as needed. You need to carefully follow the diet.

E. Ayers MD

Medical History and Physical
 Assessment with Mental Health



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/2/2015
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Receiving Screening reviewed

Per site policy, no Medical History and Physical Assessment required

Patient refused Medical History and Physical Assessment

Appropriate "Refusal of Treatment" paperwork completed

History

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

1. Is there history of nervous system disorder, hearing problems, headache, blackouts, problems with balance/dizziness, or seizures? Yes No

Explain: OCD, mental deficiency, he c/o difficulty understanding/hearing

2. Is there history of muscle problems, joint problems, arthritis, false teeth, teeth problems, oral pain or discomfort? Yes No

Explain:

3. Is there history of pneumonia, hay fever, cough/sputum or tuberculosis? Yes No

Explain: *seasonal allergies*

4. Is there history of ulcer, throat problems, stomach pain, nausea/vomiting, liver problems, hernia, hepatitis, heartburn or gallbladder problems? Yes No

Explain: *acid reflux which is relieved with medication*

5. Is there history of hypertension, heart problems, diabetes, asthma or kidney disease? Yes No

Explain: *IDDM since 1.5 years old. He states he is a brittle diabetic.*

6. Is there history of cancer? Yes No

Explain:

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Medical History and Physical
Assessment with Mental Health



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/2/2015
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Explain:

7. Is there history of recent injury(s), D.T.'s, blood problems, anemia, syphilis, gonorrhea, HIV, lice or scabies, bladder infection, trouble voiding, eye problems or glaucoma? Yes No

Explain: wears glasses

8. Is there history of a special diet, medical appliance or any other problem not listed above? Yes No

Diets

** No Items Selected **

Appliances

** No Items Selected **

Immunization Status

Date of Last Tetanus: 2014

Other: none

Immunizations up to date? Yes No

PPD Status

Omm

Have you had a history of a past positive PPD? Yes No

Unexplained weight loss

Fever or chills

Night sweats

Chronic cough - lasting 3 weeks or longer

With bloody sputum Without bloody sputum

Smoker? Yes No

#per day

Vision (Snellen Chart)

Right: na With Glasses: na

Left: na With Glasses: na

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Medical History and Physical
 Assessment with Mental Health



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/2/2015
------------------------------	--------------------------	--------------------------	-------------------------	-----------------------------

Both: *na* With Glasses: *na*

Breast Exam: Normal Abnormal Deferred

Rectal Exam: Normal Abnormal Deferred

Testicular Exam: Normal Abnormal Deferred

Educational materials provided: Yes No

Oral hygiene instructions provided: Yes No

Dental Screening done: Yes No

Exam

Age: 25 Sex: *m* Race: *w*

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
06-02-2015 02:51 PM EST	114/80	81	18	98.20	97	181	25.2

1. SKIN: Normal Abnormal

Color Condition Turgor Edema

Explain: *dry skin. Reddened cheeks which he states he uses aloe for.*

2. HEENT: Normal Abnormal

a. Eyes: Normal Abnormal

Pupils Sclera Conjunctiva

Explain: *wears glasses*

b. Ears: Normal Abnormal

c. Head: Normal Abnormal

d. Mouth: Normal Abnormal

e. Nose: Normal Abnormal

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Medical History and Physical
 Assessment with Mental Health



Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/2/2015

e. Nose: Normal Abnormal

3. NECK: Normal Abnormal

4. CARDIOTHORACIC: Normal Abnormal

5. ABDOMEN: Normal Abnormal

6. MUSCULOSKELETAL: Normal Abnormal

7. NEURO / NODES: Normal Abnormal

Nodes Gait Sensory DTRs Other

Explain: *When BS high he has numbness*

Comments:

He has diabetic complications when his blood sugar is deviated

Suicide Potential Screening

1. Have you ever attempted suicide? Yes No

When? *2013*

How? *unable to remember how.*

2. Have you recently considered attempting suicide? Yes No

3. Note circumstances that increase suicide potential:

none

Psychiatric Screening

1. History of current psychotropic medication? Yes No

List:

2. History of psychiatric hospitalization? Yes No

When? *2012*

Where? *Martinsville mem. hosp, VA. WFBH, NC*

3. History of outpatient mental health treatment? Yes No

Piedmont Comm. Services, Martinsville, VA

4. History of substance abuse / treatments? (Include therapy and/or medications) Yes No

5. History of sex offense? Yes No

6. History of victimization? Yes No

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 Forsyth Co
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**Medical History and Physical
 Assessment with Mental Health**



<i>Patient Name</i> BRIAN D HILL	<i>Inmate Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/2/2015
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6. History of victimization? Yes No

7. History of violent behavior? Yes No

8. History of cerebral trauma or seizures? Yes No

9. Family Situation: Single Married Divorced Separated Widowed
 Family/Significant other supportive? Yes No

10. History of special education? Yes No

11. Education (highest grade completed): 12

12. Level of cognitive functioning: Above Average Average Below Average

13. Patient concerned with ability to cope? Yes No

Current Mental Status (check all that apply)

Orientation: Alert, Oriented Disoriented

Affect Appropriate Inappropriate Flat

Mood: Appropriate Depressed Terrified/crying Elated Angry

Speech: Appropriate Slurred Pressured Slowed Loud

Appearance: Neat & Clean Dirty Disheveled

Hallucinations: Visual Auditory Tactile Olfactory

Activity Behavior: Appropriate Unable to sit still Slow No eye contact

Thought Process: Logical Paranoid Does not make sense

Summary

No mental health problems

Mental health problems requiring routine follow-up

Chronic mental health problem
 Mental Illness Developmental disability Other
 Other:

Acute mental health problem
 Psychosis Suicidal Other
 Other:

Potential withdrawal from substance abuse

Disposition

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

**Medical History and Physical
Assessment with Mental Health**



Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/2/2015

Special Needs

- ** No Items Selected ****
- No mental health referral - Approved for General Population**
- Routine mental health referral - Approved for General Population**
- Mental health referral ASAP - Special Housing**
- Mental health referral ASAP - Suicide Precaution Procedure**
- Medical Monitoring for Potential Withdrawal**

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 Winston-Salem, NC 27101
 336-917-7677
 336-917-7677

Lab Results



Patient Name		Inmate Number	DOB	Age	Sex
HILL, BRIAN D		1908253	5/26/1990	25	M
LAB I.D. No.	Date Collected	Date Received	Date of Report	Lab Vendor	
15540931990^LAB	1/1/1753 12:00:00 AM	6/4/2015 4:58:00 PM	6/5/2015 11:42:00 AM	B0023318760	

Signed Electronically By Emma Aycoth On 6/7/2015 3:52:23 PM

Description	Results	Abnormal	Range	Units
CMP13+CP+2AC+CBC/DBI				
Glucose, Serum	47	L	65-99	mg/dL
Specimen received in contact with cells. No visible hemolysis present. However GLUC may be decreased and K increased. Clinical correlation indicated.				
BUN	14		6-20	mg/dL
Creatinine, Serum	1.02		0.76-1.27	mg/dL
eGFR If NonAfricn Am	102		>59	mL/min/1.73
eGFR If Africn Am	118		>59	mL/min/1.73
BUN/Creatinine Ratio	14		8-19	
Sodium, Serum	145	H	134-144	mmol/L
Potassium, Serum	3.6		3.5-5.2	mmol/L
Chloride, Serum	98		97-108	mmol/L
Carbon Dioxide, Total	27		18-29	mmol/L
Calcium, Serum	9.9		8.7-10.2	mg/dL
Protein, Total, Serum	7.7		6.0-8.5	g/dL
Albumin, Serum	4.8		3.5-5.5	g/dL
Globulin, Total	2.9		1.5-4.5	g/dL
A/G Ratio	1.7		1.1-2.5	
Bilirubin, Total	0.5		0.0-1.2	mg/dL
Bilirubin, Direct	0.18		0.00-0.40	mg/dL
Alkaline Phosphatase, S	88		39-117	IU/L
AST (SGOT)	15		0-40	IU/L
ALT (SGPT)	11		0-44	IU/L
Cholesterol, Total	130		100-199	mg/dL
Triglycerides	117		0-149	mg/dL
HDL Cholesterol	42		>39	mg/dL
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
VLDL Cholesterol Cal	23		5-40	mg/dL
LDL Cholesterol Calc	65		0-99	mg/dL

Description	Results	Abnormal	Range	Units
LDL/HDL Ratio	1.5		0.0-3.6	ratio units
LDL/HDL Ratio 1/2 Avg. Risk Men 1.0 Women 1.5 Avg. Risk 3.6 3.2 2X Avg. Risk 6.2 5.0 3X Avg. Risk 8.0 6.1				
WBC	10.9	H	3.4-10.8	x10E3/uL
RBC	5.84	H	4.14-5.80	x10E6/uL
Hemoglobin	17.8	H	12.6-17.7	g/dL
Hematocrit	51.2	H	37.5-51.0	%
MCV	88		79-97	fL
MCH	30.5		26.6-33.0	pg
MCHC	34.8		31.5-35.7	g/dL
RDW	13.1		12.3-15.4	%
Platelets	249		150-379	x10E3/uL
Neutrophils	49			%
Lymphs	38			%
Monocytes	10			%
Eos	2			%
Basos	1			%
Neutrophils (Absolute)	5.4		1.4-7.0	x10E3/uL
Lymphs (Absolute)	4.1	H	0.7-3.1	x10E3/uL
Monocytes(Absolute)	1.0	H	0.1-0.9	x10E3/uL
Eos (Absolute)	0.2		0.0-0.4	x10E3/uL
Baso (Absolute)	0.1		0.0-0.2	x10E3/uL
Immature Granulocytes	0			%
Immature Grans (Abs)	0.0		0.0-0.1	x10E3/uL
Hemoglobin A1c				
Hemoglobin A1c	9.5	H	4.8-5.6	%
Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0				

FORSYTH COUNTY HEALTH DEPARTMENT

799 Highland Avenue
Winston-Salem, NC 27101
336-703-3100

SYPHILIS LABORATORY SERVICES

POSSE
Forsyth County Jail
Forsyth County Youth Detention Center

Inmate Number: 138125

Date of Visit: 5/27/15

Name (Last, First): Hill, Brian

Address: 916 Chalmers St Apt D

SSN: HB0526901

Mayodan, NC 27027

DOB: 5-26-90 Age: 25

Phone: 276-632-2599

Race: W Sex: M

Nurse: KFad LN

FOR LABORATORY USE ONLY

15 MAY 28 2:01

Procedure Requested	RECEIVED JUN 02 2015 BY:NON-REACTIVE	Test Result:
TRUST - Syphilis Screening		Alan Rhoades, MD
Lab Number		15 MAY 29 7:35 mm
<u>605</u>		

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
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 336-917-7676



Initial Behavioral Health Evaluation			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 6/9/2015 6/10/15

Mental Health Treatment *Rayford Camuelie, Roanoke Virginia* **IK - suicidal**

Mental Health Outpatient Treatment Yes No Psychiatric Hospitalization Yes No

When/Where/Why *Bedmont Community Services Dec. 2013 - Martinsville Virginia*

Oct May 22, 2015 *shutunneel, Virginia*

Currently taking MH meds Yes No Provider: _____
 Pharmacy: _____
 Date Last Taken: _____
 Medications: _____

Prior MH Medication Yes No If Yes, list: *Clonidine, Risperdal*

Prior Diagnosis Yes No Unknown *Mild Autism, PTSD, OCD, GAD*

Prior MH Court Services Yes No Prior SSDI Yes No Prior Guardianship Yes No *SSDI - mhx diabetes Roberta Hillman 6/2013*

If Yes, list: _____

Past Self Harm/Suicide Attempts Yes No If Yes, detail method and dates:
Had suicidal thought of cutting self but did not bc he got an IK

Current Self Harm thoughts Yes No Specify: _____

Concern about ability to cope while incarcerated? Yes No

Current MH Issues Yes No Specify: _____

Clinical Observations _____

Substance Use History

Substance Use Yes No

Substance Used _____	Frequency of Use _____
Last Use _____	Typical Amount Used _____
Substance Used _____	Frequency of Use _____
Last Use _____	Typical Amount Used _____

Past Substance Abuse Treatment Yes No

Inpatient/Residential Treatment Yes No

Outpatient Treatment Yes No

Where: _____



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Initial Behavioral Health Evaluation			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990 Today's Date: 6/9/2015

6/10/15

Personal/Social History

Educational History (include special education): Home School
 Employment History: SSF
 Military History: NO
 Family Support/Support System Status: Robert Hill - mother (254) 232-2599
 First Arrest: Yes No
 Legal History: Dec. 2013 - picked up by Homeland Security from mental hosp
 Housing Status (prior to arrest) lived w/ mother
 History of Violent Behavior Yes No If Yes, detail: _____
 History of Sex Offense (perpetrating) Yes No If Yes, detail: Child Pornography
 History of Victimization Yes No If Yes, detail: _____
 History of Head Injury Yes No If Yes, detail: _____

Mental Status Exam

Sensorium: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented X 3 <input type="checkbox"/> Distractible <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Other _____	Behavior: <input type="checkbox"/> Calm <input type="checkbox"/> Agitated <input checked="" type="checkbox"/> Slowed <input type="checkbox"/> Other _____	Mood: <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Other _____	Thought Process: <input checked="" type="checkbox"/> Goal-Directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Associations <input type="checkbox"/> Tangential <input type="checkbox"/> Other _____	Thought Content: <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> SI <input type="checkbox"/> HI <input type="checkbox"/> Paranoid <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Other _____
Appearance: <input checked="" type="checkbox"/> Well kept <input type="checkbox"/> Self-neglect <input type="checkbox"/> Other _____	Speech: <input checked="" type="checkbox"/> Clear/Coherent <input type="checkbox"/> Spontaneous <input type="checkbox"/> Pressured <input type="checkbox"/> Poverty <input type="checkbox"/> Other _____	Affect: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input checked="" type="checkbox"/> Other <u>Guarded</u>	Memory: <input checked="" type="checkbox"/> Recent Intact <input checked="" type="checkbox"/> Remote Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Other _____	Cognitive Estimate: <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low

Comments

Been incarcerated since May 21, 2015.

Plan

Refer to MH Special Needs Refer to Psychiatry
 Initiate Suicide Watch Protocol Follow up by MH on _____ (date)
 Refer to Discharge Planner MH follow-up PRN; patient educated on how to request services
 Release of Information completed for: _____
 Provide educational material, specify: _____
 Refer to Medical for: _____
 Other: _____

Brian W. Moore, MD
 Signature

6/10/15
 Date/Time



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

**Self Harm Watch/
 Mental Health Observation
 Initial Assessment**



Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date 6/15/2015
--------------------------------------	----------------------------------	---------------------------------	-----------------------------------	----------------------------------

Type of Watch: Self-Harm Watch MH Observation **Frequency:** Close Obs 15/min
Watch Initiated By:
 MH Staff
 Medical Staff
 Security Staff

Reason for watch: Ideation Plan Act Decompensation Other _____
 Describe events leading to watch: He's like he is being singled out and medical is not providing appropriate. The government is mistreating him and holding him against his will.

Mental Status:

Sensorium: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented x 3 <input type="checkbox"/> Distractable <input type="checkbox"/> Poor concentration <input type="checkbox"/> Other _____	Behavior: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Other _____	Mood: <input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Other _____	Thought Process: <input type="checkbox"/> Goal-Directed <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Loose Associations <input type="checkbox"/> Tangential <input type="checkbox"/> Other _____	Thought Content: <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicidal <input checked="" type="checkbox"/> Paranoid <input type="checkbox"/> Hallucinations <input checked="" type="checkbox"/> Delusions <input type="checkbox"/> Other _____
Appearance: <input checked="" type="checkbox"/> Well kept <input type="checkbox"/> Self-neglect <input type="checkbox"/> Other _____	Speech: <input checked="" type="checkbox"/> Clear/Coherent <input type="checkbox"/> Spontaneous <input type="checkbox"/> Pressured <input type="checkbox"/> Poverty <input type="checkbox"/> Other _____	Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Other _____	Memory: <input checked="" type="checkbox"/> Recent Intact <input type="checkbox"/> Remote Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Other _____	Cognitive Estimate: <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low

Medication: Yes No **Compliant:** Yes No N/A

Is client able to verbalize a willingness to work on maintaining safety? Yes No If yes, note below.

Describe client's plan to maintain safety and cope with issues that lead to placement on watch: It stated that the court was held about husband saying that he would never hurt a child. It stated that he has a heart condition (diabetes). It stated that medical is not treating him correctly. It stated that heart alone will not ever cure and it needs surgery. It stated that medical is his problem.

