

VIII. ABUSE SCREEN

P 51

Reports physical or psychological abuse  No  Yes Unexplained injury  No  Yes  
Suspicious bruises or markings  No  Yes Appears neglected ( No  Yes  
If yes to any criteria, notify  physician,  social worker and document in progress notes.

IX. DISCHARGE PLANNING Patient will need referral for:

Home Care  Nursing Facility  Rehab  Other \_\_\_\_\_

Family / Significant Other to Notify in Case of Emergency

Name: Larry Schoolcraft Relationship: Father Phone: 957-2486  
Address: 196 County Highway 107 Johnston NY 12095

X. PATIENT BILL OF RIGHTS

Provided a booklet, *Your Rights as a Hospital Patient In New York State*, which includes the following information:

- Patient's Bill of Rights
- An Important Message Regarding Your Rights as a Hospital Patient
- Important Message from Medicare
- Planning in Advance for Your Medical Treatment (Advance
- Deciding about CPR: (DNR) Orders - A Guide for Patients
- Letter from the New York State Department (Re: SPARCS)

SCHOOLCRAFT, ADRIAN  
MIR: 1298984  
DOB: 1975 34Y M  
ADM: 11/03/2009 19:00 03MH0HAL 01  
HOVANESIAN, SHUSHAN  
PT#: 130381874  
PIC: 19 S

XI. ADVANCED DIRECTIVES

NO  
 Provided assistance in formulating Advanced directive  
 Patient does not wish further information

YES  
If yes, indicate type?  
 Health Care Proxy  Do Not Resuscitate  
 Living Will  Durable Power of Attorney  
Is copy placed on chart?  YES  NO  
If No, when will copy be placed? \_\_\_\_\_

XII. NURSING DIAGNOSIS/PROBLEMS:

A/E thought process. Sec A/E feeling state as evidenced by paranoia, fear and suspiciousness.

XIII. EXPECTED OUTCOMES: Indicate Goals for Discharge

Pt will comply with his medication Regime.  
Pt will attend unit group and activities. Pt will identify his strengths and support systems.

DATE 11/3/09 PRINT NAME SHARON BARROW SIGNATURE [Signature] TITLE RN

P 2

SCHOOLCRAFT, ADRIAN  
 M/R: 1298984      PT#: 130381874  
 DOB: 1/1975 34Y M      F/C: 19 S  
 ADM: 11/03/2009 15:00 03MHGHAL 01  
 HOLYMANESIAN CATHOLICISM

**CREATIVE ARTS THERAPY ASSESSMENT**

Functional Skill Area	Good	Average	Poor	Behavioral Example (if applicable)
Motivation				PT has not attended group since admission. Not enough contact to assess.
Follows Directions				
Plans/Organizes				
Problem Solving				
Works Independently				
Frustration Tolerance				
Concentration				
Making Decisions				
Meeting New People				
Being Assertive				
Relatedness				
Accepting Responsibility				
Accepting Feedback				
Impulse Control				
Reality Testing				
Self-Awareness				
Express-ability				
<b>Strengths/Assets:</b>				
<b>Weaknesses:</b>				
<b>Preferred Modality: (e.g.: Verbal, Art, Movement etc.)</b>				
<b>Goals:</b>				
<b>Recommendations:</b>				

Signature: Gabriela Portas MACAT-Limited      Date: 11/6/09  
Print/typing name & title      GABRIELA PORTAS, MACAT-Limited Artist



**JAMAICA HOSPITAL  
MEDICAL CENTER**

DEPARTMENT OF NURSING

SCHOOLCRAFT, ADRIAN  
1296984 M DOB: /1975 34Y  
ADM:11/01/2009 182B 130331874 09  
ALDANA-BERNIER, LILIAN R PSYC

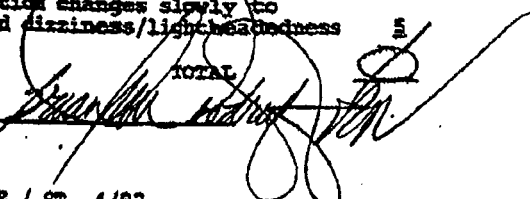
P53

**FALL RISK ASSESSMENT**

**DIRECTIONS:** Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor which applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot). Risk factors along with Process Standards must be incorporated in the Patient Care Plan.

RISK FACTORS	PROCESS STANDARDS	SCORE
1. Age	1. Assess age changes related to functional status (over 65 years old)	5
2. History of previous Falls	1. Ascertain from patient and family previous fall patterns and initiate Spot the Dot Program as necessary. 2. Discuss activity limitations with patient and family. 3. Provide safe environment - Call light within reach - Bed in low position - Bed wheels locked - Side rails up - Night light or bathroom light on	10
3. Mental Status - Dementia - Psychoses - Delirium Tremens - Seizures	1. Assess patient's mental status - Orientation - Memory - Judgment - Behavior 2. Assess needs for restraints. 3. Assess need for placing patient in room near nurses' station. 4. Assess need for companion supervision.	10
4. Debilitation/weakness/ cachexia	1. Assess patient's self-care ability. 2. Assess patient's ability to turn, pull and move about freely. 3. Arrange furniture/equipment to provide safe environment.	10
5. Mobility Deficits - Hemiparesis - Paraparesis - Hemiplegia - Paraplegia - Ataxia - Use of prosthetic devices - Use of cane/crutches - Amputee - Parkinson's disease	1. Assess patient's ambulatory status; have patient demonstrate walking. 2. Provide safe environment: - Maintain bed in low position with breaks locked. - Keep side rails in operable and within reach. - Place assistive devices and necessary equipment within reach while maintaining safe environment. - Have patient wear appropriate footwear when ambulating. - Utilize night light.	25

- |   |   |                            |
|---|---|----------------------------|
| <p>6. Communication Deficits</p> <ul style="list-style-type: none"> <li>- Dysarthria</li> <li>- Aphagia</li> <li>- No verbalization</li> <li>- Language barrier</li> </ul>  | <p>1. Assess patient's communication status.</p> <p>2. Establish effective mode of communication.</p> <p>3. Provide interpreter where needed.</p> <p>4. Make patient rounds q 1-2 hours as needed.</p>  | <p>1</p>                   |
| <p>7. Visual Deficits</p> <ul style="list-style-type: none"> <li>- Blindness</li> <li>- Blurred vision</li> <li>- Night blindness</li> <li>- Post-op eye surgery</li> <li>- Use of eye glasses/contact lenses</li> </ul>  | <p>1. Assess vision.</p> <p>2. Check effectiveness of eye glasses.</p> <p>3. Sign in room indicating sensory deficit.</p> <p>4. Instruct patient to call for assistance as necessary.</p>   | <p>1</p> <p>5</p> <p>1</p> |
| <p>8. Medications</p> <ul style="list-style-type: none"> <li>- Barbiturates</li> <li>- Tranquilizers</li> <li>- Pain meds</li> <li>- Hypnotics</li> <li>- Anesthetics</li> <li>- Antihypertensives</li> <li>- Diuretics</li> <li>- Laxatives</li> <li>- Eye gtt's.</li> </ul> | <p>1. Evaluate patient's medications' dosages, regimen and side effect potential.</p> <p>2. Alert patient to possible side effects and instruct patient to call for the nurse should any side effect be experienced.</p> <p>3. Closely observe all post-operative patients for anesthesia side effects and observe patient's mobility.</p> <p>4. Plan toileting schedule.</p> | <p>5</p> <p>5</p> <p>1</p> |
| <p>9. Alteration in bladder function</p>  | <p>1. Assess patient's present elimination patterns<br/>Note urgency, nocturia frequency.</p> <p>2. Plan toileting schedule if indicated.</p> <p>3. Assess need for assistive devices such as commode or Texas catheter.</p> <p>4. Instruct patient to call for help as needed.</p> <p>Note: Rehabilitation patients</p>  | <p>1</p> <p>1</p> <p>1</p> |
| <p>10. Auditory Deficits</p>  | <p>1. Assess patient's ability to hear.</p> <p>2. Check effectiveness of hearing aid/batteries.</p> <p>3. Determine tone and volume necessary for communication.</p> <p>4. Place sign in room indicating sensory deficit.</p>   | <p>1</p> <p>1</p>          |
| <p>11. Orthostasis/<br/>Hypotension</p> <ul style="list-style-type: none"> <li>- Menier's Syndrome</li> <li>- Syncopeal episodes</li> <li>- Vertigo</li> </ul>  | <p>1. Assess prior history of fluctuations in blood pressure on position change.</p> <p>2. Instruct patient in the importance of making position changes slowly to avoid dizziness/lightheadness</p>  | <p>1</p>                   |

