	Wkly	Weekly	Weekly	Wkly	Wkly	Weekly	
Date	11-15-02	11-16-02	11-24-02	12-07-02	12/8/02	12/14/02	12-21-02
Time							
Pulse* / Temp.							
Respirations	16	18	17	16		18	20
Blood Pressure	122/64	116/68	124/64	114/66	98/58	118/64	122/62
Oral Intake							
Total Oral Intake							
Urine							
wt	196	198		198	201	204	205
temp		98.2		97.4	96	96.6	96.6
Pulse		84		74	78	96	88
Total Output							
Stools							

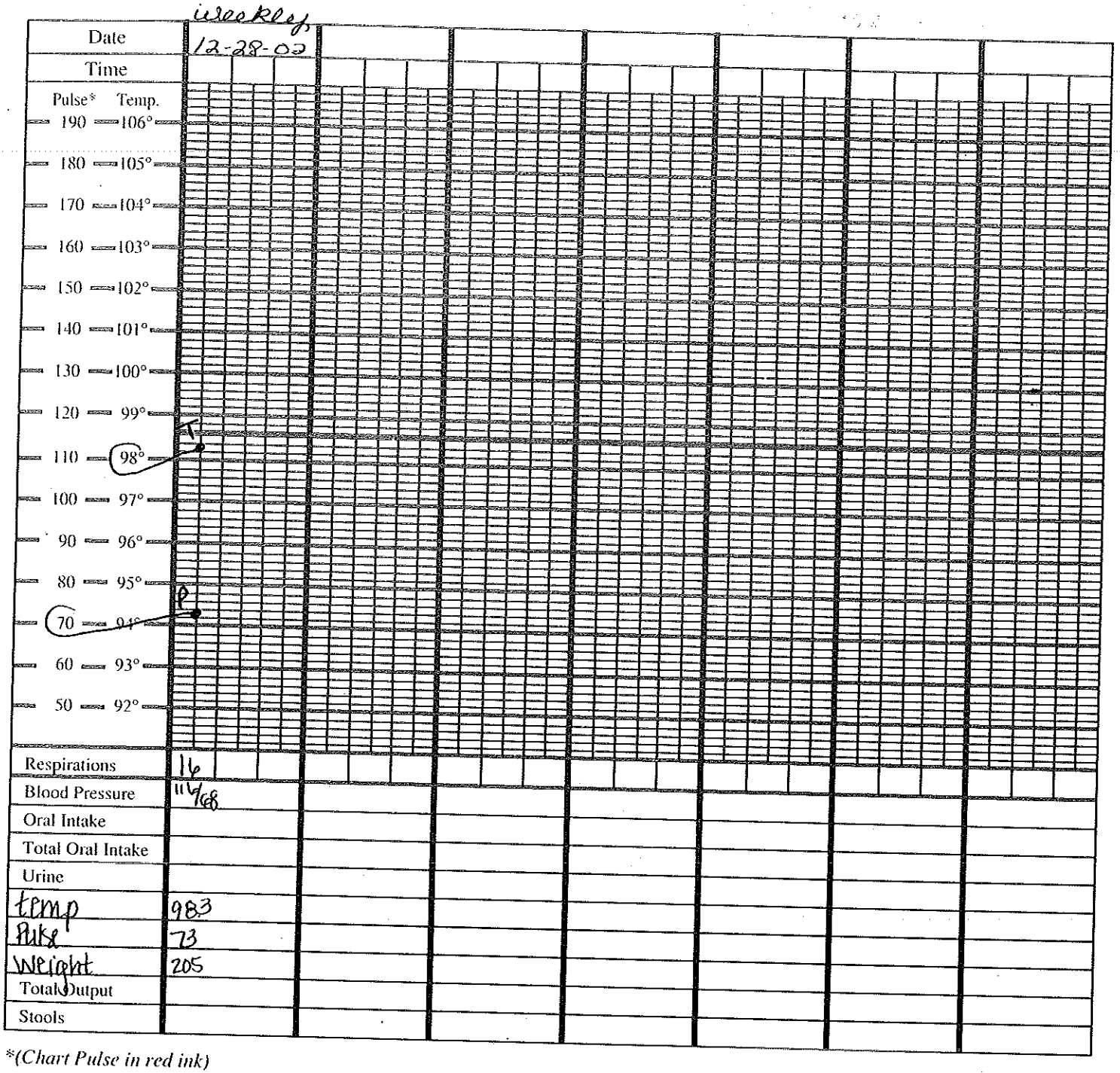
(Chart Pulse in red ink)

DHS-1135 (8-91)

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#30042 ADM 9-10-02

GRAPHIC CHART



(Chart Pulse in red ink)

DHS-1135 (8-91)

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate: 12-11-46
Sex:
Program/Unit: MRTC BHIS #39972
#20042 ADM 9-10-02

GRAPHIC CHART

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D. DAX TAYLOR, M.D.

DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODOUGHERTY, PATRICK

SEX: M | AGE: 35 | PATIENT ID: 20042 | DRAWN DATE AND TIME: 09/11/2002 8:3

SPECIMEN NO: 58007062 | HOSP. NO: D | DOCTOR: MACDONALD | RECEIVED DATE: 09/11/2002

FINAL REPORT ☐

PARTIAL REPORT ☐

ACCOUNT NO.: 318162
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

ROUTE/STOP: 420000

COMMENTS:

REPORT DATE AND TIME: 09/12/02 259A

TEST NAME	RESULTS: WITHIN REFERENCE RANGE	RESULTS: OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
T4, TOTAL	8.4		MCG/DL	4.5-12.5
T3, TOTAL	158		NG/DL	60-181
TSH	1.32		MIU/L	0.40-5.50

M M 9/12

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ODOUGHERTY, PATRICK 58007062

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D. DAX TAYLOR, M.D.   DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODOUGHERTY, PATRICK

SEX: M   AGE: 55   PATIENT ID: 20042   DRAWN DATE AND TIME: 09/18/2002 7:10

SPECIMEN NO.: 581108773   HOSP. NO.: 0   DOCTOR: DAM   RECEIVED DATE: 09/18/2002

FINAL REPORT [X]
PARTIAL REPORT [ ]

ACCOUNT NO.: 318162   ROUTE/STOP: 420000
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

COMMENTS:

REPORT DATE AND TIME: 09/19/02 124P

TEST NAME	RESULTS WITHIN REFERENCE RANGE	RESULTS OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM		0.5 L	MMOL/L	0.6-1.5

9-20-02
9-20-02
current 0.9 _ 1.0

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ODOUGHERTY, PATRICK   581108773

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DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT ODOUGHERTY, PATRICK

SEX M | AGE 5? | PATIENT ID 00042 | DRAWN DATE/TIME 10/02/2002 8:18

SPECIMEN NO. 583196367 | HOSP. NO. UNIT | DOCTOR DAM

FINAL REPORT [X]

PARTIAL REPORT [ ]

RECEIVED DATE 10/02/2002

ACCOUNT NO. 318162 ROUTE/STOP 420000

ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

COMMENTS

REPORT DATE/TIME 10/07/02 919A

TEST NAME	RESULTS WITHIN REFERENCE RANGE	RESULTS OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	0.7		MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER				
9-HYDROXYRISPERIDONE	22		NG/ML	
RISPERIDONE	3		NG/ML	
COMBINED TOTAL	25		NG/ML	
REFERENCE RANGE:				
4-6 MG/DAY: 36-54				
8-16 MG/DAY: 70-110				

THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS, NICHOLS INSTITUTE
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HD 10/9/02

... consent ... of Data Subject ... pursuant to MN stat. 13.46 ... (a)

ODOUGHERTY, PATRICK

583196367

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DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT	ODOUGHERTY, PATRICK
SEX	M
AGE	56
PATIENT ID	20045
DRAWN DATE AND TIME	10/18/2002 7:34
SPECIMEN NO.	585616485
HOSP. NO.	D
DOCTOR	DAM
RECEIVED DATE	10/18/2002
FINAL REPORT	X
PARTIAL REPORT	
ACCOUNT NO.	318162
ROUTE/STOP	420000
	ANOKA-METRO RTC LAB 3301 7TH AVE NO ANOKA, MN 55303
COMMENTS	
REPORT DATE AND TIME	10/19/02 722A

TEST NAME	RESULTS: WITHIN REFERENCE RANGE	RESULTS: OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	1.1		MMOL/L	0.6-1.5

Therapeutic necessary to treat psychotic manic sx's

10-21-02

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ODOUGHERTY, PATRICK

585616485

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DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT				FINAL REPORT [X]	ACCOUNT NO.	ROUTE/STOP
ODOUGHERTY, PATRICK				PARTIAL REPORT [ ]	318162 ANOKA-METRO RTC LAB 3301 7TH AVE NO ANOKA, MN 55303	420000
SEX M	AGE 5[illegible]	PATIENT ID	DRAWN DATE AND TIME 04/22/2003 9:35			
SPECIMEN NO. 611110161	HOSP. NO. 39973	DOCTOR BUUMER	RECEIVED DATE 04/22/2003			
COMMENTS					REPORT DATE AND TIME 04/23/03 712A	

TEST NAME	RESULTS (WITHIN REFERENCE RANGE / OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
Note(s): Text of Message			
1 LDL CHOLESTEROL (MG/DL) GOALS AND CUTPOINTS FOR THERAPEUTIC LIFESTYLE CHANGES (TLC) AND DRUG THERAPY IN DIFFERENT RISK CATEGORIES (AFTER EXCLUSION OR, IF APPROPRIATE, TREATMENT OF SECONDARY CAUSES OF LDL ELEVATION). FROM NCEP ATP-III REPORT, MAY 2001.			
RISK CATEGORY — LDL GOAL — LDL TO INITIATE TLC — LDL TO CONSIDER DRUG THERAPY			
CHD OR CHD EQUIVALENTS: 10 YR RISK >20% — <100 — >99 — >129 (100-129: DRUG OPTIONAL)			
2+ RISK FACTORS: 10 YR RISK 10-20% — <130 — >129 — >129			
2+ RISK FACTORS: 10 YR RISK <10% — <130 — >129 — >159			
0-1 RISK FACTORS: — <160 — >159 — >189 (160-189: DRUG OPTIONAL)			

4/25/03 KB

4/25/03

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Stat. 13.46, Subd. 2 (b)

ODOUGHERTY,PATRICK

wicas

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D. Dax Taylor, MD
D. DAX TAYLOR, M.D.

Delbert A Fisher
DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODOUGHERTY, PATRICK
SEX: M | AGE: 56 | PATIENT ID: | DRAWN DATE AND TIME: 04/22/2003 9:35
SPECIMEN NO. 611110161 | HOSP. NO. 39972 | DOCTOR: BUUMER
RECEIVED DATE: 04/22/2003
COMMENTS:

FINAL REPORT [X]
PARTIAL REPORT [ ]

ACCOUNT NO. 318162
ROUTE/STOP 420000
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

REPORT DATE AND TIME: 04/23/03 712A

TEST NAME	RESULTS WITHIN REFERENCE RANGE	RESULTS OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LIPID PANEL				
TRIGLYCERIDE/CHOLESTEROL				
TRIGLYCERIDES	124		MG/DL	<150
CHOLESTEROL, TOTAL		221 H	MG/DL	<200
CHOLESTEROL PERCENTILE	51		PERCENTILE	
HIGH DENSITY LIPOPROTEIN				
HDL CHOLESTEROL	44		MG/DL	>39
LDL CHOLESTEROL, CALCULATED				
LDL CHOLESTEROL, CALCULATED		152 H	MG/DL	<130
See note 1				
CHOLESTEROL/HDL RATIO		5.0 H		<5.0

Rx: start Lopid 600g BID - then check cholest.

4/23/03

4/23/03

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611110161

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CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT				FINAL REPORT [X]	ACCOUNT NO.	ROUTE/STOP
ODOUGHERTY, PATRICK				PARTIAL REPORT [ ]	318162 ANOKA--METRO RTC LAB 3301 7TH AVE NO ANOKA, MN 55303	420000
SEX: M	AGE: 5	PATIENT ID:	DRAWN DATE AND TIME: 04/15/2003 9:34			
SPECIMEN NO.: 610164042	HOSP. NO.: 39973	DOCTOR: BAUMER	RECEIVED DATE: 04/15/2003			
COMMENTS: COMO					REPORT DATE AND TIME: 04/21/03 520A	

TEST NAME	RESULTS (WITHIN REFERENCE RANGE)	RESULTS (OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	0.9		MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER				
9-HYDROXYRISPERIDONE	33		NG/ML	
RISPERIDONE	<3		NG/ML	
COMBINED TOTAL	33		NG/ML	
REFERENCE RANGE:				
4-6 MG/DAY: 36-54				
8-16 MG/DAY: 70-110				

THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS, NICHOLS INSTITUTE
33608 ORTEGA HWY.
SAN JUAN CAPISTRANO, CA 92690

4/25/03

4/24/03

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ODOUGHERTY, PATRICK

610164042

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DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT	ODOUGHERTY, PATRICK
SEX	M
AGE	[illegible]
PATIENT ID	[illegible]2004E
DRAWN DATE AND TIME	03/11/2003 9120
SPECIMEN NO.	605279179
HOSP. NO.	5997[illegible]
DOCTOR	BAUMER
RECEIVED DATE	03/11/2003
COMMENTS	
FINAL REPORT	X
PARTIAL REPORT	
ACCOUNT NO.	318162
ROUTE/STOP	420000
	ANOKA METRO RTC LAB 3301 7TH AVE NO ANOKA, MN 55303
REPORT DATE AND TIME	03/13/03 1003A

TEST NAME	RESULTS: WITHIN REFERENCE RANGE	RESULTS: OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	0.8		MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER				
9-HYDROXYRISPERIDONE	27		NG/ML	
RISPERIDONE	5		NG/ML	
COMBINED TOTAL	32		NG/ML	

REFERENCE RANGE:
4-6 MG/DAY: 36-54
8-16 MG/DAY: 70-110

THIS TEST WAS PERFORMED AT:

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3/21/13

3/17/03

CONTINUED REPORT

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D. DAX TAYLOR, M.D. — DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODOUGHERTY, PATRICK

SEX: M | AGE: 56 | PATIENT ID: | DRAWN DATE AND TIME: 05/20/2003 8:55

FINAL REPORT [x]
PARTIAL REPORT [ ]

ACCOUNT NO.: 318162 — ROUTE/STOP: 420000
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

SPECIMEN NO.: 615124575 | 39972 | DOCTOR: LUCAS | RECEIVED DATE: 05/20/2003

COMMENTS:

REPORT DATE AND TIME: 05/21/03 829A

TEST NAME	RESULTS: WITHIN REFERENCE RANGE	RESULTS: OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE

Note(s): Text of Message

1 LDL CHOLESTEROL (MG/DL) GOALS AND CUTPOINTS FOR THERAPEUTIC LIFESTYLE CHANGES (TLC) AND DRUG THERAPY IN DIFFERENT RISK CATEGORIES (AFTER EXCLUSION OR, IF APPROPRIATE, TREATMENT OF SECONDARY CAUSES OF LDL ELEVATION). FROM NCEP ATP-III REPORT, MAY 2001.