Plan:

Follow up daily while on watch
 Refer to Psychiatry
 Refer for Special Needs Program
 Consult with MH Supervisor
 Complete Acute Treatment Plan
 Release from Watch Status: MH FAU @ 24 hrs post-release, 7 days post-release, 30 days post-release
 Other: _____

Recommendations:

Housing: small down
 Clothes: Regular Safety Smock
 Food: Regular Tray Finger food
 Sharps: No Restrictions Some Restrictions: _____
 No Sharps allowed
 Property: According to Unit rules
 Restrictions: _____

Shirley Green MHP
 Signature

6/15/15 11:20am
 Date & Time



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Cold/Allergy Symptoms
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/4/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	6/4/2015
Time of Visit	1130
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	white

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM

SUBJECTIVE

Date of Onset	6/4/2015
Time of Onset	1130
	<input type="radio"/> New Onset <input checked="" type="radio"/> Chronic Complaint
Duration (Chronic)	several years

Medical History	<input type="checkbox"/> None
<input type="checkbox"/> Hospitalizations	

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Cold/Allergy Symptoms
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/4/2015
-------------------------------------	----------------------------------	---------------------------------	--------------------------------	------------------------------------

<input type="checkbox"/> Hospitalizations <input type="checkbox"/> Pneumonia <input type="checkbox"/> Recent cold <input checked="" type="checkbox"/> Sinus Problems <input checked="" type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Seizure Disorder

Surgical History	<input checked="" type="checkbox"/> None
-------------------------	--

Social History	<input checked="" type="checkbox"/> None
-----------------------	--

Symptoms	<input type="checkbox"/> None
<input type="checkbox"/> Pain Rating ____/10 Location <input type="checkbox"/> Red/Itchy Eyes <input type="checkbox"/> Watery Eyes <input type="checkbox"/> Stuffy Nose <input checked="" type="checkbox"/> Post Nasal Drip <input type="checkbox"/> Runny Nose <input type="checkbox"/> Sneezing <input type="checkbox"/> Sore Throat <input type="checkbox"/> Hoarse Voice <input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Earache <input type="checkbox"/> Shortness of Breath	

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Cold/Allergy Symptoms
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/4/2015
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Earache

Shortness of Breath

Fever

Night Sweats

Stiff Neck

Achy

Headache

General Malaise

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
06-04-2015 11:31 AM EST	116/76	78	16	98.20	98	179	25

AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

RESPIRATIONS Normal Rapid Labored Shallow Deep Accessory muscle use

LUNG SOUNDS LEFT Clear Rales Wheezing Diminished Rhonchi

LUNG SOUNDS RIGHT Clear Rales Wheezing Diminished Rhonchi

COLOR Pink Pallor Flushed

SKIN Warm Dry Cool Moist/Clammy Diaphoretic

NASAL DRAINAGE None

Post Nasal

Clear

Yellow

Green

White

Forsyth County Detention Center
 Forsyth Co
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Cold/Allergy Symptoms
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/4/2015
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White
 Blood-tinged
 Other

THROAT Normal Red Swelling White Patchy Swollen throat

GENERAL EXAM

Facial Swelling
 Red Nasal Mucosa
 Swollen Nasal Mucosa
 Enlarged lymph nodes
 Ear Inflammation
 Ear Drainage:

Describe

Pain w/pressure on forehead/cheeks

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

Respiratory distress, i.e. difficulty breathing, cyanosis, retractions, nasal flaring with SPO2<92%

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- SBP<100. Pulse>100, Temp>100
- Severe headache
- Swollen lymph nodes
- Swollen, red, patchy throat
- Yellow/green/blood tinged sputum/nasal drainage
- Wheezing, rales, or diminished breath sounds
- Shortness of breath with obvious distress
- TB symptoms, persistent and productive cough, night sweats, weight loss

Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/4/2015
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- Shortness of breath with obvious distress
- TB symptoms, persistent and productive cough, night sweats, weight loss
- Cough at night associated with SOB
- Pulmonary congestion
- Asthma exacerbation

Routine

Data collection that does not trigger emergent/urgent intervention
 If condition deteriorates consider upgrade to urgent or emergent

- Mild headache, normal lung sounds, clear sputum, clear nasal drainage

Emergent Interventions Urgent Interventions **Routine Interventions**

Emergent Interventions

- Immediate evaluation by the HCP
 - If EMS activated reassess every 5 minutes until EMS arrival.
 - Additional interventions as ordered
- Consider Oxygen IV Fluids CPR AED

Urgent Interventions

- Contact HCP using SBAR format
- Additional interventions as ordered
- Instruct per Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Reassure patient
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Reassure patient
- Instruct patient to increase fluid intake to 48-64 ounces daily
- Instruct patient on salt water gargles for throat discomfort
- Instruct patient that application of warm wet towel, hot shower, etc. will increase comfort through exposure

Forsyth County Detention Center
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**Cold/Allergy Symptoms
 Nursing Documentation Pathway**



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/4/2015
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- Instruct patient that application of warm wet towel, hot shower, etc. will increase comfort through exposure to high humidity
- Instruct per Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 06/04/2015 11:34 AM EST by acook LPN

Patient advises that he takes OTC Claritan at home and he has been experiencing sneezing, coughing and runny nose due to his allergies. Patient will be r/t provider for additional interventions.

Scheduled Follow-up

- None - resolved
 - Provider
 - Behavioral Health
 - Nursing
 - Referral to
- Referral to
- Other (provide detail)
- Provide detail

Refusals

- Refusal form signed
- Referred to HCP
- No further action required

Use Progress Note for additional documentation

NUR NDP06 This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Forsyth County Detention Center
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Gastrointestinal Complaints
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/22/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	6/22/2015
Time of Visit	1239
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	white

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM

SUBJECTIVE

Date of Onset	6/22/2015
Time of Onset	1239
	<input checked="" type="radio"/> New Onset <input type="radio"/> Chronic Complaint
Duration (Chronic)	

Medical History	<input checked="" type="checkbox"/> None
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Forsyth County Detention Center
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Gastrointestinal Complaints
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/22/2015
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Surgical History None

Social History None

Family History None

Symptoms None

Pain Rating
 ___ /10

Location

Constipation

Flatulence

Fever

Nausea

Generalized Aches

Emesis

Stool

Blood in stools

Hemorrhoids

Vertigo

Chills

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
06-22-2015 12:40 PM EST	112/74	74	16	98.10	97	-	-

AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

COLOR Pink Pallor Flushed Jaundiced CYANOTIC

SKIN Warm Dry Cool Moist/Clammy Diaphoretic

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Gastrointestinal Complaints
Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/22/2015
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SKIN Warm Dry Cool Moist/Clammy Diaphoretic

SKIN TURGOR Normal Decreased

ABDOMINAL EXAM Soft RIGID Flat Distended Pain on Palpation

BOWEL SOUNDS
 Present

 Normoactive
 RUQ LUQ RLQ LLQ
 Hyperactive
 RUQ LUQ RLQ LLQ
 Hypoactive
 RUQ LUQ RLQ LLQ

 ABSENT

STOOL

 Normal
 Tarry
 Melena
 Discolored
 Hemocult
 Positive Negative

EMESIS

 Clear
 Yellow/Green (bile)
 Undigested food particles
 "COFFEE GROUNDS"
 BRIGHT RED
 Gastrocult
 Positive Negative

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Gastrointestinal Complaints
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/22/2015
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Positive Negative

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

- Active bleeding
- Rigid abdomen or rebound tenderness
- Absent bowel sounds
- Bright red or "coffee ground" emesis (observed)
- >6 emesis in 24 hours
- SBP <100, Pulse >100, Temp >100

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- Chronic constipation
- Constipation is sudden and unexplained
- Abdominal distention and tenderness present with emesis
- Constipation alternating with diarrhea/bloody stools
- Diarrhea associated with dehydration and temperature >100
- Dyspepsia not relieved by liquid antacid
- Nausea and Vomiting
- Symptoms present for 48 hours
- Pregnancy
- Anal warts or fissures
- Protruding hemorrhoid
- Suspected or +STD, signs and symptoms indicative of infection

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

Dyspepsia

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Gastrointestinal Complaints
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/22/2015
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Dyspepsia
 Diarrhea

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

- Immediate evaluation by the HCP
 - If EMS activated reassess every 5 minutes until EMS arrival.
 - Additional interventions as ordered by Provider
- Consider Oxygen IV Fluids CPR AED

Urgent Interventions

- Contact HCP using SBAR format
- Consider IV Fluids
- Additional interventions as ordered
 - Instruct per Education Fact Sheet
 - Instructed to contact medical if symptoms reoccur
 - Reassure patient
 - Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Increase water intake to 6-8 glasses daily
- Clear liquid diet for 48 hours for diarrhea
- Loperamide 4mg po x 1 for diarrhea occurring more than once every 2 hours
- Warm compresses for hemorrhoidal discomfort
- Diet instruction related to symptomology: •Increased fiber, avoid caffeine, high fat snacks, meals before going to bed
- Increase activity level
- Avoid straining
- Liquid antacid 30 cc po x 1 for dyspepsia (contact HCP for patient in renal failure)
- Additional interventions as ordered
- Instruct per Education Fact Sheet

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Gastrointestinal Complaints
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/22/2015
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Instruct per Education Fact Sheet

Instructed to contact medical if symptoms reoccur

Reassure patient

Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Scheduled Follow-up

None - resolved

Provider

Behavioral Health

Nursing

Referral to

Referral to

Other (provide detail)

Provide detail

Refusals

Refusal form signed

Referred to HCP

No further action required

Use Progress Note for additional documentation

NUR NDP13 *This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.*

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/30/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	5/30/2015
Time of Visit	0952
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	Caucasian

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	5/27/2015 10:00:00 PM	6/3/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM

SUBJECTIVE

Date of Onset	5/30/2015
Time of Onset	0952
	<input type="radio"/> New Onset <input checked="" type="radio"/> Chronic Complaint
Duration (Chronic)	Juvenile

Medical History	<input type="checkbox"/> None
<input checked="" type="checkbox"/> History of diabetes	

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/30/2015
-------------------------------------	----------------------------------	---------------------------------	--------------------------------	-------------------------------------

History of diabetes

Age at onset *Juvenile*

Hospitalizations

Hypertension

Heart Disease

Dyslipidemia

Asthma

Seizure Disorder

Recent Infection

Insulin Pump

Frequent DKA

Last Meal

Type

Amount Eaten

Surgical History **None**

Social History **None**

Symptoms **None**

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
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AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

FINGERSTICK 446

Fasting Non-fasting

COLOR Pink Pallor Flushed

SKIN Warm Dry Cool Moist/Clammy Diaphoretic

NEURO EXAM

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Forsyth Co
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Hyperglycemia
Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/30/2015
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NEURO EXAM

- PERRLA
- PUPILS UNEQUAL
- Moves all extremities
- Normal gait
- Oriented
 - Time
 - Place
 - Person
- No abnormalities

RESPIRATIONS

- Normal Rapid Labored Shallow Deep

URINE DIPSTICK

- Specific Gravity
- Protein
- Glucose
- Leukocytes
- Nitrates
- Blood
- Ketones
- Other

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

- Any Neuro deficit i.e.; unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial asymmetry, disorientation
- Ketone (fruity) odor of breath
- Inability to obtain a numerical fingerstick reading with decreasing level of consciousness

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/30/2015
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Inability to obtain a numerical fingerstick reading with decreasing level of consciousness

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- Intractable nausea and vomiting
- Signs & Symptoms of dehydration i.e. dry tongue, sunken eye balls, dry skin, increased thirst, decrease urine output, concentrated urine, body weakness, inability to sweat, dizziness
- + Ketones per urine dipstick
- >300 blood glucose for undiagnosed diabetic

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- FS >350 for known diabetic
- FS >180 for unknown diabetic

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

- Immediate evaluation by the HCP
- If EMS activated reassess every 5 minutes until EMS arrival.
- Additional interventions as ordered

Consider Oxygen IV Fluids

Urgent Interventions

- Contact HCP using SBAR format
- Undiagnosed Diabetic
 - >300 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Push oral fluids; if unable to tolerate oral fluids consider IV fluids
 - Schedule fingersticks BID x 7 days with HCP follow-up within 7 days

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/30/2015
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- Schedule fingersticks BID x 7 days with HCP follow-up within 7 days
- Additional interventions as ordered
- Instruct per Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Reassure patient
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Known Diabetic**
 - >350 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Instruct patient to increase fluids (48-64 ounces daily) and monitor caloric intake. Follow facility procedure for notifying dietary about monitoring caloric intake
 - Consider housing change if necessary/able to monitor caloric intake
 - Monitor for rebound hypoglycemia or recurrent hyperglycemia
- Undiagnosed Diabetic**
 - >180 fingerstick glucose:
 - Schedule fingersticks BID x 7 days
 - Schedule for HCP follow-up within 7 days
 - Instruct per Education Fact Sheet
 - Instructed to contact medical if symptoms reoccur
 - Reassure patient
 - Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 05/30/2015 10:22 AM EST by mgaines RN
 Given Insulin per orders.

Scheduled Follow-up

- None - resolved

Forsyth County Detention Center
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Hyperglycemia
Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/30/2015

None - resolved

Provider

Behavioral Health

Nursing

Referral to
Referral to

Other (provide detail)
Provide detail

Refusals

Refusal form signed

Referred to HCP for repeat refusal

No further action required

Use Progress Note for additional documentation

NUR NDP16

This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

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 Forsyth Co
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 Winston-Salem, NC 27101

Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	5/28/2015
Time of Visit	2220
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	white

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	5/27/2015 10:00:00 PM	6/3/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM

SUBJECTIVE

Date of Onset	5/28/2015
Time of Onset	2200
	<input checked="" type="radio"/> New Onset <input type="radio"/> Chronic Complaint
Duration (Chronic)	

Medical History None

History of diabetes

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 Forsyth Co
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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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History of diabetes
 Age at onset _____ as a child

Hospitalizations

Hypertension

Heart Disease

Dyslipidemia

Asthma

Seizure Disorder

Recent Infection

Insulin Pump

Frequent DKA

Last Meal
 Type _____ Dinner
 Amount Eaten _____ 100%

Surgical History **None**

Social History **None**

Symptoms **None**

Pain Rating
 ____/10

Location

Excess urination

Increased thirst

Nausea

Vomiting

Weight loss

Amount

Fatigue, lethargy

Weakness

Headaches

Blurry vision

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Hyperglycemia
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/28/2015
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Blurry vision
 Dizziness
 Nervousness
 Tremulousness

OBJECTIVE

Patient Vitals:

<i>Observed Date</i>	<i>Blood Pressure</i>	<i>Pulse</i>	<i>Resp. Rate</i>	<i>Temp</i>	<i>Pulse Ox</i>	<i>Weight</i>	<i>BMI</i>
05-28-2015 10:20 PM EST	120/70	84	16	-	98	-	-

AVPU *Alert* *Responds to Voice* *Responds to Pain* *UNRESPONSIVE*

FINGERSTICK 210
 Fasting *Non-fasting*

COLOR *Pink* *Pallor* *Flushed*

SKIN *Warm* *Dry* *Cool* *Moist/Clammy* *Diaphoretic*

NEURO EXAM

PERRLA
 PUPILS UNEQUAL
 Moves all extremities
 Normal gait
 Oriented
 Time
 Place
 Person
 No abnormalities

RESPIRATIONS *Normal* *Rapid* *Labored* *Shallow* *Deep*

URINE DIPSTICK

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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URINE DIPSTICK

- Specific Gravity
- Protein
- Glucose
- Leukocytes
- Nitrates
- Blood
- Ketones
- Other

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

- Any Neuro deficit i.e.; unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial asymmetry, disorientation
- Ketone (fruity) odor of breath
- Inability to obtain a numerical fingerstick reading with decreasing level of consciousness

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- Intractable nausea and vomiting
- Signs & Symptoms of dehydration i.e. dry tongue, sunken eye balls, dry skin, increased thirst, decrease urine output, concentrated urine, body weakness, inability to sweat, dizziness
- + Ketones per urine dipstick
- >300 blood glucose for undiagnosed diabetic

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- FS > 350 for known diabetic

Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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if condition deteriorates consider upgrade to urgent or emergent

- FS >350 for known diabetic
- FS >180 for unknown diabetic

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

- Immediate evaluation by the HCP
- If EMS activated reassess every 5 minutes until EMS arrival.
- Additional interventions as ordered
- Consider Oxygen IV Fluids

Urgent Interventions

- Contact HCP using SBAR format
- Undiagnosed Diabetic
 - >300 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Push oral fluids; if unable to tolerate oral fluids consider IV fluids
 - Schedule fingersticks BID x 7 days with HCP follow-up within 7 days
- Additional interventions as ordered
- Instruct per Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Reassure patient
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Known Diabetic
 - >350 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Instruct patient to increase fluids (48-64 ounces daily) and monitor caloric intake. Follow facility procedure for notifying dietary about monitoring caloric intake.