DATE: 11/1/09 SIGNATURE: 

Original : P & P / EP 8/89  
 Revised: NCCIC & P & P COMMITTEE / ST 4/92  
 ROUTE TO NURSING OFFICE UPON DISCHARGE

**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**

(to be given to the patient at the time of admission to the hospital)

Section 9.29 Mental Hygiene Law

SCHOOLCRAFT, ADRIAN

PT#: 130381874  
FC: 19 S

MIR: 1298984

DOB: 11/28/34 M

ADM: 11/03/2009 16:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Date of Birth

Facility Name

Date of Admission  
to Hospital

TO: Schoolcraft, Adrian

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HEALTH LEGAL SERVICES  
CREEDMOOR PSYCHIATRIC CENTER  
80-45 WINCHESTER BOULEVARD  
QUEENS VILLAGE, NY 11247  
TELEPHONE NUMBER (718) 264-3342**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

[Signature]  
Signature of Staff Physician

11/2/09

COPIES TO: Persons designated by patient to be informed of admission. (If None, app in "1802")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service. State and Federal laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

**NOTIFICACION DE ESTADO LEGAL Y DERECHOS  
INGRESO DE EMERGENCIA**  
(Para ser entregada al paciente al momento del ingreso al hospital)  
Sección 9.39 de la Ley de Higiene Mental

Nombre del paciente (Apellido, Nombre, Inicial)	Examinador voluntario
del organismo receptor	
.....	
Nombre	Fecha de actualización
.....	
Nombre de la institución	Unidad/Policlínica/Centro No.

Fecha de ingreso al hospital			
	Mes	Día	Año

A:

Basado en los exámenes de un médico de este hospital, usted ha sido admitido como paciente con estado legal de emergencia a este hospital para personas con enfermedades mentales, para observación, cuidado, y tratamiento inmediato. Dentro de 48 horas a partir del momento del ingreso, usted será examinado por otro médico miembro del departamento psiquiátrico de este hospital. Si se confirman los informes del primer médico, usted permanecerá internado en el hospital por un período de hasta 15 días a partir de su llegada. Durante este período de 15 días usted puede ser dado de alta, cambiado a estado legal involuntario o permanecer internado como paciente voluntario o informal.

Usted y cualquiera que actúe en representación suya están en libertad de preguntar al personal del hospital acerca de su condición, su estado legal y derechos bajo la ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita observación, cuidado y tratamiento inmediato, usted o ellos pueden hacer una petición escrita para una audiencia ante el tribunal. Las copias de dicha petición serán enviadas por el director(a) del hospital al tribunal apropiado y al Servicio Legal de Higiene Mental.

**SERVICIO LEGAL DE HIGIENE MENTAL**

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de protección, consejería y asistencia, incluyendo representación con relación a su hospitalización. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalización y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinión médica independiente.

Usted o cualquier otra persona actuando en representación suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por teléfono o escribiendo directamente a la oficina del Servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

**AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA ENTREGADO UNA COPIA DE ESTA NOTIFICACION**

Firma del médico _____ COPIAS A: Personas designadas por el paciente para ser informadas antes del ingreso. (Si es necesario escribir "NINGUNO"). _____ _____ _____	Fecha _____ _____ _____
--	----------------------------------

Una copia de esta notificación de estado legal y derechos será también enviada al Servicio Legal de Higiene Mental. Las leyes estatales y federales prohíben la discriminación basada en raza, color, credo, nacionalidad, edad, sexo o incapacidad.

Form OMH 474 (2-09)

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PTH: 130381874  
DOB: 1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

<b>EMERGENCY ADMISSION</b> Section 9.39 Mental Hygiene Law	Patient Name Last/First MI.
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**I. General Provisions for Emergency Admission**

- A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
- The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section.
  - The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
    - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
    - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
  - A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.
- B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A(75A), I
  - Section 9.42 - Powers of Courts - Form OMH 485, Civil Order for Removal to Hospital
  - Section 9.43 - Powers of Directors of Community Services, Form OMH 474A(75A), II
  - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A(75A), III
  - Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A(75A), IV
- C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHF Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.
- If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of the form (OMH 474).
- Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is surtable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not surtable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

**II. Record of Admission**

A. The above-named person was brought to this hospital by Frankel Ben Med Ev

Time/Address No 123 apartment Address Phone

Relationship to Person Address of Person

Time of arrival at hospital: 11/03/09 15:00 AM

B. Circumstances which led to the person being brought to this hospital: (If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section \_\_\_\_\_

patient is a danger to himself - currently psychotic & paranoid. will consent for inpatient stabilization

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS

Physician's Signature: Wm Citrona BSc

11/03/09 15:00 AM

Form 5014-04 (2-04) page 2

SCHOOLCRAFT, ADRIAN

State of New York  
Office of Mental Health

EMERGENCY ADMISSION Section 5.20 Mental Hygiene Law	M/R: 1298984	PT#: 130381874	FIC: 19 9
	DOB: [redacted] 1976 34Y M	ADM: 11/03/2008 15:00 03MM9HAL 01	

III. Examination to Confirm Need for Extension of En

A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

34 y.o. male without past Y history  
presented to ER with "paranoid"  
delusion and admitted for further  
evaluation

B. Physical Condition (including any special test reports):

Stable

C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

Very serious, forthcoming  
of himself that has suspicious  
w/ few police departments  
wanted to "get rid of him"

D. The patient shows the following psychiatric signs and symptoms:

delusory and paranoid  
quality delusions

E. Does the patient show a tendency to cause serious harm to himself?  Yes  No to others?  Yes  No

F. (Acute diagnosis if determined) Psychosis NOS  
Re Adjustment disorder

IV. Psychiatrist's Confirmation

I have personally observed and examined Schoolcraft Adrian on 11/04/09

Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge and belief.

I am on the psychiatric staff of Lawrence Hospital (Signature)







SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

**CONSENT FOR GENERAL ADMISSION/ EXAMINATION/TREATMENT**

I authorize my admission to The Jamaica Hospital Medical Center ("Hospital"). I authorize the Hospital, the attending physicians and dentists or its medical staff, assisted by the House Staff, Nursing Staff, Allied Health Staff (employees of the Hospital) and students (nonemployees), to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing of and/or administration of blood or other derivatives, as is deemed necessary or advisable in my care.

I understand that the attending physicians managing or participating in my care may not be employees or agents of the Hospital. I also understand that the Hospital is only responsible for the care rendered by Hospital employees and/or agents.

I acknowledge that no guarantees or assurances have been made to me concerning the outcome of treatments or examinations in the Hospital.

I confirm that I have read and fully understand the above.

Patient/Authorized Person: [Signature]  
Signature

Print Name

Relationship, if signed by person other than patient

(If Required)  
Interpreter: \_\_\_\_\_  
Signature

Print Name

Witness: [Signature]  
Signature

[Signature]  
Print Name

Date: 11/9/09

\*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18, incompetent, or is otherwise incapacitated.

**NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.**



Department of Psychiatry  
Emergency Division

### Nursing Assessment Form

PT NAME: SCHOOLCRAFT, ADRIAN P61  
1298884 M DOB: 11/1975 34Y  
MR#: ADM:11/01/2009 1828 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC  
AGE: SEX:

Date: 10/11/09 Time: 9 AM Catchment Area: \_\_\_\_\_

Informant:  Patient  Family  Police  Other: Consultation - Special

Name of Informant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

MODE OF ARRIVAL:

Walk in:  Self  Family  Ambulance  Transfer  Court Remand

Police: \_\_\_\_\_ Badge #: \_\_\_\_\_ PCT: \_\_\_\_\_ Prisoner:  Yes  No

Handcuffs:  Yes  No Other: \_\_\_\_\_

Patient's Chief Complaint: Denies

Circumstances Leading to Admission: BIB/NYPD to client was deemed to be paranoid & a danger to himself by two police officers

Hospitalization(s) (where): Denies When: N/A

Current Psychiatric or Medical Conditions: Denies

Treatment and/or Medication: Denies

PHYSICAL HISTORY

Diabetes:  Yes  No      Hypertension:  Yes  No      Drug:  Yes  No  
Cardiac:  Yes  No      Respiratory:  Yes  No      Alcohol:  Yes  No  
Seizure Disorder:  Yes  No      Smoking:  Yes  No

If yes, Explain: \_\_\_\_\_

Skin Conditions - Contusions/Laceration:  Yes bruise

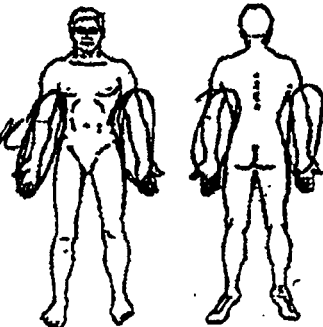
Describe location, size, color, drainage, odor: purple/black

Scars/Rashes:  Yes  No

Describe location, size: \_\_\_\_\_

Allergies/Medication:  Yes  No

Food:  Yes  No



PHYSICAL EXAM

P62

Vital Signs: 99.0 BP: 139/80  
P: 115 HT: 6'3"  
R: 18 WT: 109KG

SCHOOLCRAFT, ADRIAN  
1238984 M DOB: 1975 34Y  
ADM:11/01/2008 162B 130381674 99  
ALDANA-BERNIER, LILIAN R PSYC

PATIENT'S APPEARANCE

Appetite: Good

Sleeping Pattern: fair

ATTITUDE/MOOD

- Cooperative  Uncooperative  Anxious  Panic  Hostile
- Guarded  Suspicious  Angry  Sad  Tearful
- Elated  Demanding  Seductive

VOICE

- Clear  Normal Rate  Sturred  Slow  Rapid
- Mute  Loud  Soft  Shouting  Relevant
- Spontaneous  Incoherent  Abusive/Cursing

Others:

THOUGHT PROCESSES

- Logical/Goal-Directed  Blocking  Rambling  Evasive  Oriented
- Time  Place  Person

CONTENT OF THOUGHTS

Delusions:  Yes  No

paranoid persecutory  
delusions

Obsessions:  Yes  No

feel that his supervisor has  
ill feelings towards him

PERCEPTIONS

Hallucinations:  Yes  No

Ideation:  Yes  No

Gestures:  Yes  No

Gestures:  Yes  No

Attempts:  Yes  No

Attempts:  Yes  No

SCHOOLGRAFT, ADRIAN  
1288924 M DOB: /1973 34Y  
ADM:11/01/2009 162B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

Pain Assessment Score: (From Triage Form): 0

Dentures  Yes Upper:      Lower:       No  
Eyeglasses  Yes  No

**CONDITIONS THAT MAY PLACE A PATIENT AT GREATER RISK DURING RESTRAINT/SECLUSION**

Medical Conditions: None

Physical Limitations: None

Are you currently the victim of physical/sexual abuse?  Yes  No

Were you at any time in the past the victim of physical or sexual abuse?  Yes  No

**RISK ASSESSMENT FOR BEHAVIORAL DISCONTROL**

For Restraints/Seclusion:  Yes  No If yes, specify reasons:  Combative/Violent

Behavior  Impulsive Behavior

**FOR RESTRAINT/SECLUSION ONLY**

Do you want your family/significant other to be notified?  Yes  No

Family has agreed to be notified at the initiation of Restraint/Seclusion:  Yes  No

Family has agreed to be notified the following morning regarding a Restraint/Seclusion

which occurs after 9:00PM  Yes  No

**PERTINENT FINDINGS**

See Impover

**NURSING PROBLEM(S) / DIAGNOSIS**

See Impover

**PLANNED NURSING INTERVENTIONS**

See Impover

Discharged from Emergency Department.  Admitted  Other.

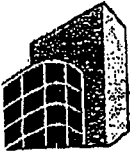
Transferred to:     

DATE 11/1/09

TIME 9AM

PRINT B Woodruff

SIGNATURE [Signature]



# JAMAICA HOSPITAL MEDICAL CENTER

## HISTORY & PHYSICAL

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: 1975 34Y  
182B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

P 64

NAME PLATE

Chief Complaint: They Brought Me In Duration: \_\_\_\_\_

Private MD?: \_\_\_\_\_ Hx obtained from (if other than patient): \_\_\_\_\_

### Hx of Present Illness - Must include 4 or more of the following elements

Location (Where is problem) Duration (How long problem existed)	Severity (Scale 1 - 10) Timing (When it occurs, how long it lasts)	Associated symptoms (Swelling, Redness) Context (Hurts when I...)	Modifying factors (Feels better when...) Quality of Pain (Sharp, Dull, Stabbing)
34 M/O Male		Brought in by NPD because he was pronounced and tried a dagger to himself	

### REVIEW OF SYSTEMS

- Experienced/Experiencing signs or symptoms? **NO**
- Constitutional Symptoms (fever, wt. loss, etc.)
  - Eyes
  - Ears, Nose, Mouth, Throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Skin and/or Breasts
  - Neurological
  - Psychiatric
  - Endocrine
  - Hematological/Lymphatic
  - Allergic/Immunologic

A ROS is an inventory of ALL body systems obtained through a series of questions to identify signs and/or symptoms which the patient may be experiencing or has experienced.

*Denied*

Heon  
PRINT NAME

[Signature]  
SIGNATURE

11/2/09  
DATE



**MULTI-SYSTEM EXAMINATION**  
MUST INCLUDE 9 OR MORE OF THE  
FOLLOWING ORGAN SYSTEMS

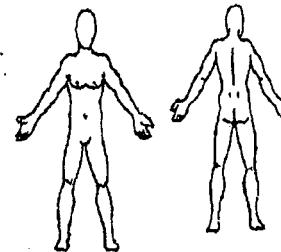
P 66

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: [REDACTED] 1/1975 34Y  
ADM:11/01/2009 1628 130381874 89  
ALDANA-BERNIER, LILIAN R PSYC

Check "ON" if NORMAL or NEGATIVE,  
otherwise Describe Significant or Abnormal Findings