RISK CATEGORY	LDL GOAL	LDL TO INITIATE TLC	LDL TO CONSIDER DRUG THERAPY
CHD OR CHD EQUIVALENTS: 10 YR RISK >20%	<100	>99	>129 (100-129: DRUG OPTIONAL)
2+ RISK FACTORS: 10 YR RISK 10-20%	<130	>129	>129
2+ RISK FACTORS: 10 YR RISK <10%	<130	>129	>159
0-1 RISK FACTORS:	<160	>159	>189 (160-189: DRUG OPTIONAL)

5/21/03

6/9/03

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1-800-444-2123 (Industrial Client Service)

CLIA REGISTRATION: 1400417052
MEDICARE CERTIFICATE: 14-8229

PATIENT				FINAL REPORT	X	ACCOUNT NO.	ROUTE/STOP
ODONGHERTY,PATRICK						318162	420000
SEX	AGE	PATIENT ID	DRAWN DATE & TIME	PART. REPORT		ANOKA-METRO RTC LAB	
M	56		06/10/2003 9:08			3301 7TH AVE NO	
SPECIMEN NO.	HOSP. NO.	DOCTOR	RECEIVED DATE			ANOKA, MN 55303	
617784735	39972	BAUMER	06/10/2003				
COMMENTS						REPORT DATE AND TIME	
CALL RESULTS						06/24/03 746A	

TEST NAME	RESULTS (WITHIN REFERENCE RANGE / OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM,SERUM	1.4	MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER			
9-HYDROXYRISPERIDONE	44	NG/ML	
RISPERIDONE	<3	NG/ML	
COMBINED TOTAL	44	NG/ML	
REFERENCE RANGE:			
4-6 MG/DAY: 36-54			
8-16 MG/DAY: 70-110			

THIS TEST WAS PERFORMED AT:

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6/26/03

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D. DAX TAYLOR, M.D. DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODOUGHERTY, PATRICK				FINAL REPORT [x] / PARTIAL REPORT [ ]
SEX: M	AGE: 56	PATIENT ID:	DRAWN DATE AND TIME: 05/20/2003 8:55	
SPECIMEN NO.: 615124575	HOSP: 39972	DOCTOR: LUCAS	RECEIVED DATE: 05/20/2003	
COMMENTS:				REPORT DATE AND TIME: 05/21/03 829A

ACCOUNT NO. 318162 ROUTE/STOP 420000
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

TEST NAME	RESULTS: WITHIN REFERENCE RANGE	RESULTS: OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LIPID PANEL				
TRIGLYCERIDE/CHOLESTEROL				
TRIGLYCERIDES		207 H	MG/DL	<150
CHOLESTEROL, TOTAL		205 H	MG/DL	<200
CHOLESTEROL PERCENTILE	34		PERCENTILE	
HIGH DENSITY LIPOPROTEIN				
HDL CHOLESTEROL		38 L	MG/DL	>39
LDL CHOLESTEROL, CALCULATED				
LDL CHOLESTEROL, CALCULATED	126		MG/DL	<130
See note 1				
CHOLESTEROL/HDL RATIO		5.4 H		<5.0

5

Lopid 600 Bid - cont. 1 month
5/21/03

6/4/07

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Lucas

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1-800-444-2198 (Industrial Client Service)

D. CAM TAYLOR, M.D. DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0413052
MEDICARE CERTIFICATE: 14-0285

REPRINT: 06/11/2003

PATIENT: ODONGHERTY,PATRICK
SEX: M AGE: 56 PATIENT ID:
SPECIMEN DATE & TIME: 06/10/2003 9:00
SPECIMEN NO.: 617784735 MISC. NO.: 39972 DOCTOR: BAUMER
COMMENT: CALL RESULTS come

FINAL REPORT: [ ] PART. REPORT: [X]
RECEIVED DATE: 06/10/2003

ACCOUNT NO.: 318162 ROUTE/STOP: 420000
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

REPORT DATE AND TIME: 06/11/03 11460

TEST NAME	RESULTS (WITHIN REFERENCE RANGE / OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM,SERUM	1.4	MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER	PENDING		

6/11/03

will repeat

ODONGHERTY,PATRICK 617784735

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D. DAX TAYLOR, M.D.

CLIA REGISTRATION: 1
MEDICARE CERTIFICATE:

PATIENT: D¹ DOUGHERTY, PATRICK

SEX M | AGE N | PATIENT 59972 | DRAW DATE AND TIME 06/17/2003 8:50

SPECIMEN NO. 618867233 | HOSP. NO. 81816 | 00000008BAUMER, ROBERT | RECEIVED DATE 06/17/2003

FINAL REPORT [X]
PARTIAL REPORT [ ]

ACCOUNT NO. 318162
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

ROUTE/STOP 420000

COMMENTS

REPORT DATE AND TIME 06/18/03 551A

TEST NAME	RESULTS (WITHIN REFERENCE RANGE / OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	1.1	MMOL/L	0.6-1.5

6-18-03 → Dr Baumer
CW

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D¹ DOUGHERTY, PATRICK

618867233

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D. DAX TAYLOR, M.D.   DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODONGHERTY, PATRICK		FINAL REPORT [X]	ACCOUNT NO. 318162 ROUTE/STOP 420000
SEX M	AGE 56	PATIENT ID	DRAWN DATE AND TIME 06/10/2003 9:08	PARTIAL REPORT [ ]	ANOKA-METRO RTC LAB
SPECIMEN NO. 617784735	HOSP. NO. 89972 Como	DOCTOR BAUMER Lucas	RECEIVED DATE 06/10/2003	3301 7TH AVE NO ANOKA, MN 55303
COMMENT: CALL RESULTS		REPORT DATE AND TIME 06/14/03 1142A	

TEST NAME	RESULTS WITHIN REFERENCE RANGE	RESULTS OUTSIDE REFERENCE RANGE	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	1.4		MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER				
9-HYDROXYRISPERIDONE	44		NG/ML	
RISPERIDONE	<3		NG/ML	
COMBINED TOTAL	44		NG/ML	

REFERENCE RANGE:
4-6 MG/DAY: 36-54
8-16 MG/DAY: 70-110

THIS TEST WAS PERFORMED AT:

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6/16/03

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ODONGHERTY, PATRICK   617784735

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D. DAX TAYLOR, M.D.

DELBERT A. FISHER, M.D.

CLIA REGISTRATION: 14D0417052
MEDICARE CERTIFICATE: 57-0920

PATIENT: ODONGHERTY, PATRICK

SEX: M | AGE: 56 | PATIENT ID: | DRAWN DATE AND TIME: 08/10/2003 9:08

SPECIMEN NO: 617784735 | HOSP. NO: 39972 como | DOCTOR: BAUMER Lucas | RECEIVED DATE: 08/10/2003

FINAL REPORT [X]

PARTIAL REPORT [ ]

ACCOUNT NO.: 318162
ANOKA-METRO RTC
LAB
3301 7TH AVE NO
ANOKA, MN 55303

ROUTE/STOP: 420000

COMMENT: ALL RESULTS

REPORT DATE AND TIME: 08/14/03 1142A

TEST NAME	RESULTS (WITHIN REFERENCE RANGE / OUTSIDE REFERENCE RANGE)	UNIT OF MEASURE	REFERENCE RANGE
LITHIUM, SERUM	1.4	MMOL/L	0.6-1.5
RISPERIDONE & 9-HYDROXYRISPER			
9-HYDROXYRISPERIDONE	44	NG/ML	
RISPERIDONE	<3	NG/ML	
COMBINED TOTAL	44	NG/ML	
REFERENCE RANGE:			
4-6 MG/DAY: 36-54			
8-16 MG/DAY: 70-110			

THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS, NICHOLS INSTITUTE
33608 ORTEGA HWY.
SAN JUAN CAPISTRANO, CA 92690

8/16/03

PRIVATE DATA
Do not release without consent
of Data Subject, pursuant to Law
13.05, subd. 2 (a)

Anoka Metro Regional Treatment Center

RECORD OF HOURS SLEPT PER NIGHT

NAME [illegible] 12-11-45 HOSPITAL NUMBER

2002

MONTH Sept

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
									7	9½	6½	8	9½	8½	7½

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
7.5	9	9.5	8	9	8	7	9½	8	8½	9.5	8.5	10	9.5		

MONTH Oct '02

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8.5	9	8	10	10	8	7	10	8	7	8½	7.5	7.5	7.5	9½	9.5

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10½	8	9.5	9½	9	9	9	10	9		9½	9½	8½	9	9.5	

MONTH Nov 02

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8½	7.5	9		9½	10	8.5	9	9½	8.5	9	9.5	9.5	9	9	9½

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8	10	9	11	9½	9.5	9½	9	8.5	9	9	9½	8½	8½	9	

MONTH Dec 02

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	9½	9	9.5	9	8	10.5	9	12	12	8½	10	9	10	8	10

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8½	8	9.5	8	8	9	10	8.5	9.5	8	9	8.5	9	9	7	

MONTH Jan 03

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	9	8	7½	9½	9	8	8	8	8	8	8	6	8	8	6

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8	8	6	8	6	8	8	8	4	8						

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

Anoka Metro Regional Treatment Center

RECORD OF HOURS SLEPT PER NIGHT

NAME ______________________ HOSPITAL NUMBER ______________________

2003

MONTH Feb

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	

MONTH

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	

MONTH

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	

MONTH

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	

MONTH

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	

PZ-81018-01

Facility: AMRTC

Screening Dates: (Baseline) 9-10-02 **NEXT DATE:** 3-10-03

CURRENT NEUROLEPTICS AND DOSE

Risperdal Elixir	3 mg
	mg
	mg
	mg
	mg

SCREENING TYPE (check one)

- [X] 1. Admission
- [ ] 2. Semi-Annual
- [ ] 3. Annual
- [ ] 4. Other

COOPERATION (Check one)

- [ ] 1. None
- [ ] 2. Partial
- [X] 3. Full

SCORING

0 - **Not Present** (movements not observed or some movements observed, but not considered abnormal)
1 - **Minimal** (abnormal movements are difficult to detect or movements are easy to detect, but occur only once or twice in a short non-repetitive manner)
2 - **Mild** (abnormal movements occur infrequently and are easy to detect)
3 - **Moderate** (abnormal movements occur frequently and are easy to detect)
4 - **Severe** (abnormal movements occur almost continuously and are easy to detect)
NA - Not Assessed (it is not possible to assess a movement)

SCREEN DISCUS Item and Score (circle one score for each item)

FACE	1. Tics	(0)	1	2	3	4	NA	
	2. Grimaces	(0)	1	2	3	4	NA	
EYES	3. Blinking	(0)	1	2	3	4	NA	
ORAL	4. Chewing/Lip Smacking	(0)	1	2	3	4	NA	
	5. Puckering/Sucking Thrusting Lower Lip	(0)	1	2	3	4	NA	
LINGUAL	6. Tongue Thrusting/ Tongue in Cheek	(0)	1	2	3	4	NA	
	7. Tonic tongue	(0)	1	2	3	4	NA	
	8. Tongue Tremor	(0)	1	2	3	4	NA	
	9. Athetoid/Myokymic/ Lateral Tongue	(0)	1	2	3	4	NA	
HEAD/ NECK/ TRUNK	10. Retrocollis/Torticollis	(0)	1	2	3	4	NA	
	11. Shoulder/Hip Torsion	(0)	1	2	3	4	NA	
UPPER LIMB	12. Athetoid/Myokymic Finger-Wrist-Arm	(0)	1	2	3	4	NA	
	13. Pill Rolling	(0)	1	2	3	4	NA	
LOWER LIMB	14. Ankle Flexion/ Foot Tapping	(0)	1	2	3	4	NA	
	15. Toe Movement	(0)	1	2	3	4	NA	

OTHER MOVEMENTS/COMMENTS

Last discus done 9-3-02. he had a score of 5 - writer did not note these signs of T.D. - did question whether or not he had grimaces but expression on face didn't change.

TOTAL SCORE (Items 1-15 only) [X]

PREVIOUS DISCUS DATES & TOTAL SCORES:

Dates (mo/yr)					
Scores					

Referral to Attending Physician:

Physician Name: Herb Damm? Referral Date 9-10-02

TD Diagnosed: Yes [ ] No [X] If Yes, Date Treatment Plan Documented:

Screener's Name (please print): Doreen Dittbenner

Screener's Signature: Doreen Dittbenner RN

Screener's Title: RN Screening Date: 9-10-02

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK

MREC #:

Birthdate:

Sex: M

Program/Unit: AMRTC

DHS #39972

DHS-2890 (9-01)

Original: Medical Record
Copy 1: Nursing Director

Dyskinesia Identification System: Condensed User Scale (DISCUS)

Definitions

FACIAL MOVEMENTS

1. **Tics:** Brief muscular contractions of small sections of the face.
2. **Grimaces:** Brief muscular contractions of large sections of the face or forehead. ("brow-arching")

OCULAR MOVEMENTS

3. **Blinking:** Rapid opening and closing of the eyelids increasing the frequency or resulting in "bursts" of blinking. Normal eye blinking is approximately 6 per minute.

ORAL MOVEMENTS

4. **Chewing:** Circular or up and down jaw movements similar to chewing gum.
   Lip Smacking: Quick parting of the lips which produces a smacking sound.
5. **Puckering:** Pursing the lips similar to movements when kissing or pulling a drawstring of a purse.
   Sucking: Drawing in of one or both lips similar to movements when drinking with a straw.
   Thrusting Lower Lip: Extending movements of the lower lip similar to a child's pout.

LINGUAL MOVEMENTS

6. **Tongue Thrusts:** Abrupt (similar to a frog catching a fly) or rhythmic movement of the tongue in and out of the mouth beyond the edge of the lips;
   Tongue in Cheek: Pressing the tongue against the inside of the check or lips producing a noticeable bulge similar to a large piece of candy or wad of tobacco.
7. **Tonic Tongue:** A hanging tongue extending beyond the edge of the lips somewhat like the hanging tongue of a dog when panting.
8. **Tongue Tremor:** A fine rhythmic or quivering tongue observed with the mouth open and the tongue inside or outside of the mouth.
9. **Athetoid Tongue:** Worm-like rolling and twisting movements of the tongue observed with the mouth open and the tongue inside or outside the mouth;
   Myokymic Tongue: Jerking or twitching movements of the tongue observed with the mouth open and the tongue inside or outside of the mouth;
   Lateral Tongue: Side-to-side movements of the tongue observed with the mouth open and the tongue inside or outside of the mouth.

HEAD/NECK/TRUNK MOVEMENTS

10. **Retrocollis:** Contractions of the neck muscles resulting in snapping or bending the head back similar to looking up at ceiling.
    Torticollis: Contractions of the neck muscles resulting in snapping or twisting the head to one side.
11. **Shoulder/Hip Torison:** Twisting rolling movements of the shoulder and/or hips involving large sections of the body.

UPPER LIMB MOVEMENTS

12. **Athethoid Finger-Wrist-Arm:** Worm-like, writhing, vermicular, rolling and twisting movements of the fingers, wrists and/or arms. **Do not** include tremor which is rhythmic.
    Myokymic Finger-Wrist-Arm: Twitching or jerking movements of the fingers, wrist, and/or arms. **Do not** include tremor which is rhythmic.
13. **Pill Rolling:** Circular movements of the thumb against the finger(s) of the same hand.

LOWER LIMB MOVEMENTS

14. **Ankle Flexion:** Circular, up and down, and/or back and forth bending or twitching movements of the ankle or foot.
    Foot Tapping: An alternating contact-non contact tapping or striking movement of the heel, toe and/or entire foot with the floor.
15. **Toe Movement:** Bending or jerking movements of the toe(s). **Do not** include termor.

INSTRUCTIONS

1. The rater completes the Assessment according to the standardized exam procedure.
2. The form is given to the physician and if the physician diagnoses TD, a treatment plan is documented.
3. File form according to policy or procedure.