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/28/2015

Instruct patient to increase fluids (48-64 ounces daily) and monitor caloric intake. Follow facility procedure for notifying dietary about monitoring caloric intake
 Consider housing change if necessary/able to monitor caloric intake
 Monitor for rebound hypoglycemia or recurrent hyperglycemia
 Undiagnosed Diabetic
 >180 fingerstick glucose:
 Schedule fingersticks BID x 7 days
 Schedule for HCP follow-up within 7 days
 Instruct per Education Fact Sheet
 Instructed to contact medical if symptoms reoccur
 Reassure patient
 Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 05/28/2015 11:44 PM EST by jdouthit RN

Patient has a HS dose of insulin scheduled and Med Tech on post for that administration

Scheduled Follow-up

None - resolved
 Provider
 Behavioral Health
 Nursing
 Referral to
 Referral to
 Other (provide detail)
 Provide detail

Refusals

Refusal form signed
 Referred to HCP for repeat refusal
 No further action required

Forsyth County Detention Center
Forsyth Co
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Hyperglycemia
Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/28/2015

No further action required

Use Progress Note for additional documentation

NUR NDP16

This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	5/28/2015
Time of Visit	0920
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	White

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	5/27/2015 10:00:00 PM	6/3/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM

SUBJECTIVE

Date of Onset	5/28/2015
Time of Onset	0920
	<input type="radio"/> New Onset <input checked="" type="radio"/> Chronic Complaint
Duration (Chronic)	PMH- DM

Medical History	<input type="checkbox"/> None
	<input checked="" type="checkbox"/> History of diabetes

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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History of diabetes

Age at onset *unknown*

Hospitalizations

Hypertension

Heart Disease

Dyslipidemia

Asthma

Seizure Disorder

Recent Infection

Insulin Pump

Frequent DKA

Last Meal

Type

Amount Eaten

Surgical History **None**

Social History **None**

Symptoms **None**

Pain Rating
 ____/10

Location

Excess urination

Increased thirst

Nausea

Vomiting

Weight loss

Amount

Fatigue, lethargy

Weakness

Headaches

Blurry vision

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Hyperglycemia
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/28/2015
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Blurry vision
 Dizziness
 Nervousness
 Tremulousness

OBJECTIVE

Patient Vitals:

<i>Observed Date</i>	<i>Blood Pressure</i>	<i>Pulse</i>	<i>Resp. Rate</i>	<i>Temp</i>	<i>Pulse Ox</i>	<i>Weight</i>	<i>BMI</i>
05-28-2015 09:36 AM EST	-	-	16	-	-	-	-

AVPU *Alert* *Responds to Voice* *Responds to Pain* *UNRESPONSIVE*

FINGERSTICK 343
 Fasting *Non-fasting*

COLOR *Pink* *Pallor* *Flushed*

SKIN *Warm* *Dry* *Cool* *Moist/Clammy* *Diaphoretic*

NEURO EXAM

PERRLA
 PUPILS UNEQUAL
 Moves all extremities
 Normal gait
 Oriented
 Time
 Place
 Person
 No abnormalities

RESPIRATIONS *Normal* *Rapid* *Labored* *Shallow* *Deep*

URINE DIPSTICK

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Hyperglycemia
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/28/2015
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URINE DIPSTICK

- Specific Gravity
- Protein
- Glucose
- Leukocytes
- Nitrates
- Blood
- Ketones
- Other

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

- Any Neuro deficit i.e.; unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial asymmetry, disorientation
- Ketone (fruity) odor of breath
- Inability to obtain a numerical fingerstick reading with decreasing level of consciousness

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- Intractable nausea and vomiting
- Signs & Symptoms of dehydration i.e. dry tongue, sunken eye balls, dry skin, increased thirst, decrease urine output, concentrated urine, body weakness, inability to sweat, dizziness
- + Ketones per urine dipstick
- >300 blood glucose for undiagnosed diabetic

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- FS > 250 for known diabetic

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/28/2015

if condition deteriorates consider upgrade to urgent or emergent

- FS >350 for known diabetic
- FS >180 for unknown diabetic

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

- Immediate evaluation by the HCP
- If EMS activated reassess every 5 minutes until EMS arrival.
- Additional interventions as ordered

Consider Oxygen IV Fluids

Urgent Interventions

- Contact HCP using SBAR format
- Undiagnosed Diabetic
 - >300 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Push oral fluids; if unable to tolerate oral fluids consider IV fluids
 - Schedule fingersticks BID x 7 days with HCP follow-up within 7 days
- Additional interventions as ordered
- Instruct per Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Reassure patient
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Known Diabetic
 - >350 fingerstick glucose:
 - Notify HCP if positive for ketones
 - Negative ketones
 - Instruct patient to increase fluids (48-64 ounces daily) and monitor caloric intake. Follow facility procedure for notifying dietary about monitoring caloric intake.

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Hyperglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/28/2015
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Instruct patient to increase fluids (48-64 ounces daily) and monitor caloric intake. Follow facility procedure for notifying dietary about monitoring caloric intake
 Consider housing change if necessary/able to monitor caloric intake
 Monitor for rebound hypoglycemia or recurrent hyperglycemia
 Undiagnosed Diabetic
 >180 fingerstick glucose:
 Schedule fingersticks BID x 7 days
 Schedule for HCP follow-up within 7 days
 Instruct per Education Fact Sheet
 Instructed to contact medical if symptoms reoccur
 Reassure patient
 Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 05/28/2015 09:38 AM EST by mcomatzer RN

Already has SSI insulin schedule for this med pass. Med cart will be to IM's floor in less than 30 minutes. insulin will be given at that time

Scheduled Follow-up

None - resolved
 Provider
 Behavioral Health
 Nursing
 Referral to
 Referral to
 Other (provide detail)
 Provide detail

Refusals

Refusal form signed
 Referred to HCP for repeat refusal
 No further action required

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Hyperglycemia
Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/28/2015

No further action required

Use Progress Note for additional documentation

NUR NDP16

This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

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Hypoglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/25/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	6/25/2015
Time of Visit	0445
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	White

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM
Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 mL oral suspension	30.00 milliliter	Forsyth Co Facility: TID AM PM & HS - Worker	6/22/2015 5:00:00 PM	7/22/2015 4:59:00 PM

SUBJECTIVE

Date of Onset	6/25/2015
Time of Onset	0440
	<input checked="" type="radio"/> New Onset <input type="radio"/> Chronic Complaint
Duration (Chronic)	

Medical History	<input type="checkbox"/> None
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Hypoglycemia
Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Inmate Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/25/2015
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Medical History *None*

History of diabetes

Age at onset

Hospitalizations

Recent Infection

Insulin Pump

Last Meal

Type

Amount Eaten

Surgical History *None*

List significant

Family History *None*

Hypertension

Diabetes

Heart Disease

Social History *None*

Tobacco Use

Drug Use

Alcohol Use

Symptoms *None*

Pain Rating

_____/10

Location

Diaphoresis

Palpitations

Nervousness

Hunger

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Hypoglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/25/2015
-------------------------------------	---------------------------------	---------------------------------	--------------------------------	-------------------------------------

Nervousness

Hunger

Headache

Confusion

Dizziness

Weakness

Tremulousness

Slurred Speech

Change in personality

Combative behavior

Double vision

Drowsiness

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
---------------	----------------	-------	------------	------	----------	--------	-----

AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

FINGERSTICK 37
 Fasting Non-fasting

RESPIRATIONS Normal Rapid Labored Shallow Deep

COLOR Pink Pallor Flushed CYANOTIC

SKIN Warm Dry Cool Moist/Clammy Diaphoretic

SKIN TURGOR Normal Decreased

NEURO EXAM

PERRLA

PUPILS UNEQUAL

Moves all extremities

Normal gait

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Hypoglycemia
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/25/2015
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- Normal gait
- Oriented
 - Time
 - Place
 - Person
- No abnormalities

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

- Any Neuro deficit: unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial asymmetry, disorientation, lethargy, unresponsive
- Glucose <40 with symptoms
- Tachypnea (RR>20) and/or hypotensive (SBP <100)
- Any change in dizziness from mild to severe

Urgent Not Urgent - evaluate for Routine

If condition deteriorates consider upgrade to emergent

- Glucose 41-69 with symptoms
- Intractable nausea and vomiting
- Signs & Symptoms of dehydration i.e.-dry tongue, sunken eye balls, dry skin, increased thirst, decrease urine output, concentrated urine, body weakness, inability to sweat, dizziness

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- Glucose >70 alert, oriented, and otherwise asymptomatic

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

Patient Name BRIAN D HILL	Inmate Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/25/2015
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- Immediate evaluation by the HCP**
- If EMS activated reassess every 5 minutes until EMS arrival.**
- Additional interventions as ordered**
- Administer Oxygen at 4 LPM via NC**

OR

- Administer Oxygen at 6 LPM via simple mask**
- If unable to swallow administer Glucagon 1mg IM x1**
- Recheck Finger stick 5 min after glucagon administration**
- Initiate IV if possible**
- Administer 5% Dextrose IV at KVO rate**

Consider CPR AED

Urgent Interventions

- Contact HCP using SBAR format**
- If able to tolerate po, give 4 ounces of juice with snack or glucose gel and recheck in 30 minutes**
- If unable to tolerate po notify HCP and consider glucagon**
- Additional interventions as ordered**

Consider Oxygen IV Fluids

- Instruct per Education Fact Sheet**
- Instructed to contact medical if symptoms reoccur**
- Reassure patient**
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up**

Routine Interventions

- Give 4 ounces of juice with snack or glucose gel and recheck in 30 minutes**
- If recheck fingerstick is >70 and patient is asymptomatic monitor in department until patient eats a regular meal and recheck fingerstick 20 minutes after meal**
- If glucose remains >70 return patient to housing area.**
- Notify HCP if patient has more than one episode of hypoglycemia in a week**
- Instruct per Education Fact Sheet**
- Instructed to contact medical if symptoms reoccur**
- Reassure patient**

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Hypoglycemia
 Nursing Documentation Pathway



Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/25/2015

- Reassure patient
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 06/25/2015 07:26 AM EST by aimcooper RN

S-Charge call for inmate being unresponsive. O-Inmate's blood sugar was 37. Inmate was given two tubes of oral glucose and then two orange juices. Inmate's blood sugar came up to 80. Inmate is alert and oriented. Denies any complaints at this time. A-Knowledge deficit. P-Dr. Rhoades notified and is scheduled to see him this morning per Dr. Rhoades.

Scheduled Follow-up

- None - resolved
 - Provider
 - Behavioral Health
 - Nursing
 - Referral to
- Referral to
- Other (provide detail)

Provide detail

Refusals

- Refusal form signed
- Referred to HCP
- No further action required

Use Progress Note for additional documentation

NUR NDP18 This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

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Musculoskeletal
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	6/1/2015
Time of Visit	1245
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	white

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	5/27/2015 10:00:00 PM	6/3/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	0.00 unit	Forsyth Co Facility: Diabetic HS	6/4/2015 10:00:00 PM	6/27/2015 9:59:00 PM
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM

SUBJECTIVE

Date of Onset	6/1/2015
Time of Onset	1246
	<input checked="" type="radio"/> New Onset <input type="radio"/> Chronic Complaint
Duration (Chronic)	

Medical History	<input checked="" type="checkbox"/> None
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Musculoskeletal
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Surgical History None

Social History None

Symptoms None

OBJECTIVE

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
06-01-2015 12:46 PM EST				98.30			

AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

COLOR Pink Pallor Flushed CYANOTIC

SKIN Warm Dry Cool Moist/Clammy Diaphoretic

SKIN TURGOR Normal Decreased

TISSUE PERFUSION <2 sec >2 sec

NEURO/VASCULAR EXAM

Pain

Pallor

Pulselessness

Location

Paresthesia

Location

Edema

Location

PHYSICAL EXAM

Edema

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 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/1/2015
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Edema
 Swelling
 Redness
 Contusions
 Ecchymosis
 Bleeding
 Tender to Touch
 Guarding
 Muscle Spasms
 Abnormal Gait
 Loss of bladder control
 Extremity Weakness
 Impaired Range of Motion
 Describe
 Evidence of Injury
 Describe

URINE DIPSTICK

Specific Gravity
 Protein
 Glucose
 Leukocytes
 Nitrates
 Blood
 Ketones
 Other

Emergent Not Emergent - evaluate for Urgent

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

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Musculoskeletal
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Time Provider Notified

Time EMS Activated

- Amputation full, ear, nose, finger, toe, and/or extremity**
- Amputation, partial**

Urgent **Not Urgent - evaluate for Routine**

If condition deteriorates consider upgrade to emergent

- SBP <100, Pulse >100**
- Edema, swelling, discoloration**
- Loss of sensation, numbness or severe pain**
- Loss of bowel/bladder control**
- Foot Drop/weakness**
- Inflamed joint**
- Urine + for protein and discolored brown or red**

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- Minimal restrictions in range of motion**
- Back pain, non-specific**

Emergent Interventions **Urgent Interventions** **Routine Interventions**

Emergent Interventions

- Immediate evaluation by the HCP**
- Amputation, full-control bleeding, elevate the limb, wrap the severed part in moistened sterile dressing, preserving all amputated material, place the severed part in a watertight container (plastic bag) on ice**
- Amputation, partial – control bleeding, wrap wound in saline soaked dressing**
- Apply sterile, pressure dressing, if applicable**
- Assess and record ABC's, neurological status, and vital signs every five (5) minutes until EMS arrival or until the HCP provides other direction**
- If spinal injury suspected, hard c-collar placed on patient and EMS activated. Hold in-line cervical traction while applying a hard cervical collar.**

Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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If spinal injury suspected, hard c-collar placed on patient and EMS activated. Hold in-line cervical traction while applying a hard cervical collar.

If penetrating injury, do NOT remove object.

While awaiting EMS arrival keep the patient flat and maintain c-spine immobilization until EMS arrival

If EMS activated reassess every 5 minutes until EMS arrival.

Additional interventions as Ordered

Consider Oxygen IV Fluids CPR AED

Urgent Interventions

Contact HCP using SBAR format

Acetaminophen 650mg po BID x 2 days for severe pain. If patient has documented allergy to acetaminophen provide ibuprofen 200mg po BID x 2 days for severe pain

Additional interventions as ordered

Consider Oxygen IV Fluids

Instruct per Education Fact Sheet

Instructed to contact medical if symptoms reoccur

Reassure patient

Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

Acetaminophen 650mg po BID x 2 days for severe pain. If patient has documented allergy to acetaminophen provide ibuprofen 200mg po BID x 2 days for severe pain

Advise reduction in activity but do not advise bed rest

Instruction regarding proper lifting techniques, posture and body mechanics demonstrated and/or given

Cold or warm packs based on type and age of injury/strain

Splint as indicated

Provide a temporary activity restriction or assistive device (cane, crutches) as necessary.

Notify custody of restrictions and/or assistive devices.

Instruct per Education Fact Sheet

Instructed to contact medical if symptoms reoccur

Reassure patient

Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

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**Musculoskeletal
Nursing Documentation Pathway**



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/1/2015
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Additional Documentation

Added 06/01/2015 12:49 PM EST by acook LPN

Patient advises that he stumped his pinky toe on his right foot a couple of days ago and it is still sore.

Scheduled Follow-up

None - resolved
 Provider
 Behavioral Health
 Nursing
 Referral to
Referral to
 Other (provide detail)
Provide detail

Refusals

Refusal form signed
 Referred to HCP
 No further action required

Use Progress Note for additional documentation

NUR NDP20 *This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.*

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Skin Problems
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/16/2015
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This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.

Date of Visit	6/16/2015
Time of Visit	0855
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race	White

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Current Medications

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM

SUBJECTIVE

Date of Onset	6/15/2015
Time of Onset	0000
	<input checked="" type="radio"/> New Onset <input type="radio"/> Chronic Complaint
Duration (Chronic)	
Makes Better	<input checked="" type="checkbox"/> Lotion <input type="checkbox"/> Cool water
Makes Worse	washing and a high blood sugar

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC27101

Skin Problems
 Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/16/2015

... ..