NAME PLATE

Constitutional	BP: <u>124/76</u> Pulse: <u>93</u> Temp: <u>99.2</u> Ht: _____ Wt: _____ Resp: _____ SpO <sub>2</sub> : _____
	<input type="checkbox"/> N Appearance <u>Well Appearing Mildly agitated</u>
Eyes	<input type="checkbox"/> N Conjunct./Lids
	<input type="checkbox"/> N Pupils/Iris/es
ENT & Mouth	<input type="checkbox"/> N Ears <input type="checkbox"/> N Nose
	<input type="checkbox"/> N Oropharynx <input type="checkbox"/> N Dentition
Neck	<input checked="" type="checkbox"/> N Masses <input checked="" type="checkbox"/> N Trachea <input type="checkbox"/> N Carotids
	<input checked="" type="checkbox"/> N Thyroid <input checked="" type="checkbox"/> N JVPs
Respiratory	<input checked="" type="checkbox"/> N Inspection <input checked="" type="checkbox"/> N Percussion
	<input checked="" type="checkbox"/> N Palpation <input checked="" type="checkbox"/> N Auscultation
Cardiovascular	<input checked="" type="checkbox"/> N Palpation <input type="checkbox"/> N Heart Size <input type="checkbox"/> N Thrills
	<input checked="" type="checkbox"/> N Auscultation <input checked="" type="checkbox"/> N Murmurs <input checked="" type="checkbox"/> N Rubs <input type="checkbox"/> N Gallops
Extremities	<input checked="" type="checkbox"/> N Pulses <input checked="" type="checkbox"/> N Edema
Chest - Breasts	<input type="checkbox"/> N Inspection <input type="checkbox"/> N Masses
	<input type="checkbox"/> N Palpation <input type="checkbox"/> N Discharge
Abdomen	<input checked="" type="checkbox"/> N Tenderness <input checked="" type="checkbox"/> N Masses <input checked="" type="checkbox"/> N Bowel Sounds
	Gastrointestinal
Genitourinary	Female <input type="checkbox"/> N Pelvic (if indicated) Cervix <input type="checkbox"/> N Uterus <input type="checkbox"/> N Adnexa
	Male <input type="checkbox"/> N Prostate (if indicated)
Skin	<input checked="" type="checkbox"/> N Inspection <input checked="" type="checkbox"/> N Rash
	<input checked="" type="checkbox"/> N Palpation <input checked="" type="checkbox"/> N Lesions
Lymphatic	<input checked="" type="checkbox"/> N Neck <input type="checkbox"/> N Axillae
	<input type="checkbox"/> N Groin Other: _____
Musculoskeletal	<input checked="" type="checkbox"/> N R.O.M. <input type="checkbox"/> N Nails
	<input type="checkbox"/> N Gait
Psychiatric	<input checked="" type="checkbox"/> N Judgment <input checked="" type="checkbox"/> N Mood & Affect
	Mental Status A&O X <u>3</u>
Neurologic	<input checked="" type="checkbox"/> N DTRs (e.g. Babinski) <input type="checkbox"/> N Cranial Nerves
	<input checked="" type="checkbox"/> N Sensory <input checked="" type="checkbox"/> N Motor



Heron  
PRINT NAME

[Signature]  
SIGNATURE

[Redacted]  
DATE



LAB, X-RAY & EKG RESULTS

WBC: 12.3 x 10<sup>9</sup>/L RBC: [blank]  
Hemoglobin: 14.8 Hematocrit: 44 MCV: 87.6 Platelets: 251  
Diff. - Neutro: [blank] Lymph: [blank] Mono: [blank] Eosin: [blank] Baso: [blank]  
Glucose: 94 Urea Nitrogen: 14 Creatinine: 1 Sodium: 138 Potassium: 4.1 Chloride: 104 CO<sub>2</sub>: 24 Calcium: 9.4  
Total Protein: 8.2 Albumin: 4.7 Bilirubin: 0.6 Alk Phos: 57 AST: 46 ALT: 57 Anion Gap: [blank] UA: [blank]  
INR: [blank] PT: [blank] PTT: [blank] ABG-pH: [blank] CO<sub>2</sub>: [blank] O<sub>2</sub>: [blank] HCO<sub>3</sub>: [blank] HCG: Pos Neg

SCHOOLCRAFT, ADRIAN

1290984 M DOB: [blank] 1975 34Y P 67  
162B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 09

Other: Lip 55, Amy - 44 RPR - NEG

EKG: [blank]

CXR: [blank]

CT Scan: Head CT - Normal

FINDINGS: - Well Male  
- First psych. incident

DIAGNOSIS:

THERAPEUTIC PLAN: -- Continue Current psych Treat.  
-- Patient is medically cleared to be admitted to psych. Floor.

Resident (PRINT) Heron SIGNATURE [Signature] BEEPER 2953 DATE 11/2/07 TIME 11

ATTENDING'S IMPRESSION:  I saw and evaluated the patient.  I reviewed the resident's findings.

RELEVANT HPI: [blank]

RELEVANT PHYSICAL EXAM:


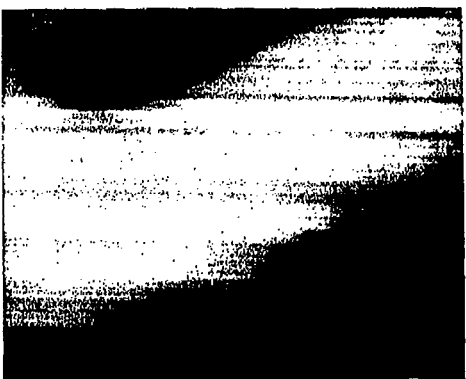
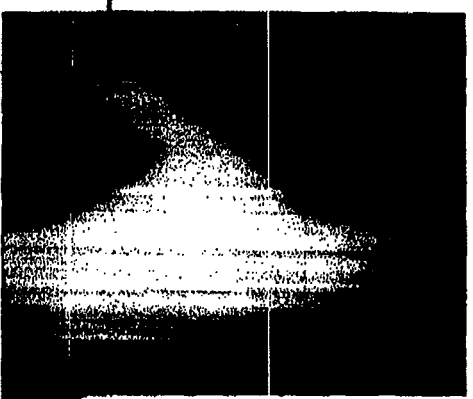
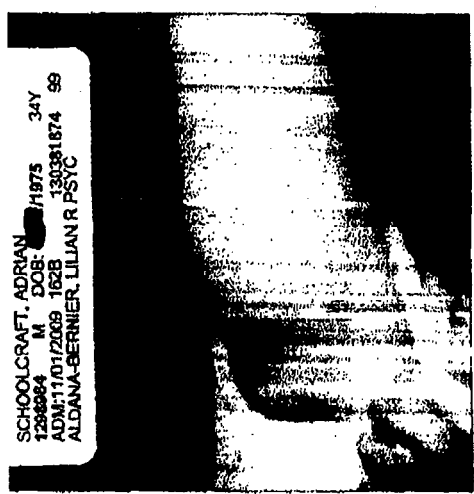
DIAGNOSIS/PLAN:  I agree with the resident's note above

ATTENDING (PRINT) SIGNATURE BEEPER DATE TIME

**JAMAICA HOSPITAL  
MEDICAL CENTER**  
6900 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [redacted]/1975 34Y  
ADM:11/01/2009 162B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

**PROGRESS NOTES**

Date	Start	Start RN and all
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: [redacted]/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p>11/2/09 - left wrist</p>		 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: [redacted]/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p>11/2/09 Right Arm At beddened laceration</p>
 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: [redacted]/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p># wrist beddened area partially laceration</p>		 <p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: [redacted]/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p> <p>Left arm bruise</p>

1/27/09 10:00 AM



Department of Psychiatry  
Inpatient Division

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 FT#: 130381974  
DOB: [redacted]/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 16:00 03MH0HAL 01  
HOVANESIAN, SHUSHAN

**PSYCHOSOCIAL ASSESSMENT**

**DEMOGRAPHICS**

Age: 34 Sex: M Marital Status: S Race: Caucasian Religion: unknown  
Address: 82-60 88th Pl. Ridgewood, N.Y. 11385

Telephone: (718) 570-6224 Country Of Birth: U.S.

Education: some college Language: English Occupation: police officer

Social Security #: [redacted]-[redacted]-6997 Income Source: employed

Insurance: Aetna US Healthcare Number: BBM6PBBA

Veteran's Benefits: yes Immigration Information: citizen

Problems Precipitant To Current Admission: pt. was BFB Ems/ NYPD officer his colleagues and superiors at the NYPD became concerned about his behavior.

Past Psychiatric History/Hospitalization: No known hx.

Outpatient Treatment (name & telephone #): None.