OTHER CONDITIONS (partial list)

1. Age
2. Blind
3. Cerebral Palsey
4. Contact Lenses
5. Dentures/No Teeth
6. Down's Syndrome
7. Drug Intoxication (specify)
8. Encephalitis
9. Extrapyramidal Side-Effects (specify)
10. Fahr's Syndrome
11. Heavy Metal Intoxication (specify)
12. Huntington's Chorea
13. Hyperthyroidism
14. Hypoglycemia
15. Hypoparathyroidism
16. Idiopathic Torsion Dystonia
17. Meige Snydrome
18. Parkinson's Disease
19. Stereotypies
20. Sydenham's Chorea
21. Tourette's Syndrome
22. Wilson's Disease
23. Other (specify)

Facility: AMRTC

Screening Dates: (Baseline) 9-10-02 **NEXT DATE:** 9/03

CURRENT NEUROLEPTICS AND DOSE

Risperidol 4 mg

_____ mg

_____ mg

_____ mg

_____ mg

SCREENING TYPE (check one)

- ☐ 1. Admission
- ☒ 2. Semi-Annual
- ☐ 3. Annual
- ☐ 4. Other

COOPERATION (Check one)

- ☐ 1. None
- ☐ 2. Partial
- ☒ 3. Full

SCORING

0 - **Not Present** (movements not observed or some movements observed, but not considered abnormal)

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SCREEN DISCUS Item and Score (circle one score for each item)

Area	Item	Score
FACE	1. Tics	~~0~~ 1 2 3 4 NA
FACE	2. Grimaces	~~0~~ 1 2 3 4 NA
EYES	3. Blinking	~~0~~ 1 2 3 4 NA
ORAL	4. Chewing/Lip Smacking	~~0~~ 1 2 3 4 NA
ORAL	5. Puckering/Sucking Thrusting Lower Lip	~~0~~ 1 2 3 4 NA
LINGUAL	6. Tongue Thrusting/ Tongue in Cheek	~~0~~ 1 2 3 4 NA
LINGUAL	7. Tonic tongue	~~0~~ 1 2 3 4 NA
LINGUAL	8. Tongue Tremor	~~0~~ 1 2 3 4 NA
LINGUAL	9. Athetoid/Myokymic/ Lateral Tongue	~~0~~ 1 2 3 4 NA
HEAD/ NECK/ TRUNK	10. Retrocollis/Torticollis	~~0~~ 1 2 3 4 NA
HEAD/ NECK/ TRUNK	11. Shoulder/Hip Torsion	~~0~~ 1 2 3 4 NA
UPPER LIMB	12. Athetoid/Myokymic Finger-Wrist-Arm	~~0~~ 1 2 3 4 NA
LOWER LIMB	13. Ankle Flexion/ Foot Tapping	~~0~~ 1 2 3 4 NA
LOWER LIMB	14. Toe Movement	~~0~~ 1 2 3 4 NA

OTHER MOVEMENTS/COMMENTS

TOTAL SCORE (Items 1-14 only) 0

PREVIOUS DISCUS DATES & TOTAL SCORES:

Dates (mo/yr)	9/02				
Scores	0				

Referral to Attending Physician:

Physician Name: [signature] Referral Date: 3/11/03

TD Diagnosed: Yes ☐ No ☒ If Yes, Date Treatment Plan Documented:

Screener's Name (please print) CHERYL REECE

Screener's Signature [signature]

Screener's Title RNC Screening Date: 3/7/03

Facility Name:

Patient Name: ODOUGHERTY, PATRICK /M

MREC #:

Birthdate:

Sex:

Program/Unit:

AMRTC BHIS #39972

#20042 ADM 9-10-02

PRIVATE DATA not for release without consent of Data Subject, pursuant to MN [illegible]

DHS-2890 (5-00)

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Copy 1: Nursing Director

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12. Huntington's Chorea
13. Hyperthyroidism
14. Hypoglycemia
15. Hypoparathyroidism
16. Idiopathic Torsion Dystonia
17. Meige Snydrome
18. Parkinson's Disease
19. Stereotypies
20. Sydenham's Chorea
21. Tourette's Syndrome
22. Wilson's Disease
23. Other (specify)

Practice
O'Dougherty TO start 4/15

NAME
MONTH April YEAR 2003

MEDICATION SELF ADMINISTRATION RECORD

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9AM 1PM 5PM 9PM	9AM 1PM 5PM 9PM	1 (crossed out) 9AM 1PM 5PM 9PM	2 (crossed out) 9AM 1PM 5PM 9PM	3 (crossed out) 9AM 1PM 5PM 9PM	4 (crossed out) 9AM 1PM 5PM 9PM	5 (crossed out) 9AM 1PM 5PM 9PM
6 (crossed out) 9AM 1PM 5PM 9PM	7 (crossed out) 9AM 1PM 5PM 9PM	8 (crossed out) 9AM 1PM 5PM 9PM	9 (crossed out) 9AM 1PM 5PM 9PM	10 (crossed out) 9AM 1PM 5PM 9PM	11 (crossed out) 9AM 1PM 5PM 9PM	12 (crossed out) 9AM 1PM 5PM 9PM
13 (crossed out) 9AM 1PM 5PM 9PM	14 (crossed out) 9AM 1PM 5PM 9PM	15 9AM POD 1PM 5PM 9PM POD	16 9AM POD 1PM 5PM 9PM POD	17 9AM POD 1PM 5PM 9PM POD	18 9AM POD 1PM 5PM 9PM POD	19 9AM POD 1PM 5PM 9PM POD
20 9AM POD 1PM 5PM 9PM POD	21 9AM POD 1PM 5PM 9PM POD	22 9AM POD 1PM 5PM 9PM POD	23 9AM POD 1PM 5PM 9PM POD	24 9AM POD 1PM 5PM 9PM POD	25 9AM POD 1PM 5PM 9PM POD	26 9AM POD 1PM 5PM 9PM POD
27 9AM POD 1PM 5PM 9PM POD	28 9AM POD 1PM 5PM 9PM POD	29 9AM POD 1PM 5PM 9PM POD	30 9AM POD 1PM 5PM 9PM POD	1 9AM POD 1PM 5PM 9PM POD	2 9AM POD 1PM 5PM 9PM POD	3 9AM POD 1PM 5PM 9PM POD

NAME Patrick Odoughtery
MONTH June YEAR 2003

MEDICATION SELF ADMINISTRATION RECORD

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 9AM P ON 1PM 5PM 9PM P OD	2 9AM P O D 1PM 5PM 9PM P OD	3 9AM P OD 1PM 5PM 9PM P OD	4 9AM P OD 1PM 5PM 9PM P OD	5 9AM P OD 1PM 5PM 9PM P OD	6 9AM P OD 1PM 5PM 9PM P OD	7 9AM P OD 1PM 5PM 9PM P OD
8 9AM P OD 1PM 5PM 9PM P OD	9 9AM P OD 1PM 5PM 9PM P OD	10 9AM P OD 1PM 5PM 9PM P OD	11 9AM P OD 1PM 5PM 9PM P OD	12 9AM P OD 1PM 5PM 9PM P OD	13 9AM P OD 1PM 5PM 9PM P OD	14 9AM P OD 1PM 5PM 9PM P OD
15 9AM P OD 1PM 5PM 9PM P OD	16 9AM P OD 1PM 5PM 9PM P OD	17 9AM P OD 1PM 5PM 9PM P OD	18 9AM P OD 1PM 5PM 9PM P OD	19 9AM P OD 1PM 5PM 9PM P OD	20 9AM P OD 1PM 5PM 9PM P OD	21 9AM P OD 1PM 5PM 9PM P OD
22 9AM P OD 1PM 5PM 9PM P OD	23 9AM P OD 1PM 5PM 9PM P OD	24 9AM P OD 1PM 5PM 9PM P OD	25 9AM P OD 1PM 5PM 9PM P OD	26 9AM P OD 1PM 5PM 9PM P OD	27 9AM P OD 1PM 5PM 9PM P OD	28 9AM P OD 1PM 5PM 9PM P OD
29 9AM P OD 1PM 5PM 9PM P OD	30 9AM P OD 1PM 5PM 9PM P OD	___ 9AM 1PM 5PM 9PM	___ 9AM 1PM 5PM 9PM	___ 9AM 1PM 5PM 9PM	___ 9AM 1PM 5PM 9PM	___ 9AM 1PM 5PM 9PM

NAME Patrick ODoughter
MONTH 4/24 YEAR 2023

MEDICATION SELF ADMINISTRATION RECORD

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
___ 9AM ___ 1PM ___ 5PM ___ 9PM ___	___ 9AM ___ 1PM ___ 5PM ___ 9PM ___	___ 9AM ___ 1PM ___ 5PM ___ 9PM ___	___ 9AM ___ 1PM ___ 5PM ___ 9PM ___	1 9AM P OD 1PM ___ 5PM ___ 9PM P OD	2 9AM P OD 1PM ___ 5PM ___ 9PM P OD	3 9AM P OD 1PM ___ 5PM ___ 9PM P OD
4 9AM P OD 1PM ___ 5PM ___ 9PM P OD	5 9AM P OD 1PM ___ 5PM ___ 9PM P OD	6 9AM P OD 1PM ___ 5PM ___ 9PM P OD	7 9AM P OD 1PM ___ 5PM ___ 9PM P OD	8 9AM P OD 1PM ___ 5PM ___ 9PM P OD	9 9AM P OD 1PM ___ 5PM ___ 9PM P OD	10 9AM P OD 1PM ___ 5PM ___ 9PM P OD
11 9AM P OD 1PM ___ 5PM ___ 9PM P OD	12 9AM P OD 1PM ___ 5PM ___ 9PM P OD	13 9AM P OD 1PM ___ 5PM ___ 9PM P OD	14 9AM P OD 1PM ___ 5PM ___ 9PM P OD	15 9AM P OD 1PM ___ 5PM ___ 9PM P OD	16 9AM P OD 1PM ___ 5PM ___ 9PM P OD	17 9AM P OD 1PM ___ 5PM ___ 9PM P OD
18 9AM P OD 1PM ___ 5PM ___ 9PM P OD	19 9AM P OD 1PM ___ 5PM ___ 9PM P OD	20 9AM P OD 1PM ___ 5PM ___ 9PM P OD	21 9AM P OD 1PM ___ 5PM ___ 9PM P OD	22 9AM P OD 1PM ___ 5PM ___ 9PM P OD	23 9AM P OD 1PM ___ 5PM ___ 9PM P OD	24 9AM P OD 1PM ___ 5PM ___ 9PM P OD
25 9AM P OD 1PM ___ 5PM ___ 9PM P OD	26 9AM P OD 1PM ___ 5PM ___ 9PM P OD	27 9AM P OD 1PM ___ 5PM ___ 9PM P OD	28 9AM P OD 1PM ___ 5PM ___ 9PM P OD	29 9AM P OD 1PM ___ 5PM ___ 9PM P OD	30 9AM P OD 1PM ___ 5PM ___ 9PM P OD	31 9AM P OD 1PM ___ 5PM ___ 9PM P OD

NAME Patrick Longsherry
MONTH July YEAR 2003

MEDICATION SELF ADMINISTRATION RECORD

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ 9AM____ 1PM____ 5PM____ 9PM____	____ 9AM____ 1PM____ 5PM____ 9PM____	1 POD 9AM____ 1PM____ 5PM____ 9PM PRN	2 POD 9AM____ 1PM____ 5PM____ 9PM PRN	3 POD 9AM____ 1PM____ 5PM____ 9PM PRN	4 POD 9AM____ 1PM____ 5PM____ 9PM PRN	5 POD 9AM____ 1PM____ 5PM____ 9PM PRN
6 POD 9AM____ 1PM____ 5PM____ 9PM PRN	7 ~~PRN~~ POD 9AM____ 1PM____ 5PM____ 9PM____	8 ~~PRN~~ POD 9AM____ 1PM____ 5PM____ 9PM____	9 ~~PRN~~ POD 9AM____ 1PM____ 5PM____ 9PM____	10 9AM____ 1PM____ 5PM____ 9PM____	11 9AM____ 1PM____ 5PM____ 9PM____	12 9AM____ 1PM____ 5PM____ 9PM____
13 9AM____ 1PM____ 5PM____ 9PM____	14 9AM____ 1PM____ 5PM____ 9PM____	15 9AM____ 1PM____ 5PM____ 9PM____	16 9AM____ 1PM____ 5PM____ 9PM____	17 9AM____ 1PM____ 5PM____ 9PM____	18 9AM____ 1PM____ 5PM____ 9PM____	19 9AM____ 1PM____ 5PM____ 9PM____
20 9AM____ 1PM____ 5PM____ 9PM____	21 9AM____ 1PM____ 5PM____ 9PM____	22 9AM____ 1PM____ 5PM____ 9PM____	23 9AM____ 1PM____ 5PM____ 9PM____	24 9AM____ 1PM____ 5PM____ 9PM____	25 9AM____ 1PM____ 5PM____ 9PM____	26 9AM____ 1PM____ 5PM____ 9PM____
27 9AM____ 1PM____ 5PM____ 9PM____	28 9AM____ 1PM____ 5PM____ 9PM____	29 9AM____ 1PM____ 5PM____ 9PM____	30 9AM____ 1PM____ 5PM____ 9PM____	31 9AM____ 1PM____ 5PM____ 9PM____	____ 9AM____ 1PM____ 5PM____ 9PM____	____ 9AM____ 1PM____ 5PM____ 9PM____

UDOUGH[illegible], PATRICK /M

AMRTC THIS # 29972

#20042 ADM 9-10-02

P.R.N., OMITTED, DELAYED OR STAT MEDICATION RECORD

Date	Medication	Time	Reason	App. By	Init.	Date	Time	Results	Init.
5/7/03	tylenol 650 mg	2p	c/o headache		CKB	5/7	9p	eff.	CKB
5/23/03	states he does	not want	to take	Lopid	at 9a				CKB
6/23/03	Lopid	5p	refused	—	CB				
5/24/03	Lopid	9A	refused	—	CB				
5/24/03	Lopid	5p	refused	—	CB				
5/25/03	Lopid	9A	refused	—	CB				
5/26/03	Lopid	5p	refused	—	CB				
5/27	Lopid	9A	Refused		Re				
5/27	Lopid 600 mg	9p	Refused						CKB
5/28	Lopid 600 mg	9p	Refused						CKB
5/29	Lopid 600mg	9A	refused		Re				
5/30	Lopid 600mg	9p	Refused						CKB
5/31	Lopid 600mg	9A	Refused	—	CKB				
6/1	Lopid 600mg	9A	Refused	—	CKB				
6/2	Lopid 600mg	9A	Refused		Re				
6/4	Lopid 600mg	9p	Refused		CB				
6/5	Lopid 600mg	9p	Refused		CKB				
6/6	Lopid 600mg	9p	Refused		CKB				
6/10	TYLENOL 650mg	9A	c/o leg discomfort		Re	6/10			
6/10	Lopid 600mg	9p	Refused	—	CKB				
6/11	Lopid 600mg	9A	Refused	—	CKB				
6/13	Lopid 600mg	9p	Refused	—	CKB				
6/14	Lopid 600mg	9A	NA		Re				
6/14	Lopid 600mg	9p	Refused med	—	CKB				

NAME Patrick O'Doughtery

Date	Medication	Time	Reason	App. By	Init.	Date	Time	Results	I
6/15	Lopid 600mg	9A	Refused		N				
6/15	lopid 600 mg	9pm	Refused	—	CKB				
6/16	Lopid 600mg	9A	Refused		Ne				
6/17	Lopid 600mg	9p	Refused	—	CKB				
6/18	lopid 600mg	9p	Refused	—	CKB				
6/19	Lopid 600mg	9p	Refused	—	CKB				
6/23	Lopid 600mg	9A	Refused	—	CKB				
6/23	Lopid 600mg	9p	Refused	—	CKB				
6/24	Lopid 600mg	9A	Refused		N				
6/24	Lopid 600mg	9pm	Refused	—	CKB				
6/20	Lopid 600mg	AM	Refused		N				