Medical History None

- Hospitalizations
- Herpes
- HIV+
- Lupus
- PVD
- MRSA Infection
- Chicken Pox
- Bum Injury
- Acne
- Shave Bumps
- Hypertension
- Diabetes
- Heart Disease
- Dyslipidemia
- Asthma
- Seizure Disorder

Surgical History None

Social History None

Symptoms None

- Pain Rating
 ___/10
- Location
- Fever
- Malaise
- Itching
- Burning
- Pustules

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Skin Problems
 Nursing Documentation Pathway



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/16/2015
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Pustules
 Blisters
 Cracking
 Swelling
 White/Patchy
 Flaking
 Lice/Scabies/Nits
 Weeping
 Drainage
 Describe

OBJECTIVE

Patient Vitals:

<i>Observed Date</i>	<i>Blood Pressure</i>	<i>Pulse</i>	<i>Resp. Rate</i>	<i>Temp</i>	<i>Pulse Ox</i>	<i>Weight</i>	<i>BMI</i>
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AVPU Alert Responds to Voice Responds to Pain UNRESPONSIVE

COLOR Pink Pallor Flushed Jaundiced CYANOTIC

SKIN

Warm
 Dry
 Cool
 Moist/Clammy
 DIAPHORETIC
 Intact
 Excoriation
 Mite Burrows
 Location

SKIN TURGOR Normal Decreased

LESIONS Yes No

LOCATION

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Skin Problems
Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/16/2015
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LOCATION

- Scalp
- Face
- Neck
- Chest
- Stomach
- Back
- Axillae
- Left arm Right arm
- Perineum
- Right thigh Left thigh
- Right leg Left leg
- Buttocks

EXAM Normal

- Erythema
- Inflammation
- Edema
- Excoriations
- Scales
- Scabs
- Lice/Scabies/Nits
- Bleeding
- Weeping
- Abscess
- Purpura
- Macules
- Papules
- Pustules
- Vesicles
- Welts
- Streaking

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/16/2015

Streaking

Unfamiliar lesion

Describe

Blanches with pressure

Drainage

Describe

Swelling

Emergent *Not Emergent - evaluate for Urgent*

Immediate evaluation by the HCP; if not available activate EMS. Notify HCP after activation of EMS.

Time Provider Notified

Time EMS Activated

Third Degree Burns on >10% of the body, second degree burns on >25% of the body, third degree to hand, foot, face, or genitalia or high voltage/lightening burn

Activate EMS

Maintain airway

Cover with burn blanket

Monitor vital signs

SBP <100, HR >100 O2 sat <92

Radiation Burns

Electrical burns – obtain EKG

Urgent *Not Urgent - evaluate for Routine*

If condition deteriorates consider upgrade to emergent

Third degree on 2-10% of the body, second degree on 15-25% of the body, second degree to hand, foot, face or genitalia

Minor burn plus smoke exposure

Temp >100

Abscess with palpable fluid filled sack

Rash with secondary infection

Drainage/pus, erythema/redness with streaking

Systemic symptoms: (URI/UTI/allergic reaction)

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 Forsyth Co
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Skin Problems
 Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/16/2015

- Systemic symptoms: (URI/UTI/allergic reaction)
- Cellulitis
- Probable Herpes Zoster involving face
- Presence of pustules, vesicles multiple papules or furuncles in beard area
- Rash with secondary infection
- Unfamiliar lesions
- Lice/crabs involve eyelashes
- Recurrent or not responding to protocol

Routine

Data collection that does not trigger emergent/urgent intervention

If condition deteriorates consider upgrade to urgent or emergent

- Boils
- Probable Herpes Zoster/herpes simplex if extensive areas of involvement or patient is immunocompromised
- Minor second and third degree burn
- Lice/crabs
- Scabies
- Acne
- Dermatitis
- Tinea pedis/tinea cruris

Emergent Interventions Urgent Interventions Routine Interventions

Emergent Interventions

- Immediate evaluation by the HCP
- If EMS activated reassess every 5 minutes until EMS arrival.
- Maintain airway
- Additional interventions as ordered

Consider Oxygen IV Fluids

Urgent Interventions

<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/16/2015
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Urgent Interventions

- Reassured patient
- Contacted HCP using SBAR format
- Acetaminophen 650mg po BID x 2 days PRN for any painful skin condition

Consider IV Fluids

- Additional interventions as ordered
- Instructed per Patient Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Routine Interventions

- Reassured patient
- Probable Herpes Zoster/simplex refer HCP
- Acetaminophen 650mg po BID x 2 days PRN for any painful skin condition

Boils

- CULTURE ALL DRAINING WOUNDS AND IMPLEMENT MRSA PROTOCOL IF INDICATED
- If open wound, cover with proper dressing and dressing changes daily until healed
- Immediate isolation for open, draining wound, if indicated

Minor second/third degree burn

- Cool compress; cleanse with sterile saline solution, pat dry, cover with clean dry dressing, keep blisters intact, monitor for signs of infection

Lice/Crabs

- Pyrethrin shampoo 0.33%, one application now and one in 7-10 days if indicated follow directions on label for application procedures.
- Provided clean clothing and bedding.
- Isolated patient and clothing per facility policy
- Notified custody for decontamination per facility policies

Scabies

- Obtained urine pregnancy test (if female). Rx contraindicated in pregnancy
- Obtained order from HCP for Stromectol (Ivermectin)
- Provided clean clothing and bedding.

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
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Skin Problems
 Nursing Documentation Pathway



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/16/2015
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- Provided clean clothing and bedding.
- Isolated patient and clothing per facility policy
- Notified custody for decontamination per facility policies

Acne

- Instructed patient to keep affected areas clean
- Refer to HCP for large number of pustules with inflammation or deep painful dermal involvement

Hives

- Refer to HCP if extensive
- Consider use of Allergic Reaction - Emergent NDP

Contact Dermatitis

- Advised thorough washing of skin and clothes to avoid additional irritant
- Advised that rash will improve over 7-10 days
- Educated the patient regarding avoidance of reoccurrence and avoiding allergen exposure
- Hydrocortisone cream 1% apply topically to affected area TID x 7 days for severe discomfort

Tinea pedis/tinea cruris

- Advised patient to keep area clean and dry
- Referred to HCP for any severely macerated, cracked, or broken skin
- Additional interventions as ordered
- Instructed per Patient Education Fact Sheet
- Instructed to contact medical if symptoms reoccur
- Patient verbalized understanding of self-care, symptoms to report & when to return for follow-up

Additional Documentation

Added 06/16/2015 09:01 AM EST by aswallie LPN

Pt has red face and some flaking of the skin. Redness on the arms.

Scheduled Follow-up

None - resolved

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC27101

Skin Problems
Nursing Documentation Pathway



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/16/2015

None - resolved
 Provider
 Behavioral Health
 Nursing
 Referral to
Referral to
 Other (provide detail)
Provide detail

Refusals

Refusal form signed
 Referred to HCP for repeat refusal
 No further action required

Use Progress Note for additional documentation

NUR NDP27.1 022315 *This pathway is not meant to be applicable to every patient nor to take the place of sound medical judgment; when in doubt, please contact a medical provider.*

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No: 3159876	Order Status: Discontinued	Submit Date: 01/01/1900 00:00	Start Date: 07/01/2015 22:00	End Date: 09/29/2015 21:59																														
Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 90 days. - Ordering Provider: Patricia Rodgers																																		
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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																																	--	

Patient Status Changes

Patient Status	Description	To/From	Date
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Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
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Order:

PRN Effectiveness

Follow Up Date	Result	Reason	Initials
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Order:

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note
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Initials Legend

Initials	User
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Order Administration Sites

Abbreviation	Site
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Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No: 3159876	Order Status: Discontinued	Submit Date: 01/01/1900 00:00	Start Date: 07/01/2015 22:00	End Date: 09/29/2015 21:59																													
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Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Patient Status Changes

Patient Status	Description	To/From	Date
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Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
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Order:

PRN Effectiveness

Follow Up Date	Result	Reason	Initials
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Order:

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note
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Initials Legend

Initials	User
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Order Administration Sites

Abbreviation	Site
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Patient Name	Patient ID	Med Record #	Admission Date	Date of Birth	Sex
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No: 3040998	Order Status: Released 07/01/2015 19:03	Verbal/Ph	Last Administered: 07/02/2015 22:00	Submit Date: 06/02/2015 14:28	Start Date: 06/03/2015 22:00	End Date: 07/03/2015 21:59																										
insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 30 days. - Ordering Provider: Emma Aycoth																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
22:00	Init	* MM	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	

Order No: 3142235	Order Status: Released 07/01/2015 19:03	Verbal/Ph	Last Administered: 07/26/2015 22:00	Submit Date: 06/27/2015 06:43	Start Date: 06/27/2015 05:00	End Date: 07/27/2015 04:59																										
insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. T.O. read back and affirmed. - Ordering Provider: Alan Rhoades																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Blood Glucose	0	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
05:00	Init	* JG	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
05:00	Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--
10:00	Blood Glucose	0	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
10:00	Init	* KT	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
10:00	Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--
17:00	Blood Glucose	Overr ide	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
17:00	Init	* MM	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
17:00	Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--
22:00	Blood Glucose	Overr ide	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
22:00	Init	* MM	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
22:00	Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--

Order No: 3159876	Order Status: Discontinued	Submit Date: 01/01/1900 00:00	Start Date: 07/01/2015 22:00	End Date: 09/29/2015 21:59																												
Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 90 days. - Ordering Provider: Patricia Rodgers																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Order No: 3049500	Order Status: Released 07/01/2015 19:03	Written	Last Administered: 07/04/2015 05:00	Submit Date: 06/04/2015 14:49	Start Date: 06/05/2015 05:00	End Date: 07/05/2015 04:59																										
Zyrtec (Cetirizine) 10 mg tablet: give 1 tablet PO Q AM for 30 days. - Ordering Provider: Emma Aycoth																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Init	* JG	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

PRN

Order No: 3119740	Order Status: Released 07/01/2015 19:03	Verbal/Ph	Last Administered: 06/30/2015 04:40	Submit Date: 06/22/2015 14:39	Start Date: 06/22/2015 17:00	End Date: 07/22/2015 16:59
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Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 mL oral suspension: give 30 milliliter PO TID AM PM & HS - Worker PRN for 30 days. - Ordering
 Provider: Alan Rhoades

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	

Patient Status Changes

Patient Status	Description	To/From	Date
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Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
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Order:

PRN Effectiveness

Follow Up Date	Result	Reason	Initials
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Order:

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note
3040998	MM	General	07/01/2015 22:00	insulin glargine 100 unit/mL subcutaneous solution	Missed	inactive
3049500	JG	General	07/01/2015 05:00	Zyrtec (Cetirizine) 10 mg tablet	Missed	inactive
3142235	JG	General	07/01/2015 05:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	Override	07/01/2015 17:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	General	07/01/2015 17:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	Override	07/01/2015 22:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	General	07/01/2015 22:00	insulin regular human 100 unit/mL injection solution	Missed	inactive

Initials Legend

Initials	User
JG	Gakeri, Josephine, MA / LNA
KT	Taylor, Kelly
MM	Mabe, Michael, MA / LNA

Order Administration Sites

Abbreviation	Site
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Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:																										
3018988	Discontinued 06/04/2015 21:56		06/26/2015 22:00	05/27/2015 20:22	06/04/2015 22:00	06/27/2015 21:59																										
insulin glargine 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
22:00	Blood Glucose				340	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
22:00		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
22:00	Units				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:																										
3040998	Released 07/01/2015 19:03		07/02/2015 22:00	06/02/2015 14:28	06/03/2015 22:00	07/03/2015 21:59																										
insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 30 days. - Ordering Provider: Emma Aycoth																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
22:00	Init	--	--	CD	AR	MM	MM	MM	CD	CD	CD	AR	CD	CD	CD	MM	MM	MM	AR	MM	EB	AR	CD	CD	CD	AR	CD	EB	AR	MM	* MM	--
22:00	Site			AUL	AUR	AUL	AUL	AUR	AUL	AUL	AUR	AUL	AUL	AUL	AUL	AUL	AUL	AUR	AUL	AUR	AUL	AUR	AUL	AUL	AUL	AUR	AUL	AUL	AUR	AUL	AUL	--

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:																										
3018984	Completed 06/03/2015 21:59		06/02/2015 22:00	05/27/2015 20:18	06/27/2015 22:00	06/03/2015 21:59																										
insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 7 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
22:00	Init	MM	MM	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
22:00	Site	AUL	AUL	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Order No: 3142235	Order Status: Released 07/01/2015 19:03	Verbal/Ph	Last Administered: 07/26/2015 22:00	Submit Date: 06/27/2015 06:43	Start Date: 06/27/2015 05:00	End Date: 07/27/2015 04:59
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insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. T.O. read back and affirmed. - Ordering Provider: Alan Rhoades

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Blood Glucose																											158	71	37	--	
05:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	AC	AR	EB	RB	--	
05:00	Units																										0	0	0	0	--	
10:00	Blood Glucose																											227	240	273	403	--
10:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	KT	KT	TC	KT	--	
10:00	Site																											AUL	AUR	AUR	AUL	--
10:00	Units																											2	2	4	10	--
17:00	Blood Glucose																											205	227	237	Overr ide	--
17:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	EB	AR	MM	* MM	--	
17:00	Site																											AUL	AUL	AUL		--
17:00	Units																											2	2	2	0	--
22:00	Blood Glucose																											315	335	335	Overr ide	--
22:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	EB	AR	MM	* MM	--	
22:00	Site																											AUR	AUR	AUL		--
22:00	Units																											6	6	6	0	--

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:
3018993	Completed 06/26/2015 21:59		06/26/2015 17:00	05/27/2015 21:22	05/27/2015 22:00	06/26/2015 21:59

insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Blood Glucose	153	80	192	83	116	105	52	40	44	43	40	42	49	108	79	69	72	73	52	187	34	70	44	44	96	54	--	--	--	--	--
05:00	Init	JG	RB	JG	JG	JG	JG	EB	EB	RB	EB	EB	EB	KR	JG	JG	RB	JG	JG	JG	RB	RB	RB	KR	KR	KR	--	--	--	--	--	
05:00	Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	--	--	--	--	--
10:00	Blood Glucose	242	440	332	257	235	187	238	247	284	375	306	286	244	274	339	305	194	266	289	282	224	308	310	334	486	244	--	--	--	--	--
10:00	Init	MM	KT	KT	KT	KT	EB	EB	TC	EJ	EJ	EJ	EJ	KT	KT	TC	KT	KT	KT	KT	EJ	EJ	TC	EJ	EJ	EJ	EJ	--	--	--	--	--
10:00	Site	AUL	AUR	AUR	AUL	AUL		AUL	AUL	AUL	AUQR	AUL	AUL	AUL	AUL	AUR	AUR		AUR	AUL	AUL	AUL	AUR	AUL	AUL	AUL	AUL	--	--	--	--	--
10:00	Units	2	10	6	4	2	0	2	2	4	8	6	4	2	4	6	6	0	4	4	4	2	6	6	6	10	2	--	--	--	--	--
17:00	Blood Glucose	161	133	236	239	227	239	198	227	273	165	182	254	176	198	420	303	263	170	167	299	216	167	206	266		214	--	--	--	--	--
17:00	Init	MM	MM	CD	AR	MM	MM	MM	CD	CD	CD	AR	CD	CD	CD	MM	MM	MM	AR	MM	EB	AR	CD	CD	CD		CD	--	--	--	--	--
17:00	Site			AUL	AUR	AUL	AUR		AUL	AUL			AUL			AUL	AUL	AUL			AUR	AUL		AUL	AUL		AUL	--	--	--	--	--
17:00	Units	0	0	2	2	2	2	0	2	4	0	0	4	0	0	10	6	4	0	0	4	2	0	2	4		2	--	--	--	--	--
22:00	Blood Glucose	326	372	263	340	307	249	351	206	263	230	281	110	365	441	372	395	299	400	388	417	287	372	359	97	382	--	--	--	--	--	
22:00	Init	MM	MM	CD	AR	MM	MM	MM	CD	CD	CD	AR	CD	CD	CD	MM	MM	MM	AR	MM	EB	AR	CD	CD	CD		AR	--	--	--	--	--
22:00	Site	AUL	AUL	AUL	AUR	AUL	AUL	AUR	AUL	AUL	AUL	AUQR		AUL	AUL	AUL	AUR	AUL	AUR	AUL	AUR	AUL	AUL	AUL	AUL		AUR	--	--	--	--	--
22:00	Units	6	8	4	6	6	2	8	2	4	2	4	0	8	10	8	8	4	8	8	10	4	8	8	0	8	--	--	--	--	--	--