Outpatient Therapist (contact, date & time): None.

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 1975 34Y M F/C: 19 9  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

Family Psychiatric History: None - pt. / family deny.

Substance Abuse History/Treatment: None known.

History Of Violence: None.

History Of Abuse: Pt. denies any hx.

ACS Involvement/Worker & Telephone: No ACS involvement.

PSA Involvement/Worker & Telephone: No PSA involvement.

Work History: Pt. has been a NYC Police Officer for the past 7 yrs. and worked for Motorola before that. He was in the Navy.

Legal History: None.

Living Situation: Pt. lives alone in an apt. in Glendale.

Developmental History: Pt. was born and raised in Texas. Completed H.S. went on to join the Navy, where he served 4 yrs. Pt. then went to college, went to work for Motorola and then moved to N.Y. and joined the NYPD. Never married, no children.

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 0HAL 01  
HOVANESIAN, SHUSHAN

Name Of Person Living With Or Involved With Patient

Name Relationship Telephone #  
Larry Schoolcraft Father (646) 957-2486

Support System/Relationship History: Pt.'s father is supportive.

Is Religion A Source Of Strength For Patient? NO

Does Patient Wish To See A Clergy? Yes No  
If Yes, Date And To Whom Referral Was Made

Recent Level Of Functioning Pt. came to the ER @ error hospital by EMS/NYPD after his colleagues and supervisor became concerned about his behavior.

Strengths: Not cited, Employed, Insured, supportive father.

Weaknesses:

Assessment: Pt. is a 34 year old caucasian male with no known psych. hx. who was by EMS and NYPD after his colleagues and supervisors became concerned about his behavior. Pt. is a 2-w. officer at the NYPD and believes that he knows of a "cover-up" that is going on within the dept. He lives alone but has a supportive father. During the interview pt. was calm, pleasant and cooperative. He denied any psych. symptoms, ST, #1 or #11 or other hallucinations.

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 975 34Y M F/C: 18 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01  
HOVANESIAN, SHUSHAN

Short Term Goals: Pt. will be ready for d/c.

Long Term Goals: Pt. will remain stable in the community.

Initial Discharge Plan: Pt. will return home.

Patient Participation/Agreement With Plan: Pt. feels that he is not in need of a psychiatric admission at this time, but wants to go home.

Family/Significant Other Contact Person:  
Name:  
Address:  
Telephone #:

(See pg 3)

Is Above Person Willing To Be Involved In Treatment And Discharge Planning?  
Yes  NO

Additional Information: None @ present.

11/4/09  
Date

Christine McManis, LCSW  
Department of Social Work

Print Name

Christine McManis  
Signature Title LCSW

Signature

Title





**JAMAICA HOSPITAL  
MEDICAL CENTER**

**PSYCHIATRIC EVALUATION**

ER     INPATIENT     CLINIC

SCHOOLCRAFT, ADRIAN  
1298884 M DOB: [redacted] 1975 34Y  
ADM: 11/01/2008 162B 130381874 98  
ALDANA-BERNIER, LILIAN R PSYC

DATE: 11/1/09

TIME: 12 P.M.

<b>IDENTIFYING DATA:</b>		
Age: 34	Sex: M	Sexual Orientation:
Marital Status: S	Religion:	Race: <i>Caucasian</i>
ALERTS: (List risk factors including danger to self/others, CVL status, physical health conditions/needs, allergies.)		
Source of Information: <i>Patient</i>		
Tel:		
Tel:		
CHIEF COMPLAINTS: (By patient and/or others) <i>"They just came into my place and handcuffed me". As per accompanying NYPD officers (Sgt James as per ER consult) he has been acting bizarre</i>		
HISTORY OF PRESENT ILLNESS: (Functioning before onset, precipitating factors, interventions tried)		
<p>The patient states that he has been reporting irregularities as well to Internal Affairs for over a year. He states that his supervisor, including his immediate supervisor, the Deputy Inspector at 81<sup>st</sup> Precinct, have been under-reporting crime stats to earn more merit, get promotion and 'make a rate'. He reports having documented proof. He states that his supervisor became aware of this which is why he is being persecuted like this. He states that he was misled last night when his landlord let NYPD officers in who 'assaulted' him, including bending his arm, 'stamping lightly' on his face and causing many bruises (bruises are visible on both arms). As per ER consult done earlier today, the accompanying NYPD officer, Sergeant Jim</p>		

contd. overlap ->



of the 8<sup>th</sup> precinct, the patient became agitated and verbally abusive towards his supervisor. He then left and concerned about his condition, several officers followed him home. He barricaded himself in his room and refused to come out.

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so the door had to be broken down. He initially agreed to go with them but once outside he made a run for it and had to be chased and handcuffed. In the medical ER the patient was agitated, verbally abusive and told the treating M.D. that 'they are all against me'.

Patient denies any recent suicidal or homicidal thoughts. He states he has bouts of anxiety and depression over what has been happening but denies persistent depressive symptoms. No recent manic symptoms elicited. NO hallucinations elicited. Denies any recent substance use.

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1975 34Y  
ADM: 11/01/2009 162B 130381874 09  
ALDANA-BERNIER, LILIAN R PSYC

PAST PSYCHIATRIC HISTORY:

First psychiatric symptoms: One year ago he was evaluated by an NYPP  
psychologist for 'anxiety'. She recommended 'reading two books' a  
Hospitalizations: none  yes

Suicide attempts:  yes  no

Violence:  yes  no

Past medication and response: Demer any past medication use.

Adverse drug reaction: none  yes

Last O.P.D. Visit: Therapist: N/A Tel. No.: N/A

Previous Provider contacted Yes  No  (Explain) N/A

DRUG and ALCOHOL HISTORY (Previous treatments and outcome.)

Demer any history of alcohol or other drug abuse:

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975 34Y  
ADM:11/01/2009 162B 130351874 99  
ALDANA-BERNIER, LILIAN R PSYC

**MEDICAL HISTORY:** (Include allergies and medications.)

*never any significant*

*history of medical problems.*

**FAMILY HISTORY OF MENTAL ILLNESS:**

*None.*

**BRIEF PSYCHOSOCIAL HISTORY:**

*born in Queens. Raised by biological parents. Single, lives alone. Mother died in 2003 after a protracted malignancy. Has two siblings. Has been working as an NYPD officer for over seven years. His gun was taken from him a year ago after he failed a psychological evaluation.*

**CURRENT LIVING CONDITION AND SUPPORT SYSTEM:**

*Lives alone in a private apartment. Father is supportive but lives separate. No close friends.*

SCHOOLCRAFT, ADRIAN  
1298884 M DOB: 1/1975 34Y  
162B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

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MENTAL STATUS:

Appearance and Attitude: *Cooperative at this time.*

Psychomotor Motor Activity: *Normal*

Mood and Affect: *Stable mood 'angry' affect congruent.*

Speech and thought process: *Speech regular rhythm and moderate volume.*

Thought content: (preoccupations, delusions, give verbatim examples.)

*Patient has paranoid and persecutory delusions - he believes he is being persecuted for pursuing his 'superior's' irregularities and corruption.*

Suicidal Ideation:  yes  no Homicidal Ideation:  yes  no

Hallucinations:  yes  no

ORIENTATION: (time, place, person, situation.) *AOX3.*

MEMORY: (immediate, recent, remote.) *Intact.*

ATTENTION AND CONCENTRATION: (serial reverse) *Intact.*

ABSTRACTION: (proverbs, similarities.) *Intact.*

ESTIMATE OF INTELLECTUAL FUNCTIONING: *Average*

INSIGHT and JUDGMENT: *Poor insight and judgment.*

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [redacted]/1975 34Y  
ADM:11/01/2008 162B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

H.M.S.F SCORE: *N/A*

BARS SCORE: 1 2 3 4 5 6 7

ABNORMAL MOVEMENTS:  YES  NO (if "Yes" please fill out AIMS Form.)