Initials	Full Signature	Title	Initials	Full Signature	Title
AH	Andrea Holm	RPN	MH	[illegible] Howard	RN
LN	Lori Nelson	LPN	MJ	Marna Jullard	RN
RF	Rose Fydrick	RNC	EN	Evelyn [illegible]	RN
JM	Janelle Mians	LPN	GT	Gina [illegible]	RN
LC	Lora Carrell	LPN	ET	Elizabeth Thole	RN
GK	Gayanny Kyllonen	LPN	SD	Shannon Doughty	RN
AC	Annie Culver	RN	SN	Sandra [illegible]	RN
CJ	Carla Jamison	RN	SN	Sandy Nelson	RNC
[illegible]	T. [illegible]	[illegible]	[illegible]	[illegible] Regan	RN
CKB	Cindy Kasperson	LPN	CR	Cheryl Rieser	RNC

MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL if forms in use. 1/1

DOB 12-11-41

Diagnoses:

Allergies: NKA

Diet: Regulars

Scheduled Medications

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23
				Date Given													
9-10-02 mf	9-12	Vital signs bid.	8A	AH	W	BL	BL										
			8P	W	W	W	BL										
9-10-02 mf	9-19 X 7d	Vital signs daily	8A				BL	BL	BL	W	W	AH	BL	W	W		
9-10-02 mf	12-10	MVI 1 tab PO daily	8A		W	BL	BL	BL	BL	W	W	AH	BL	W	W	W	BL
9-10-02 jf	12-10	Risperdal 3mg PO (conc) qhs	8P	W	W	W	W	W	W	W	W	W	W	W	W	W	W
9-13-02 AH	12/13	LITHIUM CITRATE 300mg PO Bid	8A				W	BL	BL	W	W	AH	BL	W	W	W	BL
			8P				W	W	W	W	W	W	W	W	BL	W	
9/23/02 JB	12-23	Lithium Carbonate 300mg PO	8A														
9/23/02 JB	12-23	Lithium Carbonate 600mg PO	8P														W

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	[signature]	RN			
			st	[signature]	RN
			JH	Janine [signature]	
			en	Evelyn [signature]	
			mj	Maria [signature]	

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM HOSPITAL

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.	DOSES GIVEN
9-10-02 mj	12-10	Tylenol 325mg Tab 2 Po q4° PRN minor pain	DATE / TIME / INIT
9-10-02 mj	12-10	Maalox T.C. 15cc Po q4° PRN GI upset	DATE / TIME / INIT
9-10-02 mj	12-10	Milk of Magnesia 30cc Po qHS PRN Constipation	DATE / TIME / INIT
9-10-02 st	12/10	Ativan 1 mg Po BID PRN Agitation / Insomnia	DATE / TIME / INIT
9-10-02 st	12/10	Haldol 5mg Po BID PRN Psychotic Agitation	DATE / TIME / INIT
			DATE / TIME / INIT
			DATE / TIME / INIT

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DOUGHERTY, PATRICK /M

MHIS #39972

ADM 9-10-02

DOB 12-11-46

MEDICATION ADMINISTRATION RECORD
14 DAY

Consent Exp 2-21-03

Enter in PENCIL # of forms in use. 1/1

Diagnoses:

Allergies: NKA

Diet: Reg

Scheduled Medications

07 Sept-October Date Given

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7
9-16-02 mg	10/10	Multi Vit i tab po qd	8A	BL	BL	W	W	BL	BL	W	W	[illegible]	W	W	W	W	BL
9-10-02 gt	10/10	Risperdal 3mg conc po qhs	8P	N	JH	BL	D/C 9/27/02 SO Dosage Δ										
9-23-02 JB	10/25	Lithium Carbonate 300mg po	8A	BL	BL	W	W	BL	BL	W	W	BL	W	W	W	W	BL
9-23-02 JB	10/25	Lithium Carbonate 600mg po	8p	N	JH	BL	SO	N	N	gf	D	BL	BL	BL	W	W	W
9/27/02 SO	10/27	Risperidal 4mg PO (liquid) qhs	8p				SO	N	N	gf	D/C 10-1-02 gf						
10-1-02 gf	1/1	Risperdal 4mg Po qhs	8P								D	BL	BL	BL	W	W	W

O'DOUGHERTY, PATRICK

DOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	An Hagma	RN			
SD	Shannon Dougherty	RN	gt	Glna [illegible]	RN
SB	Sue Boccuccino	RN			
I	ISSUED MEDICATION				
S	SELF MEDICATION		ET	Elizabeth Hob	RN
A	AWAY FROM HOSPITAL				
				[illegible]	
			DL	Davy Longeny	LPN
			JD	Janine Dunsel	LPN
			EM	Evelyn Keller	

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications Dougherty patrick

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.	DOSES GIVEN
9-1-02 mJ	12/10	Tylenol 325mg ii tabs q4° po mina pain - prn	DATE TIME INIT
9-10-02 mJ	12/10	Maalox TC 15cc po prn q4° GI upset	DATE TIME INIT
9-10-02 mJ	12/10	mom 30cc qhs po prn Constipation	DATE TIME INIT
9-10-02 st	12/10	Ativan 1mg po prn Bid agitation - Insomnia	DATE TIME INIT
9-10-02 st	12/10	Haldol 5mg po prn Bid Psychotic agitation	DATE TIME INIT
			DATE TIME INIT
			DATE TIME INIT

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DOUGHE Y, PATRICK

MS / Vq

MEDICATION ADMINISTRATION RECORD
14 DAY

enter in PENCIL # of forms in use: 1/1

#20042

DOB 12-11-45

Diagnoses:
I schizophrenia P.P. c/o Bipolar D/o-Manic R/o-Schizo Affect D/o with psychotic features
II Deferred
III No Dx

Allergies: NKA

Diet: Reg

Scheduled Medications

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	Oct 10/8	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	Oct 10/21
		Consent 2/21/03	02														
9/10/02 MJ	12/10	MVI (c) QD	8a	BL	W	W	W	BL	SD	SD	SD	KE	BL	BL	AH	Vq	BL
9/23/02 JB	11/9	Lithium Carb 300mg (c)	8a	BL	W	D/C 10/9/02 AH [illegible]											
9/23/02 JB	10-9	Lith Carb 600mg (c)	8p	BL	BL	D/C 10/9/02 AH [illegible]											
10/1/02 JT	1/1	Risperdal 4mg (c) HS	8p	BL	BL	BL	BL	W	W	BL	BL	W	W	W	W	W	BL
10-9-02 MJ	1-9-03	Lith Carbonate 600mg	8A			W	W	BL	SD	SD	SD	KE	BL	BL	AH	Vq	BL
		PO bid start 10/10 Am	8p			BL	BL	W	W	BL	BL	W	W	W	W	W	BL

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	an Hagnan	RN			
			KE	Linda Ericksen	RN
			SK	Sandra Kroeger	RN
			SD	Shannon Daugherty	RN
			BP	Brooke Pettersen	RN
			MS	Marianne Shifstow	RN
			EM	Evelyn Miller	RN
			VJ	Vicky Jude	RN

I ISSUED MEDICATION
S SELF MEDICATION
A AWAY FROM HOSPITAL

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications Pat O'Daugherty

OR Date Inits.	Ep. Dt Time	Medication – Dosage Frequency – Rt. of Adm.		DOSES GIVEN
9/10/02 MJ	12/10	Tylenal 325mg ii (2) q4h ~~minor~~ Pain Prn	DATE TIME INIT	
9/10/02 MJ	12/10	Maalox TC 15cc (2) q4h GI upset Prn	DATE TIME INIT	
9/10/02 MJ	12/10	M.O.M. 30cc (2) qhs Constipation Prn	DATE TIME INIT	
9/10/02 MJ	12/10	Ativan 1 mg (2) bid agitation Insomnia Prn	DATE TIME INIT	
9/10/02 MJ	12/10	Haldol 5mg (2) bid Psychotic agitation Prn	DATE TIME INIT	
			DATE TIME INIT	
			DATE TIME INIT	

ODO [illegible]GHERTY, PA[illegible]ICK

ARATC [illegible]

#2004[illegible] [illegible]-02

DOB 12-1[illegible]-45

Scheduled Medications

MEDICATION ADMINISTRATION RECORD

/M

14 DAY

Enter in PENCIL # of forms in use: 1

I Schizophrenia P.H. R/o schiz affect D/o ... Bipolar D/o manic ē psychotic features

II deferred

Diagnoses:

III No Dx

Allergies: NKA

Diet: Reg

02 Oct — Date Given — Nov

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4
		~~Consent exp~~ Fe...? 7/26/03															
		Jarvis expires 2/28/03															
9/10/02 MJ	12/10	MVI 1 (c) qd	8a	BL	SK	BL	BL	SK	BL	SK	SD	SK	WS	SD	SW	W	AH
10/9/02 MJ	1/9	Lith Carb 600mg (c)	8a	BL	SK	BL	BL	SK	BL	SK	SD	SK	WS	SD	SW	W	AH
		bid	8p	JN	gt	KW	RJ	BL	BL	WS	BL	BL	BL	BL	BL	W	al
10/1/02 gt	1/1	Risperdal 4mg (c) qhs	8p	JN	gt	WS	RJ	BL	BL	WS	BL	BL	BL	BL	BL	W	al
10-23-02 MJ	11-5	Flu Vaccine 0.5cc IM	time		5:35p	10/23/02											
		(one time order)	site		#1 AH												

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
			SU	[illegible]	[illegible]
			gf	[illegible]	RN
I	ISSUED MEDICATION		DN	Lori Nelson	[illegible]
S	SELF MEDICATION		EI	Elizabeth [illegible]	RN
A	AWAY FROM HOSPITAL		SD	Shannon Dougherty	LPN
			SN	Sandy Nelson	RN
			RT	Rose [illegible]	RN
			[illegible]	[illegible] Roberts	[illegible]
			[illegible]	Vicky [illegible]	[illegible]

STAT - ONE TIME - SINGLE ORDERS

	MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications

Pat O'Daugherty

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.		DOSES GIVEN
9/10/02 MQ.	12/10	Tylenol 325 mg [illegible] po / Pain prn	DATE TIME INIT	
9/10/02 MQ	12/10	Maalox TC 15 cc po / GI upset prn	DATE TIME INIT	
9/10/02 MQ	12/10	MOM 30 cc po HS / Constipation prn	DATE TIME INIT	
9/10/02 MQ.	12/10	Ativan 1 mg [illegible] BID / agitation/insomnia prn	DATE TIME INIT	
9/10/02 MQ.	12/10	Haldol 5 mg [illegible] BID / Psychotic agitation prn	DATE TIME INIT	
			DATE TIME INIT	
			DATE TIME INIT	

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ODOUGHERTY, PATRICK /M

MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL # of forms in use: 1

AMRTC WHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Diagnoses: Schizophrenia P.R. R/o schizoaffect. vs. Bipolar, Manic ē psychotic features
II deferred
III No diag.

Allergies: NKA

Diet: Reg.

Scheduled Medications

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18
		Joint Spot exp 2/20/03															
9/10/02 mg.	12/16	MVI ÷ (0) q d	8a	BL	BV	BL	BV	BL	BV	W	W	SK	W	JB	W	W	AH
10/9/02 mg.	1/9	Lith carb 600mg (0)	8a	BV	BV	BL	BV	BL	BV	W	W	SK	W	JB	W	W	AH
		bid	8p	M	W	W	W	BL	BT	8	8	AH	BL	BL	BL	W	BL
10/1/02 9T	1/1	Risperdal 4mg (0) qhs	8p	M	W	W	W	BV	BT	8	8	AH	BL	BL	BL	W	BL

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	Ann Hagner	RN	[illegible]	Sandra [illegible]	
[illegible]	[illegible]	RN	gt	Gina [illegible]	RN
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM HOSPITAL				
			RT	Rose Teducky	RWC
			[illegible]	Kay [illegible]	RN
			VG	Vicky Grudes	GN

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications Pat O'Daughtery

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.		DOSES GIVEN
9/10/08 MJ	12/10	Tylenol 325mg ii @ q4h Pain prn	DATE TIME INIT	
9/10/08 MJ	12/10	Maalox TC 15cc @ q4h GI upset prn	DATE TIME INIT	
9/10/08 MJ	12/10	MOM 30cc @ qHS Constipation prn	DATE TIME INIT	
9/10/08 MJ	12/10	Ativan 1mg @ bid agitation/insomnia prn	DATE TIME INIT	
9/10/08 MJ	12/10	Haldol 5mg @ bid Psychotic agitation prn	DATE TIME INIT	
			DATE TIME INIT	
			DATE TIME INIT	

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DOUGHERTY, PATRICK

MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL 1 of forms in use

1/1

AMRTC UHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

Diagnoses: I Schizophrenia, P.H. r/o schizoaffective d/o Bipolar Mania c psychotic features
II deferred
III no diagnosis

Allergies: NKA

Diet: Reg

Scheduled Medications

Date Given: Nov – Dec 02

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/1	12/2
		Jarvis exp. 12/20/02															
9/11/02	12/10	MVI 1 (c)	8a	JB	JB	SH	W	JB	SD	SH	JB	SH	JB	SH	SD	SD	JB
11/9/02	11/9	Lith carb 600 mg (c)	8a	JB	JB	SH	W	JB	SD	SH	JB	SH	JB	SH	SD	SD	JB
		bid	8p	BV	BV	SH	SH	BV	BV	BV	BV	W	W	SH	W	W	AH
10/1/02	1/1	Risperdal 4mg (c)	8p	BV	BV	SH	SH	BV	BV	BV	BV	W	W	SH	W	W	AH

ODOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	Ann Hagman	RN	[illegible]	[illegible]	[illegible]
			SJ	Sandra Johnson	[illegible]
			SD	Shannon Dougherty	RN
SB	Sue B[illegible]	RN	ET	Elizabeth Thole	RN
			[illegible]	Kaye [illegible]	RN
			VG	Vicky [illegible]	[illegible]

I ISSUED MEDICATION
S SELF MEDICATION
A AWAY FROM HOSPITAL

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications — Pat O'Daugherty

OR Date Inits.	Ep. Dt Time	Medication – Dosage Frequency – Rt. of Adm.		DOSES GIVEN
9/10/02 MJ	12/16	Tylenol 325mg # ii PO / Pain PRN	DATE / TIME / INIT	
9/10/02 MJ	12/16	Maalox TC 15cc PO / GI upset PRN	DATE / TIME / INIT	
9/10/02 MJ	12/16	M.O.M. 30cc PO HS / Constipation PRN	DATE / TIME / INIT	
9/10/02 MJ	12/16	Ativan 1mg PO bid / Insomnia / Agitation PRN	DATE / TIME / INIT	
9/10/02 MJ	12/16	Haldol 5mg PO bid / Psychotic agitation PRN	DATE / TIME / INIT	
			DATE / TIME / INIT	
			DATE / TIME / INIT	

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O'DOUGHERTY, PATRICK /M

AMRTC, DHIS # 39972

20042 ADM 9-10-02

DOB 12-11-45

MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL # of forms in use. 1

I Schizophrenia P.T. R/o schizoaffect D/O Bipolar Manic psychotic features

Diagnoses:
II Deferred
III No Diagnoses

Allergies: NKA

Diet: Reg

Scheduled Medications

02 Dec — Date Given — Dec

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	12/3	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15	12/16
		Jarvis exp 7/10/03															
9/05/02 MJ	3-3	MVI 1 (1) po qd	8a	SB	Jg	JL	BL	SB	SB	W	W	W	SB	W	W	W	SB
10/9/02 MJ	1/9	Lith carb 600mg (1)	8a	SB	Jg	JL	BL	SB	SB	W	W	W	SB	W	W	W	SB
		bid	8p	gt	MB	A	KE	BL	BL	SB	gt	BL	BL	BL	[illegible]	cm	W
10/1/02 gt	1/1	Risperdal 4mg (2) po hs	8p	gt	MB	A	KE	BL	BL	SB	gt	BL	BL	BL	[illegible]	cm	W