Order No:	Order Status:	Written	Last Administered:	Submit Date:	Start Date:	End Date:
3035003	Completed 06/03/2015 21:59		06/03/2015 05:00	06/01/2015 12:50	06/01/2015 22:00	06/03/2015 21:59

Tylenol (Acetaminophen) 325 mg tablet: give 2 tablet PO BID AM & HS - Worker for 2 days. - Ordering Provider: Joseph Mickler

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Init	--	RB	JG	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
22:00	Init	MM	MM	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Order No:	Order Status:	Written	Last Administered:	Submit Date:	Start Date:	End Date:
3049500	Released 07/01/2015 19:03		07/04/2015 05:00	06/04/2015 14:49	06/05/2015 05:00	07/05/2015 04:59

Zyrtec (Cetirizine) 10 mg tablet: give 1 tablet PO Q AM for 30 days. - Ordering Provider: Emma Aycoth

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
05:00	Init	--	--	--	--	JG	JG	EB	EB	RB	EB	EB	EB	KR	JG	JG	RB	JG	JG	JG	JG	RB	RB	RB	KR	KR	KR	EB	AR	EB	RB	--

PRN

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Order No: 3119740	Order Status: Released 07/01/2015 19:03	Verbal/Ph	Last Administered: 06/30/2015 04:40	Submit Date: 06/22/2015 14:39	Start Date: 06/22/2015 17:00	End Date: 07/22/2015 16:59
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Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 mL oral suspension: give 30 milliliter PO TID AM PM & HS - Worker PRN for 30 days. - Ordering Provider: Alan Rhoades

Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN	Times	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	09:22 EJ			04:10 KR		04:32 AR	04:37 EB	04:40 RB	--	
																													16:47 AR	16:33 MM	09:49 TC	

Patient Status Changes

Patient Status	Description	To/From	Date
Active	Admitted to Facility		06/14/2015 21:15
Active	Admitted to Facility		06/18/2015 01:45
Discharged	Discharged		06/30/2015 18:19

Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
Order:									

PRN Effectiveness

Follow Up Date	Result	Reason	Initials
Order:			

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note
3040998	MM	General	06/30/2015 22:00	insulin glargine 100 unit/mL subcutaneous solution	Missed	inactive
3142235	MM	Override	06/30/2015 17:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	General	06/30/2015 17:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	Override	06/30/2015 22:00	insulin regular human 100 unit/mL injection solution	Missed	inactive
3142235	MM	General	06/30/2015 22:00	insulin regular human 100 unit/mL injection solution	Missed	inactive

Initials Legend

Initials	User
AC	Cooper, Aimee, RN
AR	Rhone, Aletha, MA / LNA
CD	Dula, Cathy
EB	Barr, Ebony, MA / LNA
EJ	Jackson, Eleanor
JG	Gakeri, Josephine, MA / LNA
KR	Reid, Kishera, MA / LNA
KT	Taylor, Kelly
MM	Mabe, Michael, MA / LNA
RB	Barr, Rita, MA / LNA
TC	Couthen, Tinesha, MA / LNA

Order Administration Sites

Abbreviation	Site
AUQR	Abdomen Upper Quadrant Right
AUL	Arm Upper Left
AUR	Arm Upper Right

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Discontinued

Medication Orders

Order No: 3018985	Order Status: Discontinued 05/27/2015 20:18	Verbal/Ph	Submit Date: 05/27/2015 20:18	Start Date: 05/27/2015 22:00	End Date: 06/19/2015 21:59																											
insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
22:00		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Order No: 3018984	Order Status: Completed 06/03/2015 21:59	Verbal/Ph	Last Administered: 06/02/2015 22:00	Submit Date: 05/27/2015 20:18	Start Date: 05/27/2015 22:00	End Date: 06/03/2015 21:59																												
insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 7 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																		
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
22:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--			MM	RB	AR	AR	
22:00	Site																														AUL	ALQL	AUL	AUR

Order No: 3018279	Order Status: Discontinued 05/27/2015 20:25	Verbal/Ph	Last Administered: 06/26/2015 17:00	Submit Date: 05/27/2015 17:37	Start Date: 05/28/2015 05:00	End Date: 06/27/2015 04:59																												
insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic BID AM & PM for 30 days. protocol Rhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																		
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
05:00		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
05:00	Units																														0	0	0	0
17:00		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
17:00	Units																														0	0	0	0

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M
Allergies: No Known Allergies					

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:																											
3018993	Completed 06/26/2015 21:59		06/26/2015 17:00	05/27/2015 21:22	05/27/2015 22:00	06/26/2015 21:59																											
insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. TORA ARhoades/DoliverLPN. - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
05:00	Blood Glucose																												Override	361	42	153	
05:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	* MM	EB	MM	JG		
05:00	Site																																
05:00	Units																																
10:00	Blood Glucose																																
10:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	RD	AR	KT	KT	
10:00	Site																																
10:00	Units																																
17:00	Blood Glucose																																
17:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	MM	RB	AR	AR	
17:00	Site																																
17:00	Units																																
22:00	Blood Glucose																																
22:00	Init	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	MM	RB	AR	AR	
22:00	Site																																
22:00	Units																																

Order No:	Order Status:	Verbal/Ph	Last Administered:	Submit Date:	Start Date:	End Date:																											
3018269	Discontinued 05/27/2015 16:34			05/27/2015 17:34	05/27/2015 22:00	08/25/2015 21:59																											
insulin regular human 100 unit/mL injection solution: give 3 unit INJ Diabetic HS for 90 days. per protocol RhoadesMD/DoliverLPN . - Ordering Provider: Alan Rhoades																																	
Time	Type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
22:00		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient Status Changes

Patient Status	Description	To/From	Date
Active	Admitted to Facility		05/27/2015 14:30
Active	Admitted to Facility		05/27/2015 17:30
Active	Admitted to Facility		05/31/2015 03:00

Patient Name:	Patient ID	Med Record #	Admission Date	Date of Birth	Sex:
HILL, BRIAN	1908253	3945257	05/27/2015	05/26/1990	M

Allergies: No Known Allergies

Diagnosis: Diabetes Mellitus, Obsessive-Compulsive Disorders, Suicide and Self-Inflicted Injury by Other and Unspecified Means, Personal History of Mental Disorder Not Otherwise Specified, General Medical Exam Not Otherwise Specified

Pain Assessment

Date	Score	Scale	Location	Reason	Initials	Interventions	Result	Follow Up Datetime	Initials
Order:									

PRN Effectiveness

Follow Up Date	Result	Reason	Initials
Order:			

Notes

OrderNo	Initials	Note Category	Note Date	Item	Status	Note
3018993	MM	Override	05/28/2015 05:00	insulin regular human 100 unit/mL injection solution	Missed	refused
3018993	MM	General	05/28/2015 05:00	insulin regular human 100 unit/mL injection solution	Missed	refused

Initials Legend

Initials	User
AR	Rhone, Aletha, MA / LNA
EB	Barr, Ebony, MA / LNA
JG	Gakeri, Josephine, MA / LNA
KT	Taylor, Kelly
MM	Mabe, Michael, MA / LNA
RB	Barr, Rita, MA / LNA
RD	Dixon, Rebekah

Order Administration Sites

Abbreviation	Site
ALQL	Abdomen Lower Quadrant Left
AUL	Arm Upper Left
AUR	Arm Upper Right

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

REACTIVE DATES Rx ORDER	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
3-7-15 CONTINUE	FSBS Prior to insulin Administration	0500 1000 1700 2200																																	
4-15 CONTINUE	Weekly weights x's 60 days - use same scale	0500																																	
4-15 Rx ORDER																																			

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

PRESCRIPTION # 2803 DATE OF BIRTH OR SOC. SEC. NO. 5-26-90 ALLERGIES NKDA DIAGNOSIS
 CHARTING FOR 7-1-15 THROUGH 7-31-15
 NNT NAME AND NUMBER Hill, Brian # 138125 FACILITY FCDC

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
4/15	Weekly weights x's 60 days. Use same scale document scale	0800																																
7/15																																		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

AUTION: 2007 DATE OF BIRTH OR SOC. SEC. NO: 5-26-1990 ALLERGIES: NONE
 PATIENT NAME AND NUMBER: Hill, Brian # 138125 FACILITY: PCOC CHARTING FOR: 6-1-15 THROUGH: 6-30-15 DIAGNOSIS:

MEDICATION ADMINISTRATION RECORD

Insulin Dependent Diabetic



DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
2/27/15	FSBS Prior to Insulin Administration	0500																																
1000																																		
1700																																		
2200																																		
INITIAL ORDER																																		
CONTINUE																																		
INITIAL ORDER																																		
CONTINUE																																		
INITIAL ORDER																																		
CONTINUE																																		
INITIAL ORDER																																		
CONTINUE																																		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
				ML	Michael Marent		

LOCATION	DATE OF BIRTH OR SOC. SEC. NO.	ALLERGIES	DIAGNOSIS
ZB11	5-26-90	NKDA	
PATIENT NAME AND NUMBER	FACILITY	CHARTING FOR	THROUGH
Hill, Brian #138125	FCDC	6-1-15	6-30-15

MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES

1.800.882.6337 FAX: 724.349.4209

Insulin Dependent Diabetic

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
5/27	FSBS Prior to Insulin Administration	0500																																
DISCONTINUE		1700																																
5/30-15	FSBS Prior to insulin administration	0500																																
DISCONTINUE		1000																																
DISCONTINUE		1700																																
5/30-15	FSBS Prior to insulin administration	0500																																
DISCONTINUE		1000																																
DISCONTINUE		1700																																
5/30-15	FSBS Prior to insulin administration	0500																																
DISCONTINUE		1000																																
DISCONTINUE		1700																																
5/30-15	FSBS Prior to insulin administration	0500																																
DISCONTINUE		1000																																
DISCONTINUE		1700																																
5/30-15	FSBS Prior to insulin administration	0500																																
DISCONTINUE		1000																																
DISCONTINUE		1700																																

Handwritten notes and signatures in the right margin of the charting area, including initials and dates.

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: 4C 31L DATE OF BIRTH OR SOC. SEC. NO.: 5/26/1990 ALLERGIES: NKDA DIAGNOSIS: IDDM
 PATIENT NAME AND NUMBER: Hal Brian # 138125 FACILITY: FCDC CHARTING FOR: 5/27 THROUGH: 5/31

Brief Jail Mental Health Screen



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/27/2015
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Section 2

Questions

1. Do you CURRENTLY believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? Yes No

General Comments:

2. Do you CURRENTLY feel that other people know your thoughts and can read your mind? Yes No

General Comments:

3. Have you CURRENTLY lost or gained as much as two pounds a week for several weeks without even trying? Yes No

General Comments:

4. Have you or your family or friends noticed that you are CURRENTLY much more active than you usually are? Yes No

General Comments:

5. Do you CURRENTLY feel like you have to talk or move more slowly than you usually do? Yes No

General Comments:

6. Have there CURRENTLY been a few weeks when you felt like you were useless or sinful? Yes No

General Comments:

7. Are you CURRENTLY taking any medication prescribed for you by a physician for any emotional or mental health problems? Yes No

General Comments:

8. Have you EVER been in a hospital for emotional or mental health problems? Yes No

General Comments:

Section 3 (Optional)

Officers Comments/Impressions (check all that apply):

- Language barrier Under the influence of drugs/alcohol Non-cooperative
- Difficulty understanding questions Other

Specify:

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- * YES to item 7; OR
- * YES to item 8; OR
- * YES to at least 2 of items 1 through 6; OR

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101

Brief Jail Mental Health Screen



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015

- * YES to item 8; OR
- * YES to at least 2 of items 1 through 6; OR
- * If you feel it is necessary for any other reason

Referred Not Referred for further mental health evaluation.

On: 5/27/2015

To: mental health

**Copayment Fee Authorization Form
For Medical Services**

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	138125	5/26/1990	5/27/2015

Forsyth County Office Of The Sheriff Detention Division

Authorization To Automatically Debit Inmate

Brian Hill's Inmate Cash Account for Inmate Requested Medical Services.

The undersigned Inmate understands and agrees that request for certain medical services require a copayment from the Inmate and the copayment is automatically deducted from HIS or Her Inmate Cash Account.

This deduction is made each time a medical request is completed by the Inmate for medical services that are not exempt from the copayment fee. A schedule of the copayment fees is posted in each housing unit.

MEDICAL CARE IS NOT DENIED DUE TO LACK OF FUNDS. Copayment fee's that are due are charged against future deposits.

Any Inmate Commissary Account having an negative balance remains as an open account until such time as the amount is fully paid. Once the financial responsibility is fulfilled, the account is deemed closed.

If an inmate is reincarcerated at the Forsyth County Detention Center any time in the future, the negative balance the inmate owes is deducted from the Inmate Commissary Cash Account at that time. Any Negative balances at the time of release may be paid afterwards in order to remove the debt. The debt may be paid to Inmate Commissary during normal business hours, or may be mailed to the Forsyth County Detention Center to the attention of Inmate Commissary Section. Refusing to sign this form is considered an Inmate Refusal for medical care for those medical services that exempt from copayment.

Inmates Signature/ID#: Brian D. Hill
Signed

Officer/ ID# or Medical Staff: W. W. W.

Date: 5/27/15



**Federal Prisoner Health Care
Co-Payment Act of 2000**

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	138125	5/26/1990	5/27/2015

Public law 106 – 2:4, The Federal Prisoner Healthcare Co-payment act of 2000 allows state and local government to assess and collect a reasonable fee from the trust fund (or institutional equivalent) of a federal prisoner for health care services.

Each person who is or becomes a federal prisoner shall be provided with written and oral notices of the provisions of the Federal prisoner Healthcare Co-payment Act of 2000. A fee may not be assessed against or collected from a federal prisoner until 30 days after he / she was provided such notice. This notice will be given to all Federal Inmates at time of booking into the Forsyth County Detention Center.

Exemptions:

- Staff referrals
- Chronic Care follow-up
- Preventative health care
- Prenatal care
- Emergency services
- Chronic infectious disease treatment
- Mental health care
- Substance abuse treatment

I have been provided with written and oral information on the Federal Prisoner Healthcare Co-payment Act of 2000.