DIAGNOSIS:

AXIS I: *Psychosis NOS -*

*No Schizophrenia, Paranoid Type -*

AXIS II: *Depressed*

AXIS III: *Abdominal pain, NOS*

AXIS IV: *Carbets at work; dirty fire arm taken away a year ago*

AXIS V: Current: *30* Highest in past 12 months: *45*

PROGNOSIS: *Guarded*

INITIAL TREATMENT PLAN:

PROBLEM # 1: *Paranoid delusion*

OBJECTIVE: *Reduce & eliminate delusion*

PLAN: *Indicate medication, if any:*

PROBLEM # 2:

OBJECTIVE:

PLAN: *Indicate medication, if any:*

DISPOSITION: *Hold and stabilize*

Psychiatrist's Name: *Khweje Khuro Teriq, MD* Signature: *Khweje Teriq*  
DEA #AT0798061-736

COURSE OF TREATMENT

LAB (S) ORDERED: *one emp at Uha 5/14/89*

ABNORMAL VALUES: *none*

MEDICATION GIVEN and RESPONSE:  
*no med*

SIDE EFFECTS/ADVERSE DRUG REACTIONS:

UNIT PARTICIPATION IN:

a) Individual Sessions:	1	2	3	4	5
b) Group Therapy:	1	2	3	4	5
c) Creative Arts Therapy:	1	2	3	4	5
d) Leisure Activities:	1	2	3	4	5

FAMILY INVOLVEMENT: *father support*

CONDITION UPON DISCHARGE (Brief Mental Status)  
*good stable*

MEDICATION(S): *no med*

FOLLOW-UP APPOINTMENT: *behavioral & med 5/14* Supplied for *days*

FUTURE RESIDENCE: *home*

Name: *Igor Isakov M.D.* Signature: *[Signature]* Date: *11/1/89*

1162203320EAT204198

NON MEDICATION ORDERS

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'NON MEDICATION ORDERS' section.

PRESCRIBERS SIGNATURE AND NAME PRINTED

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'NON MEDICATION ORDERS' section.

PRESCRIBERS SIGNATURE AND NAME PRINTED

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'NON MEDICATION ORDERS' section.

ALLERGIES:

SCHOOLCRAFT, ADRIAN  
M/R: 1298984  
DOB: 11/03/2009 15:00  
ADM: 1103/2009 15:00  
HOVANESIAN, SHUSHAN  
PT#: 130381874  
F/C: 19 S

Nurse

DATE/TIME

AM PM

Table with 10 rows for medication orders under the 'MEDICATION ORDERS' section.

SCHOOLCRAFT, ADRIAN  
M/R: 1298984  
DOB: 11/03/2009 15:00  
ADM: 1103/2009 15:00  
HOVANESIAN, SHUSHAN  
PT#: 130381874  
F/C: 19 S

Nurse

DATE/TIME

AM PM

Table with 10 rows for medication orders under the 'MEDICATION ORDERS' section.

SCHOOLCRAFT, ADRIAN  
M/R: 1298984  
DOB: 11/03/2009 15:00  
ADM: 1103/2009 15:00  
HOVANESIAN, SHUSHAN  
PT#: 130381874  
F/C: 19 S

MEDICATION ORDERS

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'MEDICATION ORDERS' section.

PRESCRIBERS SIGNATURE AND NAME PRINTED

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'MEDICATION ORDERS' section.

PRESCRIBERS SIGNATURE AND NAME PRINTED

Date Time of order: AM PM

Table with 10 rows for medication orders under the 'MEDICATION ORDERS' section.

NON MEDICATION ORDERS		MEDICATION ORDERS	
Date	11/1/2009	Date	11/1/2009
Time of order	1:40 PM	Time of order	1:40 PM
<p>- Hold and stabilize</p> <p>- Vitals Q-shift</p> <p>- Diet: Regular</p> <p>- Labs CBC, CMP, U/A,</p> <p>- TOR E T/C, TSA, RPK</p> <p>CT-Scan Head</p>		<p>- Hold and stabilize</p> <p>- Admin Q-shift</p>	
<p>PREScriBER'S SIGNATURE AND NAME PRINTED KINOSTO TARIQ, MD</p>		<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>	
<p>Date</p>		<p>Date</p>	
<p>11/2/09</p>		<p>11/02/09</p>	
<p>Time of order</p>		<p>Time of order</p>	
<p>1:15 PM</p>		<p>1:15 PM</p>	
<p>- Addicit</p> <p>- FP clearance</p>		<p>Risperidol 0.5 mg PO BID</p>	
<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>		<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>	
<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>		<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>	
<p>Date</p>		<p>Date</p>	
<p>11/3/09</p>		<p>11/03/09</p>	
<p>Time of order</p>		<p>Time of order</p>	
<p>1:00 PM</p>		<p>1:00 PM</p>	
<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>		<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>	
<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>		<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>	
<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>		<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>	
<p>Date</p>		<p>Date</p>	
<p>11/3/09</p>		<p>11/03/09</p>	
<p>Time of order</p>		<p>Time of order</p>	
<p>1:00 PM</p>		<p>1:00 PM</p>	
<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>		<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>	
<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>		<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>	
<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>		<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>	
<p>Date</p>		<p>Date</p>	
<p>11/3/09</p>		<p>11/03/09</p>	
<p>Time of order</p>		<p>Time of order</p>	
<p>1:00 PM</p>		<p>1:00 PM</p>	
<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>		<p>Diagnosis: Schiz 202</p> <p>Diet: Other</p>	
<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>		<p>REMARKS: SLOW, MD PSYCHIATR RESIDENT</p>	
<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>		<p>PREScriBER'S SIGNATURE AND NAME PRINTED [Signature]</p>	





SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1975 34Y  
ADM: 11/01/2009 182B 130381874 89  
ALDANA-BERNIER, LILIAN R PSYC

MEDICATION RECORD

258 B

DIAGNOSIS: Psychosis Nos

ALLERGIES: NKDA

DATE	TIME	DRUG	DOSE	ROUTE	11/02	11/03	11/04	11/05	11/06
11/21/09	0700	Risperdal	0.5mg	PO	X	*	*	*	*
	0700	BID		SP	*	*	*	*	



SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [redacted] 1975 34Y  
ADM:11/01/2009 162B 130381874 89  
ALDANA-BERNIER, LILIAN R PSYC

**MEDICATION RECORD**

PRN MEDICATIONS CHART VERIFICALLY NEXT TO THE MEDICATION  
DATE TIME INITIALS FOR EACH DOSE GIVEN

ORDER DATE	EXC DATE	MEDICATION DOSE FREQUENCY ROUTE	DOSE TIME	Date	Time	Init.
11/11/09	11/10	Haloperidol 5mg q4h				
		Q4hrs PRN for agitation				
11/11/09	11/7	Haloperidol 2mg q4h				
		Q4hrs PRN for agitation				

**STAT, SINGLE ORDERS - PRE-OPERATIVES**

ORDER DATE	MEDICATION DOSE	ROUTE	DATE	TIME	INITIALS	DATE	TIME	INITIALS

**OMITTED / HELD MEDICATIONS**

DATE	TIME	MEDICATION DOSE	ROUTE	REASON
10/12/09	5h	Risperidol 0.5mg q4h	PO	pt refused MD notified
11/3/09	0h	Risperidol 0.5mg	PO	pt refused
11/3/09	5p	Risperidol 0.5mg	PO	pt refused
11/4/09	1h	Risperidol 0.5mg q6	PO	pt refused
11/5/09	9h	Risperidol 0.5mg PO AM	PO	pt refused

[Signature] RN [Signature] RN  
 Ms Sharon Burman RN [Signature] RN  
 [Signature] RN  
 [Signature] RN