O'DOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
			[illegible]	[illegible]	
MB	Marie Butterfield	LPN	[illegible]	[illegible]	RN
[illegible]	[illegible]	RN	[illegible]	Linda Erickson	RN
			[illegible]	Elizabeth [illegible]	RN
			[illegible]	[illegible]	
			[illegible]	Catherine [illegible]	RN
			[illegible]	[illegible]	[illegible]
			Vg	Vicky [illegible]	

I ISSUED MEDICATION
S SELF MEDICATION
A AWAY FROM HOSPITAL

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications Pat O. [illegible]

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.		DOSES GIVEN
9/10/02 MJ.	3-3	Tylenol 325 mg [illegible] Pain Prn	DATE TIME INIT	
9/10/02 MJ	3-3	Maalox 15cc [illegible] GI upset Prn	DATE TIME INIT	
9/10/02 MJ	3-3	M.O.M. 30cc [illegible] Constipation Prn	DATE TIME INIT	
9/10/02 MJ	3-3	Ativan 1 mg [illegible] Insomnia agitation Prn	DATE TIME INIT	
9/10/02 MJ	3-3	Haldol 5 mg [illegible] Psychotic agitation Prn	DATE TIME INIT	
			DATE TIME INIT	
			DATE TIME INIT	

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DOUGHERTY, PATRICK

1 MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL # of forms: 1

1q AMRTC UHIS- #39972

#20042 ADM 9-10-02

DOB 12-11-45

Diagnoses: I Schizophrenia P.H. R/O schizoaffective D/O Bipolar - Manic psychotic features
II deferred
III No diagnosis

Allergies: NKA

Diet: Reg

Scheduled Medications

02 Dec — Date Given — Dec

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30
		Jarvis exp 3/30/03															
9/25/02 MJ.	3/23	MVZ ÷ ⓞ q d	8a	BV	BV	SL	BV	BZ	BV	W	SL	BV	BZ	SB	SB	AH	BZ
10/9/02 MJ.	1/9	Lith carb 600 mg ⓞ bid	8a	BV	BV	SL	BV	BZ	BV	W	SL	BV	BV	SB	SB	AH	BZ
			8p	W	AH	W	W	W	BV	AH	AH	W	W	W	W	W	SB
10/1/02 gt	3/22	Risperdal 4 mg ⓞ qHS	8p	W	AH	W	W	W	BV	AH	AH	W	W	W	W	W	SB

DOUGHERTY, PATRICK 1M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
AH	m Hogan	RN	SL	Sandra [illegible]	
			ST	Sandra Johnson	[illegible]
[illegible]	Sue [illegible]	RN			
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM HOSPITAL				
			N	[illegible]	M
			VJ	Vicky [illegible]	Gpn

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications

Pat O'Daugherty

OR Date Inits.	Ep. Dt Time	Medication – Dosage Frequency – Rt. of Adm.		DOSES GIVEN
9/10/02 mj.	3/3	Tylenol 325 mg ii q4° Pain prn	DATE TIME INIT	
9/10/02 mj.	3/3	Maalox 15 cc q4° GI upset prn	DATE TIME INIT	
9/10/02 mj.	3/3	M. O.M. 30 cc q8 Constipation prn	DATE TIME INIT	
9/10/02 mj.	3/3	Ativan 1 mg hs Insomnia Agitation prn	DATE TIME INIT	
9/10/02 mj	3/3	Haldol 5 mg hs Psychotic agitation prn	DATE TIME INIT	
			DATE TIME INIT	
			DATE TIME INIT	

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KV

O'DOUGHERTY, PATRICK /M

MEDICATION ADMINISTRATION RECORD
14 DAY

Enter in PENCIL # of forms in use. 1/1

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB

Scheduled Medications

Diagnoses: I Schizophrenia P.H. R/O Schizoaff D/O Bipolar c minor psychotic features II Deferred III No Diagnosis

Allergies: NKA

Diet: Reg

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	HR.	12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13
		'02 Dec Jan '03 Date Given															
		Jarvis exp 2/20/03															
9/03/02 MJ	3/3	MVI i (O) QD	8a	AH	JL	WJ	W	JN	BL	SH	JB	JL	BH	GL	AC	AC	SB
10/7/02 MJ	4-6	Lithcarb 600mg (O)	8a	AH	JL	W	W	JN	BL	SH	JB	d/c'd					
		Bid	8p	8	BL	BL	BL	BL	BL	AH		Stuart 1-7-03					
10/4/02 GT	3/23	Risperdal 4mg (O) HS	8p	8	BL	BL	BL	BL	BL	AH	+	J	u	u	J	J	u
1-7-03 SL	4.7	Lithobid 600mg (P)	8AM									SL	SH	GK	AC	AC	SB
		Bid	8pm								8	J	u	u	J	J	u

O'DOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
Af	Ant Agri	RN	SM	Sandra [illegible]	
			AH	Andrea Holm	LPN
			SS	Sandra Johnson	RN
			AC	Anne Culver	RN
			GK	Gayanne Kyllonen	LPN
			CC	Cord Carlee	LPN
			gt	[illegible]	RN
			BB	[illegible] Burlock	
			JL	Jan [illegible]	LPN
			DH	Dan Hager	LPN
			[illegible]	[illegible]	RN
			EB	Emma Bechthold	LPN

[illegible]	[illegible] RN
I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM HOSPITAL

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 -Right Arm
2 -Left Arm
3 -UOQ R Buttock
4 -UOQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications — Pat O'Laugherty Jarvis exp 3/20/03

OR Date Inits.	Ep. Dt Time	Medication - Dosage Frequency - Rt. of Adm.		DOSES GIVEN
9/10/02 mj	3/3	Tylenol 325 tab 2 q4° PRN pain	DATE / TIME / INIT	
9/10/02 mj	3/3	Maalox 15cc (o) q4° GI upset PRN	DATE / TIME / INIT	
9/10/02 mj	3/3	MOM 30cc (o) q4 constipation PRN	DATE / TIME / INIT	
9/10/02 mj	3/3	Ativan 1mg (o) Bid PRN Insomnia Agitation	DATE / TIME / INIT	
9/10/02 mj	3/3	Haldol 5mg (o) Bid PRN psychotic Agitation	DATE / TIME / INIT	
			DATE / TIME / INIT	
			DATE / TIME / INIT	

swbd\formvorz\PZ810840FMX (06-95)

ODOUGHERTY, PATRICK

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-46

MEDICATION ADMINISTRATION RECORD

14 DAY

Jarvis Exp 2/20/03

Enter in PENCIL if forms in use. 1

Diagnoses: 1. Schizophrenia, Paranoid R/O Schizo aff. DO R/O Bipolar Disorder Manic w psychotic features
#. Deferred III & Dx

Allergies: NKA

Diet: Regular

Scheduled Medications

Date Init	Exp Date Time	Medication - Dosage - Frequency - Rt. of Adm.	RR.	22 Jan Date Given 14	15	16	17	18	19	20	21	22	23	24	25	26	27
9/3/02 MJ	2/3	MVI PO qd.	8A														
10/11/02 JT	3/03	Risperdal 4mg PO qHS	8P														
11/7/02 SK	4/17	Lithobid 600mg PO BID	8A														
			8P														

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
CJ	Carla Jamsin	RJ			
			AC	Anne Culver	RN
				[illegible]	
			AH	Andrea Holm	LPN
I	ISSUED MEDICATION		MW	Mary Howard	RN
S	SELF MEDICATION				
A	AWAY FROM HOSPITAL		RR	Rosemary Russell	RN
			GK	Gayanne Kullonen	LPN
			CKB	Cindy Kasper Bean	LPN
			DH	Dar Haeger	LPN
			MA	Marguerite Arenski	RN
			JC	Jared Carrell	RN
			JL	Jan Le Mieux	LRN

STAT - ONE TIME - SINGLE ORDERS

MEDICATIONS\ROUTE	DATE	HR.	INIT

INJECTION SITE CODE

1 .Right Arm
2 .Left Arm
3 -UDQ R Buttock
4 -UDQ L Buttock
5- Right Leg
6- Left Leg

Indicate code # in initial

PRN Medications Patrick O'Dougherty Jarvis Exp 2/20/03

OR Date Inits.	Ex. Dt Time	Medication - Dosage Frequency - Rt. of Adm.		DOSES GIVEN
9/10/02 mj	3/3	Tylenol 650mg PO q4h PRN minor pain	DATE TIME INIT	
9/10/02 mj	3/3	Maalox 15cc PO q4h PRN GI upset	DATE TIME INIT	
9/10/02 mj	3/3	MOM 30cc PO q4h PRN constipation	DATE TIME INIT	
9/10/02 mj	3/3	Ativan 1mg PO BID PRN insomnia agitation	DATE TIME INIT	
9/10/02 mj	3/3	Haldol 5mg PO BID PRN psychotic agitation	DATE TIME INIT	
			INIT	
			DATE TIME INIT	

Odougherty,Patri[illegible]

ODOUGHERTY, PATRICK 2/7 level III mens 7-day supply

Medication Administration Record

14 Day

Jan/Feb Exp 2/20/03

AMRTC BHIS #39972

#20042 ADM 9-10/02 Level II mens

DOB 12-11-45

Enter in Pencil # of forms in use. 1

Diagnoses I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications 03

DATE GIVEN Jan Feb

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8	2/9	2/10
9/3/02 MJ	3/3	MVI 1 ~~EC~~ TAB PO QD	9A	Re	T	T	Re	T	T	Re	Re	Re	S CKB	Re	S CKB	S CKB	S T
10/1/02 GT	3/23	RISPERIDOL 4 MG PO QHS	9P	T	CKB	CKB	CKB	T	T	CKB	CKB	S T	S T	S JW	Re	S KN	S CKB
1/7/03 SK	4/7	LITHOBID 600 MG PO	9A	Re	T	T	Re	T	T	Re	Re	Re	S CKB	Re	S CKB	S CKB	S T
		BID	9P	T	CKB	CKB	CKB	T	T	CKB	CKB	S T	S T	S JW	S Re	S KN	S CKB
2/4/03	4/1	Nizoral shampoo 1% 3X/WK (topical) M-W-F X8WKS then prn	9A											JW			S T
2/7/03 Re	4/10	Fill medi minder Qwed	5P														

ODOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palinko	RN			
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM TREATMENT CENTER		KV	Kay Von Luden	RN
	STAT –ONE TIME – SINGLE ORDERS		RL	RN	
			CKB	Cindy Kasper BSN	LPN

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY Parvis Expires 2/20/03

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN																
9/10/02	3/3	TYLENOL 650 MG PO	DATE																
MJ		Q 4 HR PRN	TIME																
		MINOR PAIN	INIT.																
9/10/02	3/3	MAALOX 15 CC PO	DATE																
MJ		Q 4 HR PRN	TIME																
		G I UPSET	INIT.																
9/10/02	3/3	M. O. M. 30 CC PO	DATE																
MJ		Q HS PRN	TIME																
		CONSTIPATION	INIT.																
9/10/02	3/3	ATIVAN 1 MG PO	DATE																
MJ		B I D PRN	TIME																
		INSOMNIA / AGITATION	INIT.																
9/10/02	3/3	HALDOL 5 MG PO	DATE																
MJ		B I D PRN	TIME																
		PYSCHOTIC AGITATION	INIT																
			DATE																
			TIME																
			INIT.																
			DATE																
			TIME																
			INIT.																

PZ-81084-01B

ODOUGHERTY, PATRICK /M

AMRTC BHIS 139972

Odougherty,Patric

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-45

Medication Administration Record
14 Day

Enter in Pencil # of forms in use. 1

Jarvis Expires 2/20/03

2/7/03 Level III meds

Diagnoses: I/ SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications

Feb — DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22	2/23	2/24
9/3/02 MJ	5/31	MVI 1 PO TAB QD	9A	S/Mc	S/ckB	S/ckB	S/Mc	S/KV	S/Mc	S/TD	S/JP	S/TD	S/TD	S/Mc	S/ckB	S/ckB	S/Mc
10/1/02 GT	5/31	RISPERIDOL 4 MG PO QHS	9P	S/TD	S/TD	S/TD	S/Mc	S/KV	S/JD	S/ckB	S/ckB	S/ckB	S/ckB	S/T	S/ckB	S/ckB	S/TD
1/7/03 SK	4/1	LITHOBID 600 MG PO BID	9A	S/Mc	S/ckB	S/ckB	S/Mc	S/KV	S/Mc	S/TD	S/Mc	S/TD	S/TD	S/Mc	S/ckB	S/ckB	S/Mc
			9P	S/TD	S/TD	S/TD	S/Mc	S/KV	S/JD	S/ckB	S/ckB	S/ckB	S/ckB	S/T	S/ckB	S/ckB	S/TD
2/4/03	4/1 then prn	Nizoral Shampoo 1% 3X qwk (topical) M-W-F X8 WKS then prn	9A		S		S/Mc			S		S		S			S
2/7/03	N/O	Fill mediminder q wk	5P		S/TD							S/ckB					

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

AMRTC BHIS #39975

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
Cp	Cheryl Palinkas	RN			
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM TREATMENT CENTER				
			KV	Kay VonLuden	RN
			CKB	Cindy Kasper Bean	LPN
			[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]	[illegible]

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY Jarvis Expires 2/20/03

OR Date / Inits,	Ep.date / Time	Medication – Dosage / Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02	5/21	TYLENOL 650 MG PO	DATE
MJ		Q 4 HR PRN	TIME
		MINOR PAIN	INIT.
9/10/02	5/21	MAALOX 15 CC PO	DATE
MJ		Q 4 HR PRN	TIME
		G I UPSET	INIT.
9/10/02	5/21	M. O. M. 30 CC PO	DATE
MJ		Q HS PRN	TIME
		CONSTIPATION	INIT.
9/10/02	5/21	ATIVAN 1 MG PO	DATE
MJ		B I D PRN	TIME
		INSOMNIA / AGITATION	INIT.
9/10/02	5/21	HALDOL 5 MG PO	DATE
MJ		B I D PRN	TIME
		PYSCHOTIC AGITATION	INIT
			DATE
			TIME
			INIT.
			DATE
			TIME
			INIT.

PZ-81084-01B

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39975

Daugherty,

DDOUGHERTY, PATRICK /A
AMRTC BHIS #39972
#20942 ADM 9-10-02
DOB 12-[illegible]

2/7/03 level III meds
2/7/03 level II meds Error
~~2/7/03 Level III meds~~

Medication Administration Record
14 Day

Enter in Pencil # of forms in use. 1

Jarvis expires 2.19.04

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications — '03 Feb / March — DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8	3/9	3/10
9/3/02 MJ	5/21	M V I 1 PO TAB QD	9A	S/RE	S/TO	S/TO	S/RE	S/TO	S/TO	S/TO	S/CP	S/RE	S/CKB	S/CP	S/CP	S/CP	S/RE
10/1/02 GT	5/21	RISPERIDOL 4 MG PO QHS	9P	S/TO	S/CKB	S/CKB	S/CKB	S/TO	S/JW	S/CKB	S/CKB	S/TO	S/TO	S/LW	S/CKB	S/CKB	S/TO
1/7/03 SK	4/7	LITHOBID 600 MG PO	9A	S/RE	S/TO	S/TO	S/RE	S/TO	S/TO	S/TO	S/CP	S/RE	S/CKB	S/CP	S/CP	S/CP	S/RE
		BID	9P	S/TO	S/CKB	S/CKB	S/CKB	S/TO	S/JW	S/CKB	S/CKB	S/TO	S/TO	S/LW	S/CKB	S/CKB	S/LW
2/4/03	4/1 then prn	Nizoral Shampoo 1% 3X WK (topical) M-W-F X8 WKS then prn	9A		S/TO		S			S		S		S		S	
2/7/03 RS	N/O	Fill med-i-minder q wk	5P		S/CKB							S/TO					

DAUGHERTY, PATRICK /A

INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palintas	LPN
ORB	Cindy Kasper Bean	LPN

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM TREATMENT CENTER

INITIAL	FULL SIGNATURE	STATUS
CR	Cheryl Reece	RNC
KS	[illegible]	RN
[illegible]	[illegible]	[illegible]

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN	
9/10/02 MJ	5/21	TYLENOL 650 MG PO Q 4 HR PRN MINOR PAIN	DATE	
			TIME	
			INIT.	
9/10/02 MJ	5/21	MAALOX 15 CC PO Q 4 HR PRN G I UPSET	DATE	
			TIME	
			INIT.	
9/10/02 MJ	5/21	M. O. M. 30 CC PO Q HS PRN CONSTIPATION	DATE	
			TIME	
			INIT.	
9/10/02 MJ	5/21	ATIVAN 1 MG PO B I D PRN INSOMNIA / AGITATION	DATE	
			TIME	
			INIT.	
9/10/02 MJ	5/21	HALDOL 5 MG PO B I D PRN PYSCHOTIC AGITATION	DATE	
			TIME	
			INIT	
			DATE	
			TIME	
			INIT.	
			DATE	
			TIME	
			INIT.	