Brian Hill 138125 5/27/15
Inmate's Name ID # Date

X Brian D Hill [Signature]
Inmate's Name Signed Witness



Forsyth County Sheriff's Office

Page ___ of ___

Detention Services Bureau

Inmate Medication Receipt and Transfer Form

Inmate Name: Hill, Brian

Booking Number: 138125

Inmate Date Of Birth: 5/27/15

Housing Location: 2003

Property Number _____

Information of Person Delivering Medication to Medical Staff

Name (Printed): Roberta Hill

Date: 6/25/2015

Signature: Roberta Hill

Phone #: 632-2599

Non-Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed in Property
Lantus	100 units	30 units	Subcutaneous	1059879	Starling	() Yes (X) No
unifine pentips	100	N/A	sharp	1085520	Starling	() Yes (X) No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed in Property
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Property Management Information

Medical Staff Signature: [Signature]

Date: 6/25/15

Date Placed in Inmate's Property: / /

Property Clerk's Signature: _____

Time Stored: _____

Narcotics Placed in Evidence bag: [] Yes [] No

Comments: _____

Insulins Placed in the fridge in Medical's Pharmacy

Forsyth County Sheriff's Office

Page ___ of ___

Detention Services Bureau

Inmate Medication Receipt and Transfer Form

Inmate Name: Hill, Brian

Booking Number: 138125

Inmate Date Of Birth: 5/26/1990

Housing Location 2N

Property Number _____

Information of Person Delivering Medication to Medical Staff

Name (Printed): _____

Date: ___/___/___

Signature: _____

Phone #: _____

Non-Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed in Property
<i>Yes if needed</i> Nbiology Flexpen	1 pen	100unit/ml	inject 10units	1064806	Starling pharm	() Yes (X) No
lantus vial	1 vial	100unit/ml	inject 30units	1068250	starling pharm	() Yes (X) No
lantus vial	1 vial	100unit/ml	inject 30units			() Yes (X) No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Narcotic Medication

Medication Name	Quantity	Dosage	Frequency	RX No.	Pharmacy Name	Placed in Property
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No
						() Yes () No

Property Management Information

Medical Staff Signature: W Ford LPN

Date: 5/27/15

Date Placed in Inmate's Property: 5/27/15

Property Clerk's Signature: Fulp

Time Stored: 19:21

Narcotics Placed in Evidence bag: [] Yes [X] No

Comments: _____

Forsyth County Detention Center **Receiving Signature**
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name	Inmate Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	5/26/1990	5/27/2015

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Inmate Signature: *Brian D. Hill* Date: 5/27/2015
Witness Signature: *[Signature]* Date: 5/27/2015



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Receiving Screening



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/27/2015
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Refusal of admission until medically cleared

Patient Questionnaire (explain all yes answers)

1. Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder or kidney disease? Yes No

2. Have you or are you currently being treated for any other illness or health problem not listed above? Yes No

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

3. Are you currently taking any medication prescribed to you by a physician? Yes No

Medications

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

1. Name and dose: *Lantus*

Last Date Filled: 5/2015

Date Last Taken: 5/27/2015

Check only if applicable: Verified Not Verified HCP Notified

2. Name and dose: *Novolog*

Last Date Filled: 5/2015

Date Last Taken: 5/27/2015

Check only if applicable: Verified Not Verified HCP Notified

4. Are you allergic to any medications or do you have any other allergies? Yes No

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

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Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015

12-20-2013 Allergy Items No Known Allergies

5. Have you been hospitalized by a physician or psychiatrist? Yes No

Describe:

6. Do you have current painful dental condition or dental complaint? Yes No

Describe:

7. Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS or any other serious disease? Yes No

8. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? Yes No

9. Have you ever received treatment for exposure to or diagnosis of TB? Yes No

10. Do you currently have any of these symptoms: persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats or unexplained weight loss? Yes No

Explain:

11. Are you on a specific diet prescribed by a physician? Yes No

** No Items Selected **

Explain: carb controlled

12. Do you use drugs not prescribed by a physician? Yes No

13. Do you use alcohol? Yes No

14. Do you have a history of withdrawal after you stopped using alcohol or drugs? Yes No

Describe:

15. Have you ever smoked cigarettes or used tobacco products? Yes No

16. Have you ever received treatment for substance or alcohol abuse? Yes No

17. Female? Yes No

Visual Observation

18. Is Patient appearance abnormal in any way? (e.g., sweating, tremors, anxious, disheveled, evidence suggestive of trauma or abuse) Yes No

Describe:

19. Is Patient movement restricted or compromised in any way? (e.g., body deformities, physical abnormality, unsteady gait, cast or splint intake, etc.) Yes No

** No Items Selected **

Describe:

20. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.) Yes No

Explain:

Receiving Screening



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/27/2015
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Explain:

21. Does Patient's skin or scalp have obvious lesions or draining wounds, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse? Yes No

Explain:

22. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance) Yes No

Explain:

Remarks:

PPD planted to RFA. States that he is an IDDM using Novolog and Lantus. ROI sent to Carilion of Martinsville. Placed on IDDM protocol at this time. FSBS is 384 at this time. 8units of regular insulin administered to right arm. Patient is mentally disabled. Unable to state what the disorder is at this time. Denies any ETOH/Drug use. Denies SI/HI at this with a noted past attempt.

RPR-HIV Done Not done

Explain:

Education provided orally and in writing on Access to Healthcare Yes No

Education provided orally and in writing on Sexual Assault Awareness Yes No

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
05-27-2015 05:17 PM EST	123/72	112	20	98.70	98	187	26.1

Patient Refuses Vital Signs Check

Appropriate "Refusal of Treatment" paperwork completed Yes No

Do you currently have Health Insurance? Yes No

Suicide Potential Screening

1. Arresting or transporting officer believes subject may be a suicide risk. Yes No
2. Lacks close family/friends in community. Yes No
3. Worried about major problems other than legal situation (terminal illness). Yes No
4. Family member or significant other has attempted or committed suicide (spouse/parent/sibling/close friend/lover). Yes No
5. Has psychiatric history (psychotropic medication or treatment). Yes No
6. Holds position of respect in community (professional/Public Official) and/or alleged Yes No

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Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015

5. Has psychiatric history (psychotropic medication or treatment). Yes No
6. Holds position of respect in community (professional/Public Official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment /shame. Yes No
7. Expresses thoughts about killing self. Yes No
8. Has a suicide plan and/or suicide instrument in possession. Yes No
9. Has previous suicide attempt. Yes No
10. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). Yes No
11. Shows signs of depression (crying or emotional flatness). Yes No
12. Appears overly anxious, afraid or angry. Yes No
13. Appears to feel unusually embarrassed or ashamed. Yes No
14. Is acting and/or talking in a strange manner. (Cannot focus attention/hearing or seeing things not there). Yes No
15. Is apparently under the influence of alcohol or drugs. Yes No
16. If Yes to #15, is individual incoherent or showing signs of withdrawal or mental illness? Yes No
17. Is this individual's first arrest? Yes No
18. Detainee's charges include: Murder, Kidnapping and/or Sexual Offense. Unknown Yes No

Immediate Action: A "YES" from a Red question (1, 6, 7, 8, 10 or 16) or a total of 8 or more "Yes" responses shall result in notification of Shift Commander and immediate referral to MH evaluation. If after hours, initiate suicide watch IMMEDIATELY until MH can evaluate.

Routine Referral: Notify MH of any positive response to suicide screen that did not meet above criteria for immediate referral.

Psychiatric Screening

1. History of or current psychotropic meds? Yes No
2. History of psychiatric hospitalization? Yes No
3. History of outpatient mental health treatment? Yes No

Current Mental Status (Check all that apply)

- ORIENTATION Alert, Oriented Disoriented
- AFFECT Appropriate Flat Inappropriate
- THOUGHT PROCESS Logical Paranoid Does not make sense
- SPEECH Appropriate Slurred Pressured Slowed Loud

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Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015

Legible Unintelligible Unreadable
 SPEECH Appropriate Slurred Pressured Slowed Loud
 MOOD Appropriate Depressed Elated Terrified/crying Angry
 ACTIVITY/BEHAVIOR Appropriate Unable to sit still Slow/Lethargic No eye contact
 HALLUCINATIONS Visual Auditory Tactile Olfactory

Patient Signature

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Sign Form **BRIAN D HILL** Date **05/27/2015 5:18:27 PM**

Referrals (Check appropriate box)

- Medical Provider
 - Chronic Care
 - Sick Call
 - CIWA/Withdrawal Protocol
- Mental Health
 - Acute Problems - IMMEDIATE Referral (Psychosis, Suicidal)
 - Routine Problems - (Current treatment non-emergent, chronic, developmental disability)
- Infection Control Nurse
- Dental

Placement/Housing (Check appropriate box)

- Special Needs
- ** No Items Selected **
 - General Population(GP)
 - Medical Observational Housing
 - Medical Isolation
 - Mental Health Lockdown (if Mental Health not on-site)
 - Emergency Room for Evaluation/Treatment
 - IMMEDIATE placement on Suicide Precautions (if Mental Health not on-site)

Forsyth County Detention Center
Forsyth Co
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Winston-Salem, NC27101

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015

IMMEDIATE placement on Suicide Precautions (if Mental Health not on-site)

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

2A-01



MHO I

Staff Referral Form			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 6/14/2015
Type <input type="checkbox"/> Emergent <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine				
Medical <input type="checkbox"/> Physician <input type="checkbox"/> Mid-level Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Chronic Care <input type="checkbox"/> Asthma <input type="checkbox"/> COPD/Pulmonary <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic <input type="checkbox"/> NID Diabetic <input type="checkbox"/> Hypertension <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pregnancy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (noted below) <input type="checkbox"/> Other		Dental <input type="checkbox"/> Dentist		
Mental Health <input type="checkbox"/> Psychiatric Provider <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> MH Nurse				
Reason for Referral: <i>Placed on MHO See attached sheets.</i>				
Additional Information (including interim actions taken):				
Referred By:				
<i>A. Cooper MW</i>		<i>[Signature]</i>		<i>6.14.15</i>
Printed Name		Signature		Date
Appointment Date		Date Seen		
Seen By:				
<i>Sheila Greer, MHP</i>		<i>[Signature]</i>		<i>6.15.15</i>
Printed Name		Signature		Date



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
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 336-917-7676

2B-07



7

Staff Referral Form			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 6/26/1990	Today's Date: 6/2/2015
<p>Type <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</p> <p> Medical <input type="checkbox"/> Physician <input type="checkbox"/> Mid-level Provider <input type="checkbox"/> Nurse <input type="checkbox"/> Chronic Care <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Other </p> <p> Dental <input type="checkbox"/> Dentist <input type="checkbox"/> COPD/Pulmonary <input type="checkbox"/> HIV/AIDS </p> <p> <input type="checkbox"/> Cardiac <input type="checkbox"/> Pregnancy </p> <p> <input type="checkbox"/> Diabetic <input type="checkbox"/> Seizures </p> <p> Mental Health <input type="checkbox"/> Psychiatric Provider <input checked="" type="checkbox"/> SMH Professional <input type="checkbox"/> MH Nurse <input type="checkbox"/> NID Diabetic <input type="checkbox"/> Other (noted below) </p>				
Reason for Referral: <i>Hx OCD & suicide attempt</i>				
Additional Information (including interim actions taken): <i>25 years old juvenile diabetic possible lengthy incarceration</i>				
Referred By: <i>E. Auerbach NP</i> <i>E. Auerbach NP</i> <i>6.2.15</i>				
Printed Name		Signature		Date
Appointment Date		Date Seen		
Seen By: <i>see mhx progress note dated 6/10/15</i>				
Printed Name		Signature		Date



**Staff Referral Form
Medical**

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101
336-917-7676



Patient Name HILL, BRIAN D	Inmate Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date 5/27/2015
--------------------------------------	---------------------------------	---------------------------------	-----------------------------------	----------------------------------

Type: Urgent Routine

Medical

Dental

Other

- | | | |
|--|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist | <input type="checkbox"/> Noted below |
| <input checked="" type="checkbox"/> Mid-level Provider | | |
| <input type="checkbox"/> Nurse | | |
| <input type="checkbox"/> Chronic Care | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD/Pulmonary | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Pregnancy |
| | | <input type="checkbox"/> Diabetic |
| | | <input type="checkbox"/> Seizures |
| | | <input type="checkbox"/> NID Diabetic |
| | | <input type="checkbox"/> Other (noted below) |

Other _____

codes mo

Reason for Referral: DM ; Insulin dependant

*is
continue
2/2014
miss
injection
today*

Additional Information (including interim actions taken):

25 year old I DDM female w/ history of
insulin dependant DM. Brought Novolog 7430 &
glantus w/ him today. POI sent to MD.
FSBS 384 @ this time. Units given per protocol
Placed on I DDM protocol.

Referred By:

*dit
news
30 QHS
5 DAC
QHS*

D. Oliver [Signature] 5/26/15
Printed Name Signature Date

CC -> 6/1/2015

Appointment Date: _____ Date Seen: _____

Seen By: _____

Printed Name Signature Date



* D 5 4 8 7 0 I 1 4 0 1 0 1 2 I C 3 9 4 5 2 5 7 C P 9 1 3 1 P N X N *

*5-28-15
S. AUSTIN
FR*

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
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**Staff Referral Form
 Mental Health**



2B-11

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	138125	5/26/1990	5/27/2015

Type: Urgent Routine

Medical

Dental

Mental Health

Physician

Dentist

Psychiatric Provider

Mid-level Provider

MH Professional

Nurse

MH Nurse

Chronic Care

Asthma

COPD/Pulmonary

Cardiac

Diabetic

NID Diabetic

Hypertension

HIV / AIDS

Pregnancy

Seizures

Other (noted below)

Other _____

Reason for Referral: At Mental Deficiency

Additional Information (including interim actions taken):

25 year old w male w mental deficiency? Similar to autism? Able to communicate, hold eye contact and state needs.

Referred By:

D. Oliver [Signature] 5/27/15
 Printed Name Signature Date

No acute interventions indicated as pt does not report any mha issues at this time. He is able to communicate, hold eye contact & state needs. No SI/HT reported will follow up as needed.
 Appointment Date: _____ Date Seen: _____

Seen By:

Shirley W. Cross [Signature] 5/28/15
 Printed Name Signature Date



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

TB Record



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 5/27/2015
------------------------------	---------------------------	--------------------------	-------------------------	------------------------------

PPD TEST Initial Annual

Previous Positive Yes No
 PPD Skin Test Refused Yes No

Test Planted

Planted Date: 5/27/2015
 Planted Time: 1720
 *Military time required for time entry (e.g. 6:05am is 0605, 6:00pm is 1800)
 Initials: DO
 Location: LFA RFA
 Lot #: 725987
 Expiration: 7/1/2016

Refusal Form Signed (perform action in accordance with your facility policy)
 PPD Education given
 PPD Skin Test NOT APPLIED due to

Test Read

Date Read: 5/30/2015
 Time Read: 0030
 *Military time required for time entry (e.g. 6:05am is 0605, 6:00pm is 1800)
 Results (mm) 0
 Initials: ac
 Is PPD Skin Test positive? Yes No
 Did the patient answer YES to any of the TB symptom questions on the Receiving Screening or the Periodic Health Assessment? Yes No
 If Yes, place the patient in a mask and contact the charge nurse for instructions.
 If No, schedule the patient for CXR.

CXR

PREVIOUS POSITIVE (Complete for Patients Past Positive Only)

...

Forsyth County Detention Center
Forsyth Co
281 North Church Street
Winston-Salem, NC27101

TB Record



<i>Patient Name</i>	<i>Patient Number</i>	<i>Booking Number</i>	<i>Birth Date</i>	<i>Date Of Service</i>
BRIAN D HILL	1908253	138125	5/26/1990	5/27/2015



Notes

Followup Follow Up



HEALTHCARE REQUEST SOLICITUD DE SERVICIO DE SALUD

2N

RECEIVED Date: Initials: Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990 ID #: 1908253 Living Unit (Unidad): 2B03 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea especifico) I need some more hydrocortisone cream. It was last given to me on June 16, 2015. 7 days at 3x a day as directed. I'm indigent.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/25/2015

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff. Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/26/15 Initials: M Time: CSN

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

- Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return Response sent to patient (if applicable) Patient refused, Refusal Form complete Patient released from custody Fee Charge No Yes, Amount \$

RESPONSE TO PATIENT / COMMENTS

Why do you need steroids? Alan Rhodes, MD 6/26/15

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Alan Rhodes, MD

Staff Signature

Date

Form Number: SC001UN000ACCB1102413

2-Part Form

Page 1 of 1

E-Signed by Kathryn Coles on 07/09/2015 03:54 PM EST

Page 1 of 1

2B03

190825

5/26/90

6/26/15



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

2N

RECEIVED	
Date:	_____
Initials:	_____
Time:	_____

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990
 ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B03 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I like to be put on the gas diet trays. I have acid reflux/GERD and the Scratch patties give me heartburn, and aren't healthy for my diabetes as too many are served each week. Turkey patties won't cause heartburn and are carb-free. I shouldn't be fed scratch patties.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/20/2015

*This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff.
 Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.*

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine	Triage Date: <u>6/20/15</u> Initials: <u>MB</u> Time: <u>0335</u>
---	---

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
 Response sent to patient (if applicable) Patient refused, Refusal Form complete
 Patient released from custody Fee Charge No Yes, Amount \$ _____

RESPONSE TO PATIENT / COMMENTS
T-95.1, P-72, R-16 B12-74 ADP - Gastrointestinal Complaints 6-22-15

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Myfanta 30cc PO TID 6-22-15
PRN's 30 days Staff Signature: Alexander Lumb, RN Date: 6-22-15

Form Number: SC001UN000ACCB1102413 2-Part Form Page 1 of 1

Hill Brian 2B03 138125 5/26/90 6/21/15 Page 1 of 1
 E-Signed by Mark Gaines on 06/23/2015 12:46 PM EST



HEALTH SERVICE REQUEST
SOLICITUD DE SERVICIO DE SALUD

NAME (NOMBRE) Brian David Hill Date of Request (Fecha de solicitud) _____
ID # (Nº de identificación) 9002 7.908253 DOB (Fecha de nacimiento) 05/26/1990
Site (Sitio) Forsyth County Detention Center Unit (Unidad) 2B03 2North

Nature of Problem or Request (be specific). Naturaleza del problema o solicitud (sea específico): I like to discuss finding a way to use my prescribed Novolog insulin from my Novolog Flexpen. My mother can deliver a sealed box of Pentics for Medical to use. I am a Type 1 brittle diabetic and the 70/30 isn't really helping me, which is why my A1C was 9.5. Novolog is fast acting and in my property. I already take Lantus here, so why not my Novolog to stabilize my health.