**Jamaica Hospital Medical Center**  
**PATIENT/FAMILY TEACHING RECORD**  
 Multidisciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: [redacted] /1975 34Y  
 ADM:11/01/2009 102B 130301874 99  
 ALDANA-BERNIER, LILIAN R PSYC

Factors/barriers that may influence patient's ability, needs and readiness for learning:  
 None  Hearing/vision/speaking impairment  
 Culture  Cognitive/physical limitation  
 Language barriers  Psychological/emotional factors  
 Motivation  Religious/spiritual practices  
 Person involved in teaching:  Patient  Patient & family  Significant other  Family & caregivers

Topics	Date Initiated/ Initial	Patient/patient/caregiver will verbalize/demonstrate understanding of:	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
General Patient Education	11/1/09	Reason for admission Hospital & unit policies/Routine		1	11/6	(initials)		<input type="checkbox"/> Handout/ pamphlet
		Patient rights & responsibilities						
		Advance directives						
		Pain management						
		Hospital resources available to patient						
		Hygiene & grooming						
		Safety						
	11/1/09	Religious/Spiritual services avail.		1	11/6	(initials)		
	11/2/09	Discharge Planning		1	11/6	(initials)		
Special Procedure/ Diagnostic Test								<input type="checkbox"/> Handout/ pamphlet
Medical Equipment								<input type="checkbox"/> Handout/ pamphlet  <input type="checkbox"/> Glucometer & Diabetic kit <input type="checkbox"/> Asthma kit
Health Information		Mammogram/Breast self exam						<input type="checkbox"/> Handout/ pamphlet
		PAP Test						
		Prostate screening/testicular self exam						
		Smoking cessation Pneumonia/Flu Vaccine						

Initial	Signature	Title	Initial	Signature	Title
(initials)	(signature)		(initials)	(signature)	



**Jamaica Hospital Medical Center**  
**PATIENT/FAMILY TEACHING RECORD**  
**Multidisciplinary - Inpatient Adults**

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: [redacted]/1975 34Y  
 ADM:11/01/2009 182B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

Topics	Date Initiated/ Initial	Patient/family/caregiver will verbalize/demonstrate understanding of:	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
Diarrhea/Constipation								<input type="checkbox"/> Handout/pamphlet
Medications		Food/Drug Interaction (Dilantin, Coumadin, Tetracycline, Glucocort, MAO); Drug/drug Interaction Effects and side effects of:						<input type="checkbox"/> Handout/pamphlet
Diet/Nutrition		NPO						<input type="checkbox"/> Handout/pamphlet
		Regular diet						
		Low Sodium diet						
		Diabetic diet						
		Fluid restriction						
		Renal Diet						
Relax/Activity		Use of Creative Arts Therapies	11/6/09					<input type="checkbox"/> Handout/pamphlet
		re: African Dance Practice, Emotional Regulation and coping with chronic pain						
Other		Pressure Ulcer Care/Skin care						<input type="checkbox"/> Handout/pamphlet
		CHF: Monitoring of weight at home						
		Infection Control						
Resources								<input type="checkbox"/> Handout/pamphlet

**Evaluation:**

- A. Identifies key points
- B. Verbalizes understanding
- C. Returns demonstration
- D. Performs skill independently
- E. Applies knowledge
- F. No evidence of learning
- G. Medication Effectiveness

**Teaching Methods:**

- 1. Explanation
- 2. Demonstration
- 3. Role play
- 4. Audiovisual
- 5. Handout
- 6. Group discussion

\* See progress notes



**JAMAICA HOSPITAL  
MEDICAL CENTER**

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JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: [redacted]/1975 34Y  
162B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 89

**PROGRESS NOTES**

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/02/09	PG# 2 note	
2:15 PM	Pt seen and examined today. Pt remains calm, withdrawn. Not violent or aggressive. Pt is guarded and not cooperative. Pt keeps saying that he doesn't know why they came to his room and forced him to go to hospital. Pt doesn't know why he can't come home. Pt says "they (his supervisor) drags him" but he says "I don't know". He denies D/V hallucinations.	A/P Admit
		RN RENATA DUDZICZ-SLOWIK, MD PSYCHIATRIC RESIDENT
11/2/09	3 <sup>00</sup> patient is still complaining of pain in right RL wrist; status was much better 2 hours yesterday. Denies notes in it times aspect of pain + minimize area of back. When aspect of arm. Both wrists, with red marks & believe this is a set up, & would like a lawyer's. Internal affairs would like to interview him & he agrees. Made aware of nursing updates, but wanted to go home. Have to know	absent

SEQ 624 F0127

LILIAN ALDANA-BERNIER, M.D.  
ATTENDING PSYCHIATRIST



Tel.: (718) 840-2538  
(718) 840-2539

Sgt. Brennan  
Sgt Frost

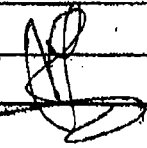

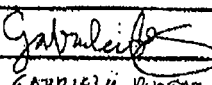
Log #

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [redacted] 1975 34Y  
182B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

P88

Internal Affairs Bureau  
Brooklyn North  
Group 31

315 Hudson Street  
New York, New York 10013

Time	Here	Here
		PGY 2 Note
11-02-09 5:00PM		Pt has been interviewed by Sgt Brennan and Sgt Frost by Internal Affairs Bureau -
		 Javadie Yazdani, MD Psychiatric Resident
11/02/09 9:30pm		MOA note: Patient has been seen and interviewed by Detective Steven P. Wachter and Sgt. Scott from Internal Affairs Bureau. Shushan Movassian, MD
		 <b>NYPD</b> Steven P. Wachter Detective Sgt. Scott Shushan Movassian, MD Psychiatry Attending
		Internal Affairs Bureau Special Investigations Unit 1 Police Plaza 12th Floor New York, NY 10038 Tel.: (800) PRIDE PD Fax: (212) 748-6800 E-mail: IAB-SIU@verizon.net
11/11/09 10:00AM		Pt has not expressed interest in participating in CAT groups despite being approached and encouraged.  GABRIELA PORRAS MA, CAT-Limited



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MEDICAL CENTER**

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SCHOOLCRAFT, ADRIAN

M/R: 1298984 PT#: 130381874  
DOB: 1/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 16:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

**PROGRESS NOTE**

**Case Management Initial Assessment Note**

**Summary of Admitting Problems:**

32 y/o single w/ a B13 MOP RPA of 81th percent, in handoff  
to me 20 Oct 09 on my quik. abdominal pain, tenderness  
cutly blame. paranoid about his supervisor, arguments  
towards his supervisor. left work place &  
participated himself in his own  
can answer from  
his home.  
prior had  
to chase him  
& handoffed  
on him

**Support System:**

Name: Relationship: Phone #:   
Name: Jerry Schoolcraft Relationship: father Phone #: 646-987-2486  
Name: Relationship: Phone #: prior had

Functional ADLs: independent ADLs

Prior to Admission: independent ADLs

At Present: independent ADLs

**Communication:**

Language Spoken: English Interpreter Needed:  Yes  No

Hearing Loss:  Yes  No

**Financial Resources:**

Insurance Coverage: Aetna (ms health care) Policy #: B13 MOP RPA

Additional Resources: Initial Review provided to Dana of Aetna @ 1-800-424-4047. The case is authorized & A+

Health Care Prior to Admission: 086654258000, the case is certified

Home Care:  Yes  No from 11/3/09 through 11/6/09

Name of Agency: Next Review will be done the 1st Day of

SNF:  Yes  No Aetna @ 1-800-424-4047 # 57026. The case will be

Name of SNF: Does patient want to return:  Yes  No

Is there a need for a skilled nursing facility or home health care:  Yes  No followed

Case Manager: Shushan Adrian Date/Time: 11/3/09



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6900 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

298984

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 1975 34Y M FIC: 19 S  
ADM: 11/03/2009 15:00 03MH/BHAL-01  
HOVANESIAN, SHUSHAN