PZ-81084-01B

Odougherty,P

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-45

Medication Administration Record
14 Day

Enter in Pencil # of forms in use: 1

Jarvis expires 2-19-04

Diagnoses: I. SCHIZOPHRENIA--PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

03 MARCH

2/7/03 level III meds

Scheduled Medications

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23	3/24
9/3/02 MJ	5/21	M V I 1 PO TAB QD	9A														
10/1/02 GT	5/21	RISPERIDOL 4 MG PO Q HS	9P														
1/7/03 SK	6/14	LITHOBID 600 MG PO BID	9A														
			9P														
2/4/03	4/1 then PRN	Nizoral Shampoo 1% (topical) M-W-F 3X WK X 8 weeks then PRN	9A		S		S			S		S CKB		S			S
2/7/03 RS	N/O	Fill Medi-minder q WED	5P		S CKB							S CKB					

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
I	ISSUED MEDICATION				
S	SELF MEDICATION		CRB	Cindy Kasper Bean	LPN
A	AWAY FROM TREATMENT CENTER		RL	[illegible]	[illegible]
	STAT – ONE TIME – SINGLE ORDERS		[illegible]	[illegible]	[illegible]
			CP	Cheryl Palmiter?	[illegible]
			CR	Cheryl Reece	RNC?
			JW	Jill Walz?	LPN

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

OR Date / Inits,	Ep.date / Time	Medication – Dosage / Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02	5/21	TYLENOL 650 MG PO	DATE
MJ		Q 4 HR PRN	TIME
		MINOR PAIN	INIT.
9/10/02	5/21	MAALOX 15 CC PO	DATE
MJ		Q 4 HR PRN	TIME
		G I UPSET	INIT.
9/10/02	5/21	M. O. M. 30 CC PO	DATE
MJ		Q HS PRN	TIME
		CONSTIPATION	INIT.
9/10/02	5/21	ATIVAN 1 MG PO	DATE
MJ		B I D PRN	TIME D/C 3/24/03 [illegible]
		INSOMNIA / AGITATION	INIT.
9/10/02	5/21	HALDOL 5 MG PO	DATE
MJ		B I D PRN	TIME D/C 3/24/03 [illegible]
		PYSCHOTIC AGITATION	INIT
4-1-03	6/14	Nizoral ad shampoo 1%	DATE
		as needed	TIME Start 4-1-03
		topical PRN	INIT.
			DATE
			TIME
			INIT.

PZ-81084-01B

O'DOUGHERTY, PATRICK /M

AMRTC UHTS #J0077

Dougherty, F

CKB
CP

DOUGHERTY

Medication Administration Record
14 Day

Jarvis Expires 2.19.04

Enter number of forms in use: 1/1

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications — 2/7/03 Level III meds CB

March — DATE GIVEN — April

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	4/7
9/3/02 MJ	5/21	MVI 1 PO TAB QD	9A	7/RC	S/CKB	7/RC	7/RC	7/RC	S/TB	S/GW	7/RC	7/TB	7/RC	7/RC	S/CP	S/CKB	7/RC
10/1/02 GT	5/21	RISPERIDOL 4 MG PO QHS	9P	S/TO	S/TO	S/TO	S/CP	S/KN	S/GW	S/CKB	S/CKB	S/CKB	S/CKB	S/GW	S/CKB	S/GW	S/CKB
1/7/03 SK	6/14	LITHOBID 600 MG PO	9A	7/RC	S/CKB	7/RC	7/RC	7/RC	S/TB	S/GW	7/RC	7/RC	7/RC	7/RC	S/CP	S/CKB	7/RC
		BID	9P	S/TO	S/TO	S/TO	S/CP	S/KN	S/GW	S/CKB	S/CKB	S/CKB	S/CKB	S/GW	S/CKB	S/GW	S/CKB
2/4/03	4/1 then prn	Nizoral shampoo 1% topical 3XWK M-W-F X8WKS then prn	9A		S		S			S	D/	Δ to PRN					
2/7/03 RB	N/O	Fill Medi-minder q Wed	5P		S/TO							(CKB)	7/TB				

INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palinkas	RN
CKB	Cindy Kasper Bean	LPN

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM TREATMENT CENTER

INITIAL	FULL SIGNATURE	STATUS
RS	Ruth Solberg	RN
KV	Kay Von Ruden	RN
CP	Cheryl Peace	RN
PR	[illegible]	RN

STAT –ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY Janis Expires 2.19.04

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN	
9/10/02 MJ	5/21	TYLENOL 650 MG PO Q 4 HR PRN MINOR PAIN	DATE / TIME / INIT.	
9/10/02 MJ	5/21	MAALOX 15 CC PO Q 4 HR PRN G I UPSET	DATE / TIME / INIT.	
9/10/02 MJ	5/21	M. O. M. 30 CC PO Q HS PRN CONSTIPATION	DATE / TIME / INIT.	
9/10/02 MJ	5/21	ATIVAN 1 MG PO B I D PRN INSOMNIA / AGITATION	DATE / TIME / INIT.	D/C'd 3/28/03 Palinkas
9/10/02 MJ	5/21	HALDOL 5 MG PO B I D PRN PYSCHOTIC AGITATION	DATE / TIME / INIT.	D/C'd 3/28/03 Palinkas
4.1.03	6/14	Nizoral Shampoo 1% topical as needed PRN	DATE / TIME / INIT.	4-1-03
			DATE / TIME / INIT.	

PZ-81084-01B

Odougherty, [illegible]

ODOUGHERTY, PATRICK

ARRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-

CKB / CKB

2-7-03 LEVEL III MEDS

*4/15 LEVEL IV MEDS

Medication Administration Record
14 Day

Enter in Pencil # of forms in use. 1

Jarvis exp. 2-19-04

Diagnoses: I. SCHIZOPHRENIA -- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications

03 April

DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21
9/3/02 MJ	5/21	MVI 1 PO TAB QD	9A	[illegible]	S CKB	[illegible]	[illegible]	S/[illegible]	S [illegible]	S CKB	[illegible]	S	S	S	S	S	S
10/1/02 GT	5/21	RISPERIDOL 4 MG PO QHS	9P	S [illegible]	S [illegible]	S [illegible]	S [illegible]	S/KV	S [illegible]	S [illegible]	S	S	S	S	S	S	S
1/7/03 SK	6/14	LITHOBID 600 MG PO	9A	[illegible]	S CKB	[illegible]	[illegible]	[illegible]	S [illegible]	S CKB	[illegible]	S	S	S	S	S	S
		BID	9P	S [illegible]	S [illegible]	S [illegible]	S [illegible]	S/KV	S [illegible]	S [illegible]	S	S	S	S	S	S	S
2-7-03 RS	NO	Fill med minder qWed	5P		[illegible]							[illegible]					

PATRICK

INITIAL	FULL SIGNATURE	STATUS
CKB CP	Cindy Kasper BCGN Cheryl Palinka	LPN RN

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM TREATMENT CENTER

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INITIAL	FULL SIGNATURE	STATUS
KVR	Kay Van Ryder	RN
RE		
CR	Cheryl Reece	RN

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

Jarvis Exp. 2-19-04

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02 MJ	5/21	TYLENOL 650 MG PO Q 4 HR PRN MINOR PAIN	DATE / TIME / INIT.
9/10/02 MJ	5/21	MAALOX 15 CC PO Q 4 HR PRN G I UPSET	DATE / TIME / INIT.
9/10/02 MJ	5/21	M. O. M. 30 CC PO Q HS PRN CONSTIPATION	DATE / TIME / INIT.
9/10/02 MJ		ATIVAN 1 MG PO B I D PRN INSOMNIA / AGITATION	DATE / TIME / INIT. DCd 3-25-03
9/10/02 MJ		HALDOL 5 MG PO B I D PRN PYSCHOTIC AGITATION	DATE / TIME / INIT DCd 3-28-03
4-1-03	6/14	Nizoral Shampoo 1% topical PRN	DATE / TIME / INIT.
4/16/03 RE	16	Sunscreen TOP PRN	DATE / TIME / INIT.

PZ-81084-01B

PATRICK /R

AMRTC BHIS #39972

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-4[illegible] 4/15 Level III meds

Medication Administration Record

14 Day

Enter in Pencil # of forms in use: 1

Jarvis Expires 2.19.04

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

03 April — DATE GIVEN — May

Scheduled Medications

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4	5/5
9/3/02 MJ	5/21	M V I 1 PO TAB QD	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
10/1/02 GT	5/21	RISPERIDOL 4 MG PO Q HS	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
1/7/03 SK	6/14	LITHOBID 600 MG PO	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		B I D	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
2/67/03 RS	N/D	FILL MEDI-MINDER Q WED	5P		S/N						S/N						
4/23/03 RC	7/23	Depakote 500 mg PO	9A			S	S	S	S	S	S	S	S	S	S	S	S
		BID	5P		S/N	S	S	S	S	S	S	S	S	S	S	S	S

INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palinkas	RN
CKB	Cindy Kasper Bean	LPN

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM TREATMENT CENTER

INITIAL	FULL SIGNATURE	STATUS

STAT –ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

Janis Expires 2.19.04

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN																	
9/10/02 MJ	5/21	TYLENOL 650 MG PO Q 4 HR PRN MINOR PAIN	DATE																	
			TIME																	
			INIT.																	
9/10/02 MJ	5/21	MAALOX 15 CC PO Q 4 HR PRN G I UPSET	DATE																	
			TIME																	
			INIT.																	
9/10/02 MJ	5/21	M. O. M. 30 CC PO Q HS PRN CONSTIPATION	DATE																	
			TIME																	
			INIT.																	
4/1/03	6/14	NIZORAL SHAMPOO 1 % TOPICAL PRN	DATE																	
			TIME																	
			INIT.																	
4.16.03 BB	7/16	Sunscreen topically prn	DATE																	
			TIME																	
			INIT																	
			DATE																	
			TIME																	
			INIT.																	
			DATE																	
			TIME																	
			INIT.																	

PATRICK ODOUGHERTY /M

Odougherty, Patrick

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-[illegible]

4/15 Level II meds

Medication Administration Record

14 Day

Jarvis Expires 2.19.04

Enter in Pencil # of forms in use: 1

Diagnosis: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

03 May

Scheduled Medications

DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	5/6	7	8	9	10	11	12	13	14	15	16	17	18	19
9/3/02 MJ	4/12	M V I 1 PO TAB QD	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
10/1/02 GT	4/12	RISPERIDOL 4 MG PO Q HS	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
1/7/03 SK	6/14	LITHOBID 600 MG PO	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		B I D	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
2/67/03 RS	4/10	FILL MEDI-MINDER Q WED	5P		S CB						OP S CB						
4/23/03 RS	8/12	LOPID 600MG PO	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		BID	5P	S	S	S	S	S	S	S	S	S	S	S	S	S	S

Do not release without court order of Data Subject, pursuant to Stat. 13.46, subd. 2 (a)

INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palmitier	LPN
CKB	Cindy Kasper Bean	LPN

I	ISSUED MEDICATION
S	SELF MEDICATION
A	AWAY FROM TREATMENT CENTER

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INITIAL	FULL SIGNATURE	STATUS

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY Jarvis Expires 2·19·04

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN																	
9/10/02	8/12	TYLENOL 650 MG PO	DATE	5/7																
MJ		Q 4 HR PRN	TIME	7:40P																
		MINOR PAIN	INIT.	CKB																
9/10/02	8/12	MAALOX 15 CC PO	DATE																	
MJ		Q 4 HR PRN	TIME																	
		G I UPSET	INIT.																	
9/10/02	8/12	M. O. M. 30 CC PO	DATE																	
MJ		Q HS PRN	TIME																	
		CONSTIPATION	INIT.																	
4/1/03	7/14	NIZORAL SHAMPOO 1 %	DATE																	
		TOPICAL	TIME																	
		PRN	INIT.																	
4/16/03 RS	7/16	Sunscreen topically prn	DATE																	
			TIME																	
			INIT																	
			DATE																	
			TIME																	
			INIT.																	
			DATE																	
			TIME																	
			INIT.																	

PZ-81084-01B

Odougherty,P[illegible]ck

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-45

4/15 Level IV meds

Medication Administration Record
14 Day

Enter in Pencil # of forms in use. 1

Jarvis expires 2.19.04

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

03 May / June

Scheduled Medications

DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	5/20	5/21	5/22	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31	6/1	6/2
9/3/02 MJ	8/12	MVI I PO TAB QD	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
10/1/02 GT	8/12	RISPERIDOL 4 MG PO QHS	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
1/7/03 SK	6/14	LITHOBID 600 MG PO	9A	S	S	S	S	S	S	S	S	S	S	S	S	S	S
		BID	9P	S	S	S	S	S	S	S	S	S	S	S	S	S	S
2/67/03 RS	N/O	FILL MEDI-MINDER Q WED	5P	S	S							8/RB					
4/23/03 RS	8/12	LOPID 600mg PO	9A	S	S	S	S	S	S	S	8	8	8	S	S	S	8
		BID	5P	S	8	R	S	S	S	S	S	S	S	S	S	S	8

ODOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palmitos	LPN			
CKB	Cindy Kasper Bean	LPN			
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM TREATMENT CENTER				
			TO	T. Tooled	[illegible]
			CR	Cheryl Reece	RDC

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY Jarvis Expires 8.19.04

OR Date / Inits,	Ep.date / Time	Medication – Dosage Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02	8/12	TYLENOL 650 MG PO	DATE
MJ		Q 4 HR PRN	TIME
		MINOR PAIN	INIT.
9/10/02	8/12	MAALOX 15 CC PO	DATE
MJ		Q 4 HR PRN	TIME
		G I UPSET	INIT.
9/10/02	8/12	M. O. M. 30 CC PO	DATE
MJ		Q HS PRN	TIME
		CONSTIPATION	INIT.
4/1/03	6/14	NIZORAL SHAMPOO 1 %	DATE
		TOPICAL	TIME
		PRN	INIT.
4/16/03 RS	7/16	Sunscreen	DATE
		topically	TIME
		PRN	INIT
			DATE
			TIME
			INIT.
			DATE
			TIME
			INIT.