List Allergies (Nombre las alergias): N/A
I consent to be treated by Health Care Staff for the condition described (Doy mi consentimiento para que la condición descrita sea tratada por el Personal de Asistencia Médica).

Brian D. Hill
Inmate Signature and Date (Firma y fecha del recluso)

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
COLOQUE ESTE FORMULARIO EN LA CASILLA MÉDICA O EN EL ÁREA DESIGNADA

Do Not Write Below This Line

Received/Triage Date: 6/19/15 Time: 0500 Signature: [Signature]
Refer to: Provider Mental Health Nursing Dental Administrator

HEALTH CARE DOCUMENTATION

Response to Inmate:

Pt. request to use his Novolog Flexpen while in custody. He states his mother can bring needle tips. PENS brought in a inmate by US Marshall's.

Additional: Provider - pt may have family bring needles unopened. Verbalized to pt.

Nurse Signature: [Signature] Date/Time 6-19-15/1120

Inmate Name	ID#	DOB	Date
<u>Hill Brian David</u>	<u>138125</u>	<u>5.26.90</u>	<u>6.19.15</u>

CCS-SC01es (formerly CCS-002) revised 4/23/08 2B03 NOTE: This is a 2-part form



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 6/16/15
Initials: AE
Time: 0400

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2A01 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I have sensitive skin which can get red and itch hurt. An inmate told me that my face was breaking out. I'm a Type 1 brittle diabetic and indigent. I like to ask for hydrocortisone cream please. Thank You!

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/15/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE Emergent Urgent Routine Triage Date: 6/16/15 Initials: AE Time: 0400

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$ 20.00

RESPONSE TO PATIENT / COMMENTS NDD Skin

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature [Signature]

Date 6-16-15 0840



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 6/14/15
Initials: AE
Time: 0315

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I need counseling for the Government abusing me mentally, physically by deteriorating my health, and lying about me. I need someone to talk to about the wrongdoings the Government did to me and how it is hurting me.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/13/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/14/15 Initials: AE Time: 0315

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

- Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$

RESPONSE TO PATIENT / COMMENTS

Placed on mtho
See mtho self harm watch sheet
Mental health

Spokane, WA 4/15/15 Staff Signature Date

Hill Brian David 138125 2807 5.26.1990 6/14/15



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 6/13/15
Initials: [handwritten]
Time: 0400

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990
ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

[X] Medical (Medico) [] Behavioral Health (Salud Mental) [] Dental (Dental) [] Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I have diabetic feet since I'm type 2 brittle diabetic. I saw indigent inmates getting free socks. My socks have holes in them. Socks protect my feet from injury. Please make arrangements for me to have socks, at least two socks. I don't know if the Chaplain provides free socks. I'm indigent.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/12/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: [] Emergent [] Urgent [] Routine Triage Date: 6/13/15 Initials: [handwritten] Time: 0400

INITIAL: [] Sick Call [X] Nurse [] HCP [] Dentist [] Behavioral Health [] Eye Doctor [] Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

- [] Patient seen (if applicable) [] Patient outside of facility (hospital, court, etc.), reschedule upon return
[] Response sent to patient (if applicable) [] Patient refused, Refusal Form complete
[] Patient released from custody Fee Charge [] No [] Yes, Amount \$

RESPONSE TO PATIENT / COMMENTS referred to classification pt stated understanding

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: [handwritten signature] Date: 6/13/15



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

2N

RECEIVED
Date: _____
Initials: _____
Time: _____

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I am indigent and need special soap for my sensitive skin since I'm a diabetic. Using the regular soap is causing dry skin rashes or redness of skin and is itchy. I also asked for lotion in an earlier request and was told I would get lotion for my skin and Crisco oil for my feet. I did receive Crisco but not lotion for my skin.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/06/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/7/15 Initials: MM Time: 0318

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

- Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
- Response sent to patient (if applicable) Patient refused, Refusal Form complete
- Patient released from custody Fee Charge No Yes, Amount \$ _____

RESPONSE TO PATIENT / COMMENTS On NP list today 6-8-15
Rosacea on face both arms slight red
6-7-15 0900 worship service @ 5% rash. - No reason for Dial Soap

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: A Swallie MD Date: 6-8-15 0930

Form Number: SC001UN000ACCB1102413 2-Part Form Page 1 of 1

Hill, Brian 5/26/1990 2B-07 138125 6/17/2015

Designed by Alan Grizzard on 08/16/2013 12:12 AM EST



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date:
Initials:
Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990
ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I like to be able to request a copy of my lab results for my blood Hemoglobin A1C as my doctor at Carilion Clinic would like a copy so that he wouldn't have to do such a redundant check. I am diabetic.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 08/04/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/5/15 Initials: AR Time: 0300

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$

RESPONSE TO PATIENT / COMMENTS pt verbalized understanding. pt advised to sign ROI when released

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: [Signature] Date: 6-5-15

Brian Hill

138125 2B07

5.26.90

6-5-15



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date:
Initials:
Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I am dealing with allergies that causes a lot of mucus. Usually I take non-drowsy allergy medicine (24hrs) every day and is over the counter. I hope you have any non-drowsy allergy medicine to help deal with this issue.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/03/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/4/15 Initials: AL Time: 0230

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$ FEDERAL MIMATE

RESPONSE TO PATIENT / COMMENTS N/A Allergies / Cold

6-4-15 P-77 02-980/0 11/16 6-4-15

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: [Signature] Date: 6-4-15

6-4-15 Cytel
Ascend for

Brian Hill Signed by Alan Grizzard on 08/23/2015 01:39 PM EST 138 25 8.26.90 6.4.15 Page 1 of 1



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date:
Initials:
Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

My skin is sensitive and is easy to get a rash. I hope you have any Crisco stuff to put on my dry skin to protect it, cause diabetics have to watch their skin. All I ask for is Crisco cream or oil or whatever it's called. Thanks

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): 06/03/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/4/15 Initials: AR Time: 0230

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$ FEDERAL INMATE

RESPONSE TO PATIENT / COMMENTS

pt admits he is indigent and needs moisturizer. Rlt prov for Crisco

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: Amen Compton Date: 6/4/15

6-4-15 Ab Crisco



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date:
Initials:
Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990

ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07 2North

Medical (Medico) Behavioral Health (Salud Mental) Dental (Dental) Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I am afraid of the fact I am losing weight. I like to keep a check on my weight. I like to ask that my weight be checked at least two times a week. I need to be weighed at least two times a week.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): June 03/2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: Emergent Urgent Routine Triage Date: 6/4/15 Initials: Ae Time: 0930

INITIAL: Sick Call Nurse HCP Dentist Behavioral Health Eye Doctor Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

Patient seen (if applicable) Patient outside of facility (hospital, court, etc.), reschedule upon return
Response sent to patient (if applicable) Patient refused, Refusal Form complete
Patient released from custody Fee Charge No Yes, Amount \$ FEDERAL MINUTE

RESPONSE TO PATIENT / COMMENTS
wt - 179.3 intake wt - 190?
wt 181 on 6-2

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature: [Signature] Date: 6-4-15

6-4-15 E. ASH... weigh weekly

Brian Hill E-Signed by Alan Grizzard 138123/015 11:39 PM EST 5.26.90 6.4.15 Page 1 of 1



HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date:
Initials:
Time:

Name (Nombre): Brian David Hill DOB (Fecha de nacimiento): 05/26/1990
ID # (Nº de identificación): 1908253 Living Unit (Unidad): 2B07

[X] Medical (Medico) [] Behavioral Health (Salud Mental) [] Dental (Dental) [] Other

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

I am a diabetic type 1 brittle, I have a toe that has hurt for almost two days. I'm concerned as my toe should stop hurting. My diabetes is affecting my toes healing process. It's because I accidentally stamped my toe.

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): Brian D. Hill Date (Fecha): May 31, 2015

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DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: [X] Emergent [] Urgent [] Routine Triage Date: 6/1/15 Initials: Ae Time: 0800

INITIAL: [] Sick Call [X] Nurse [] HCP [] Dentist [] Behavioral Health [] Eye Doctor [] Other

(TO BE COMPLETED BY HEALTHCARE STAFF)

[X] Patient seen (if applicable) [] Patient outside of facility (hospital, court, etc.), reschedule upon return
[] Response sent to patient (if applicable) [] Patient refused, Refusal Form complete
[] Patient released from custody Fee Charge [X] No [] Yes, Amount \$

RESPONSE TO PATIENT / COMMENTS: N/A Musculoskeletal PAW 6-1-15

NOTE: Treatment information should not be noted above, but should be documented on the appropriate treatment form(s)

Staff Signature: [Signature] Date: 6-1-15

Form Number: SC001UN000ACCB102413

2-Part Form

Page 1 of 1

Brian Hill 138125 5.26.90 . 6.1.15
Signed by Alan Grizzard on 08/23/2015 02:39 PM EST
2B07

Page 1 of 1

Forsyth County Detention Center
Forsyth Co
201 North Church Street
Winston-Salem, NC 27101



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138425	5/26/1990	5/27/2015

Allergies

NKDA

Another brand of drug identical in content may be dispensed unless checked

Orders:

1. Admission Orders for Insulin Dependent Diabetics
2. 2500 Cal ADA Diet With a Snack Bag
3. Place on Diabetic Chronic Care List
4. FSBS BID until released
5. Begin Sliding Scale Protocol
6. Make referral for NP to see next day. Call for orders

Noted by ADoliver LPN on Wednesday, May 27, 2015 5:23:44 PM

Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676

Daily Treatment Record



Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date 6/4/2015
--------------------------------------	----------------------------------	---------------------------------	-----------------------------------	---------------------------------

Patient Location 2B05

Treatment Ordered (Check One)
 Nebulizer Treatments
 Blood Pressures
 Weight Checks
 Other

*Same Scale each

Order as Written: Weekly weights X 60 days weight

Treatment Frequency: QD BID Other: Weekly

*Document which Scale

Begin Date: 6-5-15 End Date: 8-5-15

1	2	3	4	5	6	7
				178.9 JB		
8	9	10	11	12	13	14
				#2 178.9 JB		
15	16	17	18	19	20	21
				#2 177.1 JB		
22	23	24	25	26	27	28
				174.9		
29	30	31	Initials	Signature	Initials	Signature

- Upon completion of ordered Blood Pressure and Weight Checks, place the completed Treatment record into the health record and schedule patient for a physical evaluation
- Report all Blood Pressures according to protocol to the Physician



Forsyth County Detention Center
 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101
 336-917-7676



Diabetic Flow Sheet			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 5/29/2015

Patient Location
 FS & Insulin Ordered

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
6-1-15	0542	155			SB		
6-1-15	0943	242	Reg 5/5	2u	MM		
6-1-15	1700	161			MM		
6-1-15	2200	326	lantus	36	MM		Low Reg
6-2-15	0500	80			KB		
6-2-15	1023	404	Reg 5/5	10u	KT		
6-2-15	1708	133			MM		
6-3-15	0508	192			JB		
6-3-15	1049	332	Reg 5/5	6u	KT		
6-3-15	1700	236			CD		2u S/S
6-3-15	2200	263	lantus	36	CD		S/S
6-4-15	0520	83			JB		
6-4-15	1036	257	Reg 5/5	4u	KT		
6-4-15	1700	230	Jkey	2u	AK		
6-4-15	2200	340	lanK & lantus	42u	AK		
6-5-15	0514	116			JB		
6-5-15	1032	235	Reg 5/5	2u	KT		
6-5-15	1714	227	Reg 5/5	2u	MM		
6-5-15	2200	307	lantus	36	MM		Low reg
6-6-15	0500	44	orange juice		JB	Rechecked	105 @ 0550
6-6-15	1000	187			ED		
6-6-15	1657	239			MM		Reg 5/5 2u
6-6-15	2045	249	lantus	36	MM		Reg 5/5 2u
6-7-15	0500	52			ED		Food on post juice
6-7-15	1000	238	Reg 5/5	2u	ED		
6-7-15	1650	198			MM		
6-7-15	2036	351	lantus	36	MM		8u reg S/S
6-8-15	0500	40			ED		Trays on post and given juice
6-8-15	0730	245			JC		
6-8-15	1007	247	Reg 5/5		JC		2u reg
6-8-15	1700	227			CD		2u reg
6-8-15	2200	206	Lantus	36	CD		
6-9-15	0544	44			AB		
6-9-15	1700	273			CD		4u reg
6-9-15	2200	263	Lantus	36	CD		2 needles
6-10-15	0500	43			AN		Food on post an orange juice



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Diabetic Flow Sheet			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 6/10/2015

Patient Location
 FS & Insulin Ordered

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
6/10/15	1000	315			6		2wry
6/10/15	1700	165			CD		
6/10/15	2200	230	70/30	36	CD		2
6/11/15	0500	40			CB		Food on post and gr juice
6/11/15	1000	306	70/30		AK		
6/11/15	1700	182			AK		6u wry
6/11/15	2200	281	4u Reg + 36 Glargine	4u	AK		
6/12/15	0500	42			CB		
6/12/15	1000	286			E		4u Reg
6/12/15	1700	254			CD		
6/12/15	2200	110	70/30	36	CD		
6/13/15	0500	49	Recheck 30min		LR		
6/13/15	0530	90			LR		
6/13/15	1000	244	Reg 5/5	2u	RT		
6-13	1700	176			CD		
6-13	2200	365	Lantus	36	CD		8 Reg
6-14	0515	108			JB		
6/14/15	1000	274	Reg 5/5	4u	RT		
6-14	1700	198			CD		
6-14	2200	441	Lantus	36	CD		10u Reg
6-15	0500	79			JB		
6/15/15	1005	339	Reg 5/5	6	JC		
6-15-15	1706	420	Reg 5/5	10	MM		Charge RN
6-15-15	1808	356			MM		Charge RN
6-15	2125	372	Lantus	38	MM		Reg 8u
6/16/15	0609	69			KB		
6/16/15	1000	305	Reg 5/5	6u	RT		
6/16/15	1650	303	Reg 5/5	8	MM		
6/16	2659	395	Lantus	38	MM		Reg 5/5 8u
6-17	0534	72			JS		
6/16/15	1000	194			RT		
6-17-15	1639	263	Reg 5/5	4u	MM		
6-17-15	2044	299	Lantus	36	MM		Reg 5/5 4u
6-18-15	0509	58	Reducted 73		JS		
6/19/15	1000	266	5/5	4u	RT		
6/19/15	1700	170			AK		



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Diabetic Flow Sheet			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 6/18/2015

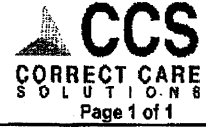
Patient Location

FS & Insulin Ordered

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
6/18/15	200	410	Insulin & 3/4 glucose	42u	AK		
6/19/15	0521	52			JB		Red blood cells
6/19/15	0809	0841	S/S	4u	KT		
6/19	1645	167			MM		
6/19	2053	388	3/4 Lantus		MM		8u Reg S/S
6/20	0519	187			JB		
6/20/15	1015	282			QB		2u/s
6/20/15	1730	294			QB		+ 4u/s
6/20/15	2157	417	Lantus	36	QB		+ 10u/s
6/20/15	0442	34			QB		
6/21/15	0910	224			E		2u/s
6/21/15	1200	216	Insulin	2u	AK		
6/21/15	2020	287	4u Insulin & 3/4 glucose	40u	AK		
6/22/15	0435	70			QB		
6/22/15	0858	308			JC		+ 6u writes Reg. S/S
6/22/15	1700	167			CD		
6/22/15	2200	372	20u Lantus	36	CD	8	
6/23/15	0436	44			QB		Glucose given
6/23/15	0930	310			E		le/urys
6/23/15	1700	206			CD		2u/s
6/23/15	2200	359	Lantus	36	CD		8u/s
6/24/15	0500	44			UR		Glucose Given
6/24/15	0915	334			E		6u/s
6/24/15	1700	269			CD		4u/s
6/24/15	2200	47	Lantus	36	CD		
6/25/15	0500	96			UR		
6/25/15	0915	430			E		10u/s
6/25/15	130	399	Recheck		E		2u/s after Ate
6/25/15	1700	290	Insulin	4u	AK		De Notified
6/25/15	2200	352	Insulin & 3/4 glucose	44u	AK		
6/26/15	0510	54			UR		Glucose
6/26/15	0530	67			UR		Glucose + breakfast
6/26/15	0900	109			UR		
6/26/15	1700	914			CD		2u/s
6/26/15	2200	309	Lantus	36	CD		
6/27/15	0457	296			QB		