PROGRESS NOTES

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09		<p>Focus: Admission Assessment.</p> <p>Data: 34 yo, L, M. Dx. Psychosis NOS, transferred from MER → PER P Tx for Abd discomfort after taking Nyquil. Police officer who had an argument with his s/visn, went home and barricaded himself in his apt. Suspicious, guarded and paranoid his s/visors are after him. Failed his Psych Assessment for NYPD.</p> <p>Action: Orientated to the unit. Assessed for pain or discomfort. Answered questions regarding hospital. Response: Calm cooperative. Denies A/H or S/I. Reports he should not be hospitalized due to pain or discomfort. Asking to visit today.</p> <p>Will inform MD. Therapist on Social Work Admission Note</p>
11/3/09 4:35pm		<p>Met w/ pt. this afternoon for initial psychosocial assessment.</p> <p>A. is a 34 year old Caucasian male w/ no known psych. hx who was BIP NIPD to the MER after his precinct (87)</p>





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JAMAICA N.Y. 11418

SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 1/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 0HAL 01  
HOVANESIAN, SHUSHAN

**PROGRESS NOTES**

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09 4:35 pm		<p>Social Work Admission Note:            Pt. in Brooklyn apparently contacted EMH concerns about his behavior. (Pt. is a police officer for the past 7 years NYPD. He is insured and lives on his own in an apt. in Queens. He reports that his father, who lives upstate is his only family here. He was cooperative during the interview - pleasant and appropriate. He had having dual psych. ht. the psych. problems and believes that he is not here for just reasons - that now that the NYPD has come to know what he knows about the cover-up, they are trying to stem error by that he has a mental illness. Pt. no longer has access to his gun and reports that he was placed</p>

cm  
prc





**JAMAICA HOSPITAL  
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JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN  
MR: 1298984 PT#: 130381874  
DOB: 1/1978 34Y M FIC: 19 S  
ADM: 11/03/2008 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

**PROGRESS NOTES**

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/3/09		Focus: Altered Thought Process.
9:50pm		Data: Patient is visible on the unit, he is guarded, suspicious and socially withdrawn. Pt. refused ordered medication, he denies SI/HI or hallucination.
		Action: Monitored Pt's behavioral pattern, encouraged verbalization of thoughts and feelings and provided positive feedback. Re-enforced the importance of medication compliance, attended to Pt's needs and maintained a safe, structured environment.
		Response: Pt. remains guarded, he verbalizes his needs appropriately. Will continue to monitor behavior. — of senior RN
11/3/09	Dr:	Altered thought process.
6:55A	Sr:	Pt was in bed already asleep at shift change, she has slept since that time, in no visible acute distress.
	N:	Monitored through the night for any mood behavior change, sleep pattern, offer support as needed, encourage verbalization of thoughts, honest feelings, provided structured therapeutic environment, continued reality testing, ensure safety.
	R:	Pt is in bed still asleep at time of reporting will continue to monitor. — Phillips, RN



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**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975 34Y FIC: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09	Psychiatrist admission note	
2pm	Pt is a 34 yo. W. single male	
	Police officer without past psychiatric	
	history not on any psychotropic	
	meds. No current or previous	
	history of drug or alcohol abuse	
	He stated that he is working in police	
	department for ~ 6 years and	
	from the beginning of his career he	
	was not "happy" with "how the	
	business was "run" and was making	
	multiple complaints that was not	
	"addressed" Instead he was "degraded"	
	emotionally "unstable" and his gun	
	was taken away from him ~ 6 mos	
	ago after psychiatric evaluation	
	by police psychiatrist. Since then	
	he started to collect the "evidence"	
	to "prove his point" and became	
	suspicious that "they are after	
	him". On the day of admission	
	he had verbal altercation with	
	one of the officers who was	
	"threatening" him and he left	
	his job before his shift was	

over with excuse that he is not  
harmful will

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
(Cont) 11/4/09 2pm	He came home for "Mylisquil" and fall asleep. He was woken up by police officers in his b/rooms and was asked to come with them to precinct after he refused to go voluntarily and complain on stomach pain and h/a pt was handcuffed and brought to ER of JHMC by EMS. He was interviewed by ER attorney and psychiatrist and after medical clearance transferred to Y ER with ? Psychosis NOS admitted to Y's on 11/3/09 for further evaluation.	In evaluation today pt anxious, suspicious, guarded, demanding to be OK and restless. He denied delusional or V/A experiences? presented quality ideas about corruption and cover ups in precinct. Cognition and memory intact. X and J limited. Re Psychosis NOS No Adjustment Dis J anxiety

Key et al...  
1/1/2009  
AK ISAKOV M.D.  
20362DEA7204198



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MEDICAL CENTER**  
8900 Van Wyck Expressway Jamaica, NY 11418

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: [REDACTED] 1975 34Y FIC: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09 11 AM		<p><b>FOCUS: Att Thought Process</b></p> <p><b>Data:</b> Observed pt in his room lying near his bed writing. Pt keeps mostly to himself minimal interaction with staff or peers.</p> <p>Refused morning medication of Risperdal 0.5mg. Continues to be guarded &amp; suspicious. Over alert or I.T. — 2</p> <p><b>Action:</b> Maintained in a calm role and therapeutic environment Encouraged pt to attend unit groups and activities.</p> <p>Assessed for concerns —</p> <p><b>Response:</b> Refuses group. No elaboration on why. WADran guarded. Will continue to monitor. Therapeutic by</p>
11/4/09 10:00 PM		<p><b>F: Altered Thought Process</b></p> <p><b>D:</b> Pt is seen on the unit. He is mostly guarded and interacts poorly unless prompted or engaged by staff. He continues to refuse his PO meds states: "I don't take medications."</p> <p><b>A:</b> Benefits and side effects of the medications explained to pt. Encouraged expression of thoughts and concerns.</p> <p><b>R:</b> calm and responsive. — 2 Anticipate for</p>



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**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED] 1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/5/09 12:50 pm		<p>Focus. - Altered thought process.</p> <p>Data. - Pt is more cooperative and less guarded at this time. He agreed to talk to me for several minutes. He refused morning meds, but is interacting with staff and peers more frequently. No major physical or emotional distress is noted on him. He continues writing in a little notebook.</p> <p>Actions. - Pt encouraged to express feelings and concerns, and also take meds. Pt needs fulfilled.</p> <p>Response. - Pt is more interactive and cooperative, but remains refusal in regard to meds.</p> <p style="text-align: right;">[Signature]</p>
11/5/09 3pm	Psychiatrist with	<p>Pt is calm and more cooperative today. Denied appropriately pressured talk to communicate appropriately. Reiterated his story again and still wanted to free legs against his partner's but not expressive any physical threats to any body and not expressive.</p>







SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975-34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

**PROGRESS NOTES**

Date & Time	Start M/D Notes Here ←	Start RN and all Other Notes Here ←
11/26/09 5:15 am		<p>⊕ Altered Thought Process</p> <p>⊙ Pt. is calm, sitting at the lounge. He's been awake since early today. on hourly obs for safety, reported no C/O pain / discomfort</p> <p>⊕ Assisted Pt is needed. Provided emotional support. Advised to call for help as needed. Maintained Safety and therapeutic milieu. Made hourly rounds and monitored Pt for behavior changes</p> <p>⊙ Pt. remains calm, awake, sitting at lounge. Will continue to monitor - Olye Ross</p>
11/26/09 10 am		<p>Psychiatrist with</p> <p>Pt complains of rules in the unit he is either</p> <p>Not in emotional distress</p> <p>Not suicidal now</p> <p>Very appropriate in intervention</p> <p>Denial of unit Denial of rules</p> <p>Not expressing suicidal ideation and not making any threats</p> <p>Will be able today after appointment with [REDACTED]</p>

Isak Isakov M.D.  
LIC220352DEA7204198

P100

SCHOOLCRAFT, ADRIAN

MRN: J1298984