PZ-81084-01B

ODOUGHERTY, PATRICK /M

Odougherty [redacted] 10-05

Medication Administration Record

ODOUGHERTY, PATRICK /M

Month: June 03

Enter in Pencil # of forms in use. 1

Janus Expires 2.19.04

AMRTC BHIS #39972

#20042 ADM 9-10-02

Level 4 meds 4/15

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

DOB

Scheduled Medications

DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	6/3	6/4	6/5	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15	6/16
9/3/02 MJ	8/12	MVI 1 PO TAB QD	9A	A	A	S	S	S	S	S	S	S	S	S	S	S	S
10/1/02 GT	8/12	RISPERIDOL 4 MG PO QHS	9P	A	A/S	S	S	S	S	S	S	S	S	S	S	S	S
1/7/03 SK	9/6	LITHOBID 600 MG PO	9A	A	A	S	S	S	S	S	S	S	S	S	S	S	S
		BID	9P	A	A/S	S	S	S	S	S	S	S	S	S	S	S	S
2/67/03 RS	N/O	FILL MEDI-MINDER Q WED	5P		S/OP							S					
4/23/03 RS	8/12	LOPID 600 MG PO	9A	A	A	S	S	S	S	S	S	S	S	S	S	A	A
		BID	9P	A	A/S	S	S	S	S	S	S	S	S	S	S	S	S

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palinkas	RN
I	ISSUED MEDICATION	
S	SELF MEDICATION	
A	AWAY FROM TREATMENT CENTER	

INITIAL	FULL SIGNATURE	STATUS
CR	Cheryl Reece	RN
DE	[illegible]	
KB	Cindy Kasper BEAN	LPN
	[illegible]	

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

Javris Experies 2.19.04

OR Date / Inits,	Ep.date / Time	Medication – Dosage / Frequency – Rt. of Adm.	DOSES GIVEN																
9/10/02	8/12	TYLENOL 650 MG PO	DATE	9/10															
MJ		Q 4 HR PRN	TIME	0A															
		MINOR PAIN	INIT.	LE															
9/10/02	8/12	MAALOX 15 CC PO	DATE																
MJ		Q 4 HR PRN	TIME																
		G I UPSET	INIT.																
9/10/02	8/12	M. O. M. 30 CC PO	DATE																
MJ		Q HS PRN	TIME																
		CONSTIPATION	INIT.																
4/1/03	9/6	NIZORAL SHAMPOO 1 %	DATE																
		TOPICAL	TIME																
		PRN	INIT.																
4/16/03	7/16	SUNSCREEN	DATE																
RS		TOPICALLY	TIME																
		PRN	INIT																
			DATE																
			TIME																
			INIT.																
		[illegible]	DATE																
		[illegible]	TIME																
		[illegible]	INIT.																

PZ-81084-01B [illegible]

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#0042 ADM 9-10-02

Odougherty,P k

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-45

CKB / CP

4/15 Level W/meds

Medication Administration Record
14 Day

Jarvis Expires 2.19.04

Enter in Pencil # of forms in use. 1

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

Scheduled Medications — 03 June — DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	6/17	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30
9/3/02 MJ	8/12	MVI 1 PO TAB QD	9A	S	S	S	S	A	S	S	S	S	S	A	A	A	S
10/1/02 GT	8/12	RISPERIDOL 4 MG PO QHS	9P	S	S	S	A	S	S	S	S	A	A	A	A	A	S
1/7/03 SK	9/16	LITHOBID 600 MG PO	9A	S	S	S	S	A	S	S	S	S	S	A	D/C 6/27/03		
		BID	9P	S	S	S	A	S	S	S	S	A	A				
2/6/03 RS	N/D	FILL MEDI-MINDER Q WED	5P		S CKB							S CKB					
4/23/03 RS	8/12	LOPID 600mg PO BID	9A	S	S	S	O	A	S	S	(S)	S	S	A	A	A	(S)
			9P	(S)	(S)	(S)	A	S	S	(S)	(S)	A	A	A	A	A	S
6/25/03 KE	P read	Apply PPD 0.1mL intradermally x1 & read in 48°	time									4pm		Read AM			
			site									(R) forearm		(R)			
			init									CKB		[illegible]			
			read									X		0 mm			
6/27/03	9/27	LithoBID 300mg PO qAM	9A												A	A	S
6/27/03	9/27	LithoBID 600mg PO qHS	9P											A	A	A	S

ODOUGHERTY, PATRICK /M

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
CP	Cheryl Palinkas	RN			
CKB	Cindy Kasper Bean	LPN			
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM TREATMENT CENTER		CR	Cheryl Reece	RN

STAT – ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INITIAL	FULL SIGNATURE	STATUS
CR	Cheryl Reece	RN
RR	[illegible]	RN
TP	T. [illegible]	[illegible]
RF	Rose Frederick	RWC

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

Jarvis Expires 2.19.04

OR Date / Inits,	Ep.date / Time	Medication – Dosage / Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02	8/12	TYLENOL 650 MG PO	DATE
MJ		Q 4 HR PRN	TIME
		MINOR PAIN	INIT.
9/10/02	8/12	MAALOX 15 CC PO	DATE
MJ		Q 4 HR PRN	TIME
		G I UPSET	INIT.
9/10/02	8/12	M. O. M. 30 CC PO	DATE
MJ		Q HS PRN	TIME
		CONSTIPATION	INIT.
4/1/03	9/16	NIZORAL SHAMPOO 1 %	DATE
		TOPICAL	TIME
		PRN	INIT.
4/16/03	7/16	Sunscreen	DATE
RS		TOPICally	TIME
		PRN	INIT
			DATE
			TIME
			INIT.
			DATE
			TIME
			INIT.

PZ-81084-01B

ODOUGHERTY, PATRICK /M

Odougher[redacted] atrick[redacted] 2015 YOW[redacted] ID=05

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB [illegible] - 45

4/15 level IV meds

Medication Administration Record

14 day

Enter in Pencil # of forms in use. 1

Jarvis exp 2-19-04

Diagnoses: I. SCHIZOPHRENIA-- PARANOID-TYPE, R/O SCHIZO AFECTIVE D/O, R/O BIPOLAR DISORDER, MANIC WITH PSYCHOTIC FEATURES III. NO DX.

Allergies: NKA

Diet: REGULAR / MAY SELF MONITOR

03 JULY

Scheduled Medications

DATE GIVEN

Date Init	Exp date	Medication – Dosage – Frequency – Rt. of Adm.	Hr	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14
9/3/02 MJ	8/12	MVI 1 PO TAB QD	9A	S	S	A	A	A	A	S							
10/1/02 GT	8/12	RISPERIDOL 4 MG PO QHS	9P	S	A	A	A	A	S								
1/7/03 SK		LITHOBID 600 MG PO BID	9P														
2/67/03 RS	N/O	FILL MEDI-MINDER Q WED	5P		1RM												
4/23/03 RS	8/12	LOPID 600 MG PO BID	9A	S	S	A	A	A	A	S							
			9P	S	A	A	A	A	S								
6/27/03	9/27	Lithobid 300mg po QAM	9A	S	S	A	A	A	A	S							
6/27/03	9/27	Lithobid 600mg po QHS	9P	S	A	A	A	A	S	S							

INITIAL	FULL SIGNATURE	STATUS	INITIAL	FULL SIGNATURE	STATUS
I	ISSUED MEDICATION				
S	SELF MEDICATION				
A	AWAY FROM TREATMENT CENTER				
			CKB	Cindy Kasper Bean	LPN

STAT - ONE TIME – SINGLE ORDERS

MEDICAITON \ROUTE	DATE	HR	IN.

INJECTION SITE CODE

1. Right Arm
2. Left Arm
3. UDQ Right Buttock
4. UDQ Left Buttock
5. Right Leg
6. Left Leg

PATRICK ODOUGHERTY

OR Date / Inits,	Ep.date / Time	Medication – Dosage / Frequency – Rt. of Adm.	DOSES GIVEN
9/10/02	8/12	TYLENOL 650 MG PO	DATE
MJ		Q 4 HR PRN	TIME
		MINOR PAIN	INIT.
9/10/02	8/12	MAALOX 15 CC PO	DATE
MJ		Q 4 HR PRN	TIME
		G I UPSET	INIT.
9/10/02	8/12	M. O. M. 30 CC PO	DATE
MJ		Q HS PRN	TIME
		CONSTIPATION	INIT.
4/1/03	9/6	NIZORAL SHAMPOO 1 %	DATE
		TOPICAL	TIME
		PRN	INIT.
4/16/03	7/16	SUNSCREEN	DATE
RS		TOPICALLY	TIME
		PRN	INIT
			DATE
			TIME
			INIT.
			DATE
			TIME
			INIT.

PZ-81084-01B

ODOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#__J042 ADM 9-10-02

Anoka Metro Regional Treatment Center

PHYSICIAN ORDER SHEET

Allergies or Contraindications: NKA

DOUGHERTY, PATRICK /M
AMRTC SHIS #34972
#20042 ADM 9-10-02 Unit:
DOB 12-11-46

Date & Time	ADMISSION ORDERS	RATIONALE
9/10/02 1:30 PM	1. Admit to: Unit D	
	2. CBC ( ) Yes (✓) No	
	Comprehensive metabolic panel ( ) Yes (✓) No	
	T3 (✓) Yes ( ) No	
	TSH (✓) Yes ( ) No T4 ( ) Yes ( ) No	
	3. Urinalysis NO	
	4. Mantoux ( ) Yes (✓) No →	Mantoux (-) done 8/10/02
	Chest X-Ray ( ) Yes (✓) No	
	5. EKG ( ) Yes (✓) No	
Date & Time	~~6. Drug screens per program~~	RATIONALE
	7. Vital Signs, bid x 72° then daily x 1 week	
	8. Diet: Regular	
	9. Admission DISCUSS screen	
	10. List Allergies (Medications/food)	
	11. Pain assessment ( ) Yes (✓) No	
Date & Time	12. Select One:	
	Tylenol 325 mg Tabs 2 po q 4hr prn for minor pain or	
	~~Ascriptin 325 mg Tabs 2 po q 4hr prn for minor pain~~ Faxed	
	13. Maalox 15 cc po q 4hr prn for GI upset	
	14. Milk of Magnesia 30 cc po q hs prn for constipation	
	~~15. Nicorette Gum~~	
Date & Time	16. Other:	RATIONALE
	MVI ī tab daily	

PZ – 82166-02

Physician Signature

9-10-02 3:40 PM

OCCUGHERTY, PATRICK /M
Anoka Metro Regional Treatment Center
MRTC OHIS #39972
#20042 ADM 9-10-02
Unit: D
PHYSICIAN ORDER SHEET
DOB 12-11-45
Allergies or Contraindications: NKA

DATE & TIME		RATIONALE
9-13-02 3:00	Faxed	
	① Lithium citrate 300 mg BID PO	mood stabilizer.
	9/13/02 [signature]	9/13/02 4:15 pm [signature]
9.13.02 1:05 pm [signature]	[signature]	

DATE & TIME		RATIONALE
9-12-02 10:00 am	Escorted - campus privileges	
9/12/02 10 am [signature]	[signature]	[signature] 9.12.02 @ 11 AM

DATE & TIME		RATIONALE
9-11-02 11:30 Am	Refer to psychological Assessment for grief management	
9/11/02 12:15 [signature]	9-11-02 [signature] MD	[signature] 9.11.02 @ 12:30 pm
	[signature] MS3	

DATE & TIME		RATIONALE
9-10-02 4:45 Pm	① Restrictions to unit	N N 8:15 P
	② Risperdal 3 mg q hs po (liquid)	- Delusions
	③ Ativan 1 mg PO. bid prn agitation, insomnia	
	④ Haldol 5 mg Po bid prn psychotic agitation	
9-10-02 4:45 pm [signature]	[signature] MD	[signature]

Anoka Metro Regional Treatment Center

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45
Unit: D

Consent 2-21-03

PHYSICIAN ORDER SHEET

Allergies or Contraindications: NKA

DATE & TIME	ORDER	RATIONALE
9-27-02 4:45 pm	Change Risperdol dosage to 4mg qHS PO (liquid) — 9-27-02, MD; MS3	to further ↓ psychotic sx, paranoid delusions
9-23-02	(1) D/C Lithium Citrate (2) Start Lithium carbonate 300mg PO qAM, 600 mg qHS PO — 9-23-02, MD; MS3	↑ Lithium Dose; 9-23-02 5:05 P
9-20-02 10 am	Unescorted - privileges complex — MD	per team; 9/20/02 level C; 9/20/02 1015
9/15/02 1130 AM	Please obtain blood Lithium levels on Wednesday. — MD; MS3	9/16/02

Anoka Metro Regional Treatment Center DOUGHERTY, PATRICK /M

Consent 2-21-03

PHYSICIAN ORDER SHEET AMRTC BHIS Unit 972 D

#20042 ADM 9-10-02

Allergies or Contraindications: NKA

DOB 12-11-45

DATE & TIME		RATIONALE
10/22/02	9:30 am Refer to Psychologist re: Rule 20 evaluation update (mental condition improved) [signature] MD	per team [signature] 10/22/02 1225
10-17-02	2:40 pm Lab tomorrow a.m. Blood Lithium level [signature]	For dose adjustment [signature] 10-17-02 3:40pm
10-9-02	11:10 am Increase Lithium carbonate to 600 mg bid po. (starting tomorrow) [signature]	↗ dose for better benefit [hypo mood] [signature] 10/9/02 1:05 pm
10-01-02	4:30 pm ① Please obtain a blood level of Lithium and Risperdal on Wednesday during normal blood draw. ② Begin tomorrow Change Risperdal Elixer to tablet or capsule. [signature] MD / [signature]	For dose adjustment [signature] 10.1.02 6pm

PH2300
Run Date 12/02/02
Run Time 8:13 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

Date/Time	ACTIVE MEDICATION/DIET REVIEW	Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders		
	** LITHIUM CARBONATE 600 MG	10/09/02 12:00	01/09/03 20:00
	TAKE 1 CAPSULE BY MOUTH AT 8AM & 8PM		
	** MULTIVITAMIN 0 Generic for HEXAVITAMIN	09/10/02 14:00	12/10/02 20:00
	TAKE 1 TABLET BY MOUTH AT 8AM		
	** RISPERIDONE 4 MG Generic for RISPERDAL	10/02/02 08:00	12/27/02 20:00
	TAKE 1 TABLET BY MOUTH AT 8PM		
	[RISPERDAL]		
	** ACETAMINOPHEN 325 MG Generic for TYLENOL	09/10/02 14:00	12/10/02 20:00
	2 TABS PO Q 4HRS PRN		
	** HALOPERIDOL 5 MG Generic for HALDOL	09/10/02 08:00	12/10/02 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]		
	** LORAZEPAM 1 MG Generic for ATIVAN	09/10/02 08:00	12/10/02 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]		
	** MAALOX 0	09/10/02 14:00	12/10/02 20:00
	TAKE 15ML PO EVERY 4 HRS PRN		
	** MILK OF MAGNESIA 0	09/10/02 14:00	12/10/02 20:00
	30ML PO Q HSPRN CONSTIPATION		
	*** DIET: NO INFORMATION NO INFORMA NO INFORMA NO INFORMA		

continue ×90 days
continue ×90 days
continue ×90 days
continue ×90 days
continue ×90 days

✓ Hien Dam, MD 12-3-02 11:30 am

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 20042
DoB: 12/11/1946
Sex: M
Unit: MI -UNITD- (MI-D

PH2300
Run Date 12/23/02
Run Time 7:52 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

Date/Time	ACTIVE MEDICATION/DIET REVIEW	Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders		
	** LITHIUM CARBONATE 600 MG TAKE 1 CAPSULE BY MOUTH AT 8AM & 8PM	10/09/02 12:00	01/09/03 20:00
	** MULTIVITAMIN 0 Generic for HEXAVITAMIN TAKE 1 TABLET BY MOUTH AT 8AM	09/10/02 14:00	03/03/03 20:00
	** RISPERIDONE 4 MG Generic for RISPERDAL ~~TAKE 1 TABLET BY MOUTH AT 8PM~~ [RISPERDAL]	10/02/02 08:00	12/27/02 20:00
	** ACETAMINOPHEN 325 MG Generic for TYLENOL 2 TABS PO Q 4HRS PRN	09/10/02 14:00	03/03/03 20:00
	** HALOPERIDOL 5 MG Generic for HALDOL TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]	09/10/02 08:00	03/03/03 20:00
	** LORAZEPAM 1 MG Generic for ATIVAN TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]	09/10/02 08:00	03/03/03 20:00
	** MAALOX 0 TAKE 15ML PO EVERY 4 HRS PRN	09/10/02 14:00	03/03/03 20:00
	** MILK OF MAGNESIA 0 30ML PO Q HSPRN CONSTIPATION	09/10/02 14:00	03/03/03 20:00
	*** DIET: NO INFORMATION NO INFORMA	NO INFORMA	NO INFORMA