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Diabetic Flow Sheet			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 6/18/2015

Patient Location

FS & Insulin Ordered

DATE	TIME	RESULT	MEDICATION	DOSE	INIT	PROV. NOTIFIED	COMMENTS
6/17/15	0645	350	Reg S/S	8u	GT		
6/17/15	1005	227	Reg S/S	2u	GT		
6/17/15	1146	205	Reg	2u	GT		
6/17/15	0200	315	Lantus	36u	GT		+ Leureg
6/18/15	500	158			GT		
6/18/15	1011	240	S/S	2u	GT		
6/18/15	1200	362	Leu	2u	GT		
6/18/15	0200	335	Leu Reg + 36 glargine	42u	GT		
6/18/15	0500	71			GT		
6/19/15	0957	273			GT		+ 4u Reg
6/19/15	1142	237	Reg S/S	2u	MM		
6/19/15	2100	335	Lantus	36u	MM		Leu Reg
6/19/15	0508	37			RB		Recheck
6/19/15	1008	403	S/S	10u	GT		

5:30
7:30
Lantus



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4C316 2B-11



Diabetic Flow Sheet			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date: 5/27/2015

Patient Location

FS & Insulin Ordered FSBS BTID x 30damp

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTIFIED	COMMENTS
5/27	1725	384	Regular	8u	u	u	u
5/27/15	1000	379		8u	m		
5/27	1700	352	Regular	8	mm		
5/27	0630	360	Regular	8u	u		
5/27/15	1000	195			AK		
5/29/15	0710	247	reg 5/5	2u	RB		2 Lancets
5/29/15	2200	301		36u			1st reg 2 needles
5/30/15	0515	42	Change RW called	tray	given	mm	
5/30/15	0530	50			mm		
5/30	0545	96			mm		
5/30/15	1000	446	Reg 5/5	10u	u		CN Notified
5/30/15	1300	372			u		
5/30/15	1700	178			AK		
5/30/15	2200	25	4u Lx 36u of insulin	40u	AK		2 Syringes
5/31/15	0517	153	glycine	.	u		
5/31/15	0517	153			u		
5/31/15	1005	300	Reg 5/5	6u	u		
5/31/15	1700	236	Reg	2u	AK		
5/31/15	2200	277	4u Lx 36 glycine	40u	AK		



Forsyth County Detention Center
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Physician Order



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/25/2015
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Added 06/25/2015 07:10 PM EST by arhoades Provider

Follow up with Dr Rhoades in am to evaluate hypoglycemic episodes

Alan Rhoades MD

Noted by
 Control was NOT noted

Forsyth County Detention Center
 Forsyth Co
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Physician Order



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/20/2015
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Added 06/20/2015 01:41 PM EST by twhite LPN

Patient may have family to bring needles for Novolog Flexi pen (refrigerator) to facility, per Dr. Rhoades.

Noted by twhite LPN on Saturday, June 20, 2015 1:41:17 PM

Forsyth County Detention Center
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Physician Order



<i>Patient Name</i> BRIAN D HILL	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/4/2015
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Added 06/04/2015 02:46 PM EST by eaycoth Nurse Practitioner

Weekly weights x's 60 days.
 Same scale with each weight; document which scale

Noted by jdouthit RN on Thursday, June 04, 2015 4:18:49 PM

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Physician Order



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/1/2015
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Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Orders

Added 06/01/2015 08:23 PM EST by eaycoth Nurse Practitioner

Diagnostic panel II and HgA1C
 schedule next CC visit -- IDDM -- in 3 months

Noted by aimcooper RN on Tuesday, June 02, 2015 5:24:00 AM

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Medical Diet Order



Patient Name	Inmate Number	Date of Birth	Today's Date
HILL, BRIAN D	1908253	5/26/1990	5/27/2015

5/27/15
 DIET START DATE

9/27/15
 DIET END DATE

- CA CARDIAC (low fat, low sodium, low cholesterol, 2300 cal.)
- PR PREGNANCY (includes snack)
- SO SOFT (Dental)
- RD1 RENAL DIET I (60g protein)
- RD2 RENAL DIET II (80g protein)
- BROKEN JAW DIET (blended)
- CLEAR LIQUID (maximum of 48 hours)
- BLAND DIET
- 2500 CAL DIABETIC
- IDD 2500 CALORIE WITH HS SNACK
- NIDD 2500 CALORIE, NO HS SNACK
- GAS GASTRIC SOFT/LOW RESIDUE

Comment: X 120 days

[Signature]
 REQUESTING PROVIDER
5/27/15
 DATE
[Signature]
 AUTHORIZING SIGNATURE
5-28-15
 DATE



Nurses Observations ...

Inmate: Brian David Hill

Booking #: 138125

<u>Date/Time</u>	<u>Comments</u>	<u>Nurse</u>
05/27/2015 00:01	insulin dependant with HS snack x120 days [05/27/2015 17:23, OLIVERAN, 8275887, FCSO]	Oliver, Alisha

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Progress Notes



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/26/2015

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM
Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 mL oral suspension	30.00 milliliter	Forsyth Co Facility: TID AM PM & HS - Worker	6/22/2015 5:00:00 PM	7/22/2015 4:59:00 PM

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 06/26/2015 06:23 PM EST by arhoades Provider

Medicine:

This is a 25 yo male with Type 1 diabetes and he developed severe hypoglycemia recently. He told me "got the wrong insulin" yesterday morning and I assumed he got it just before breakfast. I checked the MAR and FS log, but I found that no insulin was given. Today, I realized he was trying to say that he received the wrong insulin the night before.

I checked the FS log again and it seems that he was given his usual dose of Lantus at 36 units. I went back to talk to him about the insulin he was given that night.

1. He tells me the vial of insulin "seemed smaller".
2. He feels the insulin was wrong because he started feeling unusually weak and tired between 1-2 am
3. He drank four packets of orange juice and he ate an orange but the symptoms persisted.
4. He "felt tired" so he decided to go to sleep.

Forsyth County Detention Center
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Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/26/2015
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Medication	Dose	Schedule	Start Date	End Date
<p>3. He drank four packets of orange juice and he ate an orange but the symptoms persisted.</p> <p>4. He "felt tired", so he decided to go to sleep.</p> <p>5. He feels he has a "seizure" at the time people went to evaluate him the next morning. It was then that staff discovered him to be unresponsive with a FS = 37 mg/dl</p> <p>6. He was given two tubes of GlucoGel and two packets of orange juice again</p> <p>Will need to check into matters ASAP to see what type of insulin is being given at night Will need to inform HSA and DON as well</p> <p>Alan Rhoades MD</p>				

Forsyth County Detention Center
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Progress Notes



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/25/2015

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM
Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 ml oral suspension	30.00 milliliter	Forsyth Co Facility: TID AM PM & HS - Worker	6/22/2015 5:00:00 PM	7/22/2015 4:59:00 PM

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OGD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 06/25/2015 07:09 PM EST by arhoades Provider

Medicine:

This is a 25 yo male with Type 1 diabetes and his diabetic state has been incontrolled. I was told the patient was found unresponsive this morning and a FS was donbe showing a reading = 37 mg/dl. He was given oral glucose x 2 tubes and 2 packets of orange juice with a subsequent FS reading of 486 mg/dl. lasked to see him today.

He met me in the exam room to discuss diabetic management.

1. At home, he reports taking Lantus insulin 36 units/day plus SSI intermittently as well.
2. At present, he is getting Lantus insulin 36 units/day plus SSI QID

Reviewed FS log:	5am	10a	5pm	10pm
6/20/15	187	282	244	417

Forsyth County Detention Center
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Progress Notes



Patient Name BRIAN D HILL	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 6/25/2015
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Medication	Once	Schedule	Start Date	End Date
Reviewed FS log:	5am	10a	5pm	10pm
6/20/15	187	282	244	417
6/21/15	34	224	216	287
6/22/15	70	308	167	372
6/23/15	44	310	206	359
6/24/15	44	344	266	97
6/25/15	37	96	486	290

A/P: Uncontrolled DM

- most of the time, the patient's FS was very high at night and he must have gotten insulin to combat it
- the morning FS was found to be extremely low the next morning and this indicates we have a major problem
- need to obtain a list of foods purchased at the commissary
- will plan to meet with the inmate tomorrow

Alan Rhoades MD

2B07

MHO

Forsyth County Detention Center
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Winston-Salem, NC 27101
336-917-7676

Progress Note

2A01



Patient Name HILL, BRIAN D	Patient Number 1908253	Booking Number 138125	Date of Birth 5/26/1990	Today's Date 6/14/2015
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ALLERGIES

Date/Time	Comments:
6/14/15 0320	S-Inmate placed a sick call stating that he needs counseling for the Government abusing him mentally, physically by deteriorating his health and lying about him. He needs someone to talk to about the wrong doings the Government did to him and how it's hurting him. Inmate stated multiple times that the government is trying to hurt him when checking on inmate. However, inmate would not elaborate. O-Resp equal and unlabored. No acute distress noted. Denies SI & HI. A-Ineffective coping. P-Inmate placed on M+IO. Will continue to monitor. <i>Q-L</i>
6-14-15 1520	Inmate continue with his delusion - continue to deny SI & HI - <i>Just W</i>
6/14/15 2145	S-Inmate still talking about the government and the US Marshalls. Denies SI & HI. Inmate moved from 2B07 to 2A01 by detention. O-Resp equal and unlabored. No acute distress noted. A-Ineffective coping. P-Will continue to monitor. <i>Q-L</i>



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 Forsyth Co
 201 North Church Street
 Winston-Salem, NC 27101

Progress Notes



Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
BRIAN D HILL	1908253	138125	5/26/1990	6/8/2015

Medication	Dose	Schedule	Start Date	End Date
insulin regular human 100 unit/mL injection solution	0.00 unit	Forsyth Co Facility: Diabetic QID	5/27/2015 10:00:00 PM	6/26/2015 9:59:00 PM
insulin glargine 100 unit/mL subcutaneous solution	36.00 unit	Forsyth Co Facility: Diabetic HS	6/3/2015 10:00:00 PM	7/3/2015 9:59:00 PM
Zyrtec (Cetirizine) 10 mg tablet	1.00 tablet	2North 8 South: Q AM	6/5/2015 5:00:00 AM	7/5/2015 4:59:00 AM

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-02-2014	Acute	PSYCH: OCD	Obsessive-Compulsive Disorders	
01-02-2014	Acute	OTHER	General Medical Exam Not Otherwise Specified	
12-20-2013	Acute	EXT CAUSES: Suicide	Suicide and Self-Inflicted Injury by Other and Unspecified Means	
12-20-2013	Chronic	META: DM	Diabetes Mellitus	
12-20-2013	Acute	PSYCH: Psychiatric NOS	Personal History of Mental Disorder Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy
12-20-2013	Allergy Items	No Known Allergies

Vital Signs Taken

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI

Notes / History:

Added 06/08/2015 09:08 PM EST by eaycoth Nurse Practitioner

Provider note -- E. Aycoth FNP

The inmate was scheduled today for chronic care but this was actually done last week.

When he presented to the exam room I explained CC already done.

He confirmed he had received my letter regarding his labwork results and especially the elevated HgA1C.

I started to discuss blood sugar control and the inmate became angry stating "my civil liberties have been violated and it is your fault" - he thinks his insulin should be adjusted per carb ratio each meal. I tried to explain the time frame the HgA1C covered but he still said it was my fault and "I'm going to take out a lawsuit". He said he had nothing else to say and left the exam room.

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Progress Notes



<i>Patient Name</i> BRIAN D HILL	<i>Inmate Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/8/2015
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<i>Medication</i>	<i>Dose</i>	<i>Schedule</i>	<i>Start Date</i>	<i>End Date</i>
<i>he had nothing else to say and left the exam room.</i>				

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 7/1/2015
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Order Overview

Ordered By: Rodgers, Patricia on 07/01/2015 04:53PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
7/1/2015	Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 90 days.	36	unit	Diabetic HS	90	No	No

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 7/1/2015
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Order Overview

Ordered By: Rodgers, Patricia on 07/01/2015 04:49PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
7/1/2015	Discontinued - Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 90 days.	0	unit	Diabetic HS	90	No	No

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Medication Order



Patient Name HILL, BRIAN	Patient Number 1908253	Booking Number 138125	Birth Date 5/26/1990	Date Of Service 7/1/2015
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Order Overview

Ordered By: Rodgers, Patricia on 07/01/2015 04:49PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
7/1/2015	Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 90 days.	0	unit	Diabetic HS	90	No	No

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 06/27/2015 06:43AM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/27/2015	insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. T.O. read back and affirmed.	0	unit	Diabetic QID	30	No	No

Noted By: Cooper, Aimee RN 06/27/2015 06:43AM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/22/2015
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Order Overview

Ordered By: Rhoades, Alan on 06/22/2015 02:39PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/22/2015	Maalox Advanced (Alum-Mag Hydroxide-Simeth) 200 mg-200 mg-20 mg/5 mL oral suspension: give 30 milliliter PO TID AM PM & HS - Worker PRN for 30 days.	30	milliliter	TID AM PM & HS - Worker	30	Yes	No

Noted By: Cook, Averi LPN 06/22/2015 02:39PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/4/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 09:21PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/4/2015	Discontinued - insulin glargine 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN.	0	unit	Diabetic HS	23	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 09:22PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/4/2015
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Order Overview

Ordered By: Aycoth, Emma on 06/04/2015 02:42PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/5/2015	Zyrtec (Cetirizine) 10 mg tablet: give 1 tablet PO Q AM for 30 days.	1	tablet	Q AM	30	No	No

Noted By: Gaines, Mark RN 06/04/2015 02:49PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/2/2015
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Order Overview

Ordered By: Aycoth, Emma on 06/02/2015 03:26PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/3/2015	insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 30 days.	36	unit	Diabetic HS	30	No	No

Noted By: Douthit, Josie RN 06/02/2015 03:28PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 6/1/2015
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Order Overview

Ordered By: Mickler, Joseph on 06/01/2015 12:50PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
6/1/2015	Tylenol (Acetaminophen) 325 mg tablet: give 2 tablet PO BID AM & HS - Worker for 2 days.	2	tablet	BID AM & HS - Worker	2	No	No

Noted By: Cook, Averi LPN 06/01/2015 12:50PM

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<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 05:36PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	Discontinued - insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic BID AM & PM for 30 days. protocol Rhoades/DOliverLPN .	0	unit	Diabetic BID AM & PM	30	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 05:37PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 09:22PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic QID for 30 days. TORA ARhoades/DoliverLPN.	0	unit	Diabetic QID	30	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 09:22PM

6/4/2015	insulin glargine 100 unit/mL subcutaneous solution: give units per sliding scale protocol SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN.	0	unit	Diabetic HS	23	No	No
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Noted By: Oliver, Alisha LPN 05/27/2015 09:22PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 09:17PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	Discontinued - insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN.	36	unit	Diabetic HS	23	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 09:17PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 09:17PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 23 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN.	36	unit	Diabetic HS	23	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 09:17PM

5/27/2015	insulin glargine 100 unit/mL subcutaneous solution: give 36 unit SC Diabetic HS for 7 days. *Use inmates insulin vial* TORA ARhoades/DoliverLPN.	36	unit	Diabetic HS	7	No	No
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Noted By: Oliver, Alisha LPN 05/27/2015 09:17PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 05:36PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/28/2015	insulin regular human 100 unit/mL injection solution: give units per sliding scale protocol SC Diabetic BID AM & PM for 30 days. protocol Rhoades/D Oliver LPN .	0	unit	Diabetic BID AM & PM	30	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 05:37PM

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Medication Order



<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 05:33PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	Discontinued - insulin regular human 100 unit/mL injection solution: give 3 unit INJ Diabetic HS for 90 days. per protocol RhoadesMD/DoliverLPN .	3	unit	Diabetic HS	90	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 05:34PM

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<i>Patient Name</i> HILL, BRIAN	<i>Patient Number</i> 1908253	<i>Booking Number</i> 138125	<i>Birth Date</i> 5/26/1990	<i>Date Of Service</i> 5/27/2015
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Order Overview

Ordered By: Rhoades, Alan on 05/27/2015 05:33PM

Start Date	Medication	Dose	UOM	Frequency	Durations (Days)	PRN	KOP
5/27/2015	insulin regular human 100 unit/mL injection solution: give 3 unit INJ Diabetic HS for 90 days. per protocol RhoadesMD/DoliverLPN .	3	unit	Diabetic HS	90	No	No

Noted By: Oliver, Alisha LPN 05/27/2015 05:34PM