- Continue ×90 days

✓ MD 12/23/02 12 Noon

12/23/02

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 20042
DoB: 12/11/1946
Sex: M
Unit: MI UNITD MI-D

PH2300
Run Date 01/06/03
Run Time 8:48 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

Date/Time	ACTIVE MEDICATION/DIET REVIEW			Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders				
	** LITHIUM CARBONATE	600 MG		10/09/02 12:00	01/09/03 20:00
	TAKE 1 CAPSULE BY MOUTH AT 8AM & 8PM				
	** MULTIVITAMIN	0	Generic for HEXAVITAMIN	09/10/02 14:00	03/03/03 20:00
	TAKE 1 TABLET BY MOUTH AT 8AM				
	** RISPERIDONE	4 MG	Generic for RISPERDAL	10/02/02 08:00	03/23/03 20:00
	TAKE 1 TABLET BY MOUTH AT 8PM				
	[RISPERDAL]				
	** ACETAMINOPHEN	325 MG	Generic for TYLENOL	09/10/02 14:00	03/03/03 20:00
	2 TABS PO Q 4HRS PRN				
	** HALOPERIDOL	5 MG	Generic for HALDOL	09/10/02 08:00	03/03/03 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]				
	** LORAZEPAM	1 MG	Generic for ATIVAN	09/10/02 08:00	03/03/03 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [4]				
	** MAALOX	0		09/10/02 14:00	03/03/03 20:00
	TAKE 15ML PO EVERY 4 HRS PRN				
	** MILK OF MAGNESIA	0		09/10/02 14:00	03/03/03 20:00
	30ML PO Q HSPRN CONSTIPATION				
	*** DIET: NO INFORMATION		NO INFORMA NO INFORMA NO INFORMA		

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 20042
DoB: 12/11/1946
Sex: M
Unit: MI -UNITD- MI D

PH2300
Run Date 02/12/03
Run Time 7:21 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

Date/Time	ACTIVE MEDICATION/DIET REVIEW	Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders		
	** LITHOBID 300 MG TAKE 2 TABLETS BY MOUTH AT 9AM & 9PM #28	01/07/03 20:00	04/07/03 20:00
	(1) ** MULTIVITAMIN 0 Generic for HEXAVITAMIN TAKE 1 TABLET BY MOUTH AT 8AM	09/10/02 14:00	03/03/03 20:00
	(2) ** RISPERIDONE 4 MG Generic for RISPERDAL TAKE 1 TABLET BY MOUTH AT 9PM [RISPERDAL] #7	10/02/02 08:00	03/23/03 20:00
	(3) ** ACETAMINOPHEN 325 MG Generic for TYLENOL 2 TABS PO Q 4HRS PRN FOR MINOR PAIN [WS]	09/10/02 14:00	03/03/03 20:00
	(4) ** HALOPERIDOL 5 MG Generic for HALDOL TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [FOR HALDOL] [4]	09/10/02 08:00	03/03/03 20:00
	(5) ** LORAZEPAM 1 MG Generic for ATIVAN TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [FOR ATIVAN] [4]	09/10/02 08:00	03/03/03 20:00
	(6) ** MAALOX 0 TAKE 15ML PO EVERY 4 HRS PRN FOR GI UPSET	09/10/02 14:00	03/03/03 20:00
	(7) ** MILK OF MAGNESIA 0 30ML PO Q HSPRN FOR CONSTIPATION	09/10/02 14:00	03/03/03 20:00
	** KETOCONAZOLE SHAMPOO 1 % Generic for NIZORAL AD SHAMPOO USE AS SHAMPOO THREE TIMES PER WEEK X 8 WEEKS - THEN AS NEEDED [NIZORAL SHAMPOO]	02/04/03 12:00	~~05/03/03 20:00~~ 4/1/03
	*** DIET: NO INFORMATION	NO INFORMA NO INFORMA	NO INFORMA

(margin, handwritten) [illegible] 2/21/03 10 [illegible]

2/21/03
Renew (1) → (7) x 90 [illegible]
[signature]

[illegible] 2-22-03 4pm

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 39972
DoB: 12/11/1946
Sex: M
Unit: COMO - MI-CO-MO

Anoka Metro Regional Treatment Center

~~Consent~~ 2.21.03

Jarvis

PHYSICIAN ORDER SHEET

DDOUGHERTY, PATRICK /M

Unit: Delta

AMRTC BHIS #39972

Allergies or Contraindications: NKA

ADM 9-10-02

DOB 12-11-46

DATE & TIME		RATIONALE
1-8-03 2pm	Transfer to MS Helen Dam MD T.O. Dr Dam / Shoe	1-8-03
1-7-03 2:30pm	Change to Lithobid (from Lithium Carbonate) same dosage Helen Dam MD	3rd MS 1-7-03
1-7-03 11:45am	Four-Hour pass tomorrow Helen Dam MD	per team 3rd MS Transition Activity 1.7.03 @ NOON
10.23.02 3:30pm	flu vaccine 0.5cc IM Helen Dam MD 10/24/02 T.O. Dr Lucas / Sheoel	4:07pm

PRIVATE DATA
Do not release without consent of Data Subject, pursuant to Minn. Stat. 13.46, subd. 2 (a)

Anoka Metro Regional Treatment Center

~~Consent~~ Jarvis expires 2-21-03

PHYSICIAN ORDER SHEET

ODOUGHERTY, PATRICK /M/

Unit: ms

AMRTC BHIS #39972

~~120042 ADM 9-10-02~~

DOB 12-11-46

Allergies or Contraindications: NKA

DATE & TIME	ORDER	RATIONALE
2/3/03 9A	Level II wide T.O. Dr. Baumer / [illegible]	[illegible] 2/3/03 V[illegible] 2-9-03
1-23-03 4:10 pm	Transfer to Como Unit on 1-27-03 - SLS level of Care - May self monitor diet Helen Dam	per team - Transition Plan
1/22/03 10A	Day pass 1/24 9A-9P T.O. Dr. Dam / A. Culver, RN 1/22/03 12:30pm Helen Dam 1/22/03	D Hagen 1-22-03 1p
1/15/03	May have full pm passes from 4-9pm M-F + 5-0 on Sat's. + Sun's. T.O. Dr. Dam / D. McLean RN 1-15-03 Helen Dam	1/15/03 10A

Margin notations: V[illegible] 2/9/03 7:30A; Rachel [illegible] 1-23-03 4:35pm; Rachel [illegible] 1-22-03 12:30pm; Rachel [illegible] 1-15-03 9:35pm; [illegible] 1-24-03; [illegible] 1-23-03; [illegible] 1-16-03

PH2300
Run Date 03/05/03
Run Time 8:25 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

(7)

Date/Time	ACTIVE MEDICATION/DIET REVIEW			Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders				
	(1) ** LITHOBID	300 MG		01/07/03 20:00	04/07/03 20:00
	TAKE 2 TABLETS BY MOUTH AT 9AM & 9PM #28				
	** MULTIVITAMIN	0	Generic for HEXAVITAMIN	09/10/02 14:00	05/21/03 20:00
	TAKE 1 TABLET BY MOUTH AT 8AM				
	** RISPERIDONE	4 MG	Generic for RISPERDAL	10/02/02 08:00	05/21/03 20:00
	TAKE 1 TABLET BY MOUTH AT 9PM [RISPERDAL] #7				
	** ACETAMINOPHEN	325 MG	Generic for TYLENOL	09/10/02 14:00	05/21/03 20:00
	2 TABS PO Q 4HRS PRN FOR MINOR PAIN [WS]				
	** HALOPERIDOL	5 MG	Generic for HALDOL	09/10/02 08:00	05/21/03 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [FOR HALDOL] [4]				
	** LORAZEPAM	1 MG	Generic for ATIVAN	09/10/02 08:00	05/21/03 20:00
	TAKE 1 TABLET BY MOUTH 2 TIMES A DAY AS NEEDED [FOR ATIVAN] [4]				
	** MAALOX	0		09/10/02 14:00	05/21/03 20:00
	TAKE 15ML PO EVERY 4 HRS PRN FOR GI UPSET				
	** MILK OF MAGNESIA	0		09/10/02 14:00	05/21/03 20:00
	30ML PO Q HSPRN FOR CONSTIPATION				
	(2) ** KETOCONAZOLE SHAMPOO	1 %	Generic for NIZORAL AD SHAMPOO	02/04/03 12:00	04/01/03 20:00
	USE AS SHAMPOO THREE TIMES PER WEEK X 8 WEEKS - THEN AS NEEDED [NIZORAL SHAMPOO]				
	*** DIET: NO INFORMATION		NO INFORMA NO INFORMA NO INFORMA		

Cindy KBEDN/LPN 3-14-03 6pm

3-14-03 [illegible] 11:45

VCP

3/14/03 Renew (1) & (2) x 90 days

[signature]

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 39972
DoB: 12/11/1946
Sex: M
Unit: COMO - - - (MI-CO-MO-)

ODOUGHERTY, PATRICK /M

Anoka Metro Regional Treatment Center

Jarvis Exp 2-19-04

AMRTC BHIS #39972

#20042 ADM 9-10-02

Unit:

DOB 12-11-45

PHYSICIAN ORDER SHEET

Allergies or Contraindications: NKA

DATE & TIME: 3/7/03 925AM

Obtain Risperidone level

T.O. Dr. Baumek / [illegible]

RATIONALE

3-12-03

DATE & TIME: 3/7/03

Blood lithium level

RATIONALE

DATE & TIME: 2/7/03

Level III meds c 7-Day supply.

T.O. Dr. Baumer / [illegible]

RATIONALE

2-9-03

DATE & TIME: 2/4/03 1032A

Nizoral shampoo 1% 3x/wk top. x 8 wks. then PRN.

T.O. Dr. Thunder / [illegible]

RATIONALE

2-9-03

Anoka M ro Region Treatment enter

Jarvis EXP ~~2-21-03~~ 2-19-04

PHYSICIAN ORDER SHEET

ODOUGHERTY, PATRICK /M

AMRTC BHIS #34972

#20042 ADM: 9-10-02

DOB 12-11-45

Allergies or Contraindications: NKA

DATE & TIME		RATIONALE
4/23/03 915a	① Lipid 400mg PO BID x 1 mo. ② Re-check fasting lipid panel in 1 mo. T.O. M. Meade / RN Schueller	4-24-03
4/16/03 10A	① Sunscreen top PRN ② Obtain fasting lipid panel T.O. Dr. Setun / RN Schueller	4/17/03
4/4/03	Level IV meds + Risperdal & Lithium levels next Thurs. T.O. Dr. Baumer / RN Schueller	4/12/03
3/24/03 840A	① DIC PRN Ativan ② DIC PRN Haldol T.O. Dr. Baumer / RN Schueller	3/25/03

PH2300 Y2K Anoka-Metro Regional Treatment Ctr
Run Date 05/07/03 PHYSICIAN'S ORDERS
Run Time 7:18 AM

P 5/13

Date/Time	ACTIVE MEDICATION/DIET REVIEW	Start	Stop
	[]-Yes []-No Discontinue all previous medications and diet orders		
	(1) ** GEMFIBROZIL 600 MG Generic for LOPID TAKE 1 TABLET BY MOUTH 1/2HR BEFORE BREAKFAST & SUPPER [FOR LOPID] # 14	04/23/03 08:00	05/23/03 20:00
	** LITHOBID 300 MG TAKE 2 TABLETS BY MOUTH AT 9AM & 9PM #28	01/07/03 20:00	06/14/03 20:00
	(2) ** MULTIVITAMIN 0 Generic for HEXAVITAMIN TAKE 1 TABLET BY MOUTH AT 9AM #7	09/10/02 14:00	05/21/03 20:00
	(3) ** RISPERIDONE 4 MG Generic for RISPERDAL TAKE 1 TABLET BY MOUTH AT 9PM [RISPERDAL] #7	10/02/02 08:00	05/21/03 20:00
	(4) ** ACETAMINOPHEN 325 MG Generic for TYLENOL 2 TABS PO Q 4HRS PRN FOR MINOR PAIN [WS]	09/10/02 14:00	05/21/03 20:00
	(5) ** MAALOX 0 TAKE 15ML PO EVERY 4 HRS PRN FOR GI UPSET	09/10/02 14:00	05/21/03 20:00
	(6) ** MILK OF MAGNESIA 0 30ML PO Q HSPRN FOR CONSTIPATION	09/10/02 14:00	05/21/03 20:00
	** KETOCONAZOLE SHAMPOO 1 % Generic for NIZORAL AD SHAMPOO USE AS SHAMPOO THREE TIMES PER WEEK X 8 WEEKS - THEN AS NEEDED [NIZORAL SHAMPOO]	02/04/03 12:00	06/14/03 20:00
	** SUNSCREEN 30 30 Generic for AD SUNBLOCK 30 USE AS NEEDED [WARD STOCK]	04/16/03 08:00	07/16/03 20:00
	*** DIET: NO INFORMATION NO INFORMA NO INFORMA NO INFORMA		

5.13.03 [illegible] 1:20 pm

5/13/03 Renew (1) → (6) x 90 day

[signature]

✓ CKBEEW, LPN 5-13-03 6:30 PM

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 39972
DoB: 12/11/1946
Sex: M
Unit: COMO - (MI-CO-MO)

PH2300
Run Date 06/04/03
Run Time 7:10 AM

Y2K Anoka-Metro Regional Treatment Ctr
PHYSICIAN'S ORDERS

Date/Time	ACTIVE MEDICATION/DIET REVIEW	Start	Stop

[]-Yes []-No Discontinue all previous medications and diet orders

				Start	Stop
** GEMFIBROZIL	600 MG	Generic for LOPID		04/23/03 08:00	08/12/03 20:00
TAKE 1 TABLET BY MOUTH 1/2HR BEFORE BREAKFAST & SUPPER [FOR LOPID] # 14					
① ** LITHOBID	300 MG			01/07/03 20:00	06/14/03 20:00
TAKE 2 TABLETS BY MOUTH AT 9AM & 9PM #28					
** MULTIVITAMIN	0	Generic for HEXAVITAMIN		09/10/02 14:00	08/12/03 20:00
TAKE 1 TABLET BY MOUTH AT 9AM #7					
** RISPERIDONE	4 MG	Generic for RISPERDAL		10/02/02 08:00	08/12/03 20:00
TAKE 1 TABLET BY MOUTH AT 9PM [RISPERDAL] #7					
** ACETAMINOPHEN	325 MG	Generic for TYLENOL		09/10/02 14:00	08/12/03 20:00
2 TABS PO Q 4HRS PRN FOR MINOR PAIN [WS]					
** MAALOX	0			09/10/02 14:00	08/12/03 20:00
TAKE 15ML PO EVERY 4 HRS PRN FOR GI UPSET					
** MILK OF MAGNESIA	0			09/10/02 14:00	08/12/03 20:00
30ML PO Q HSPRN FOR CONSTIPATION					
② ** KETOCONAZOLE SHAMPOO	1 %	Generic for NIZORAL AD SHAMPOO		02/04/03 12:00	06/14/03 20:00
USE AS SHAMPOO THREE TIMES PER WEEK X 8 WEEKS - THEN AS NEEDED [NIZORAL SHAMPOO]					
** SUNSCREEN 30	30	Generic for AD SUNBLOCK 30		04/16/03 08:00	07/16/03 20:00
USE AS NEEDED [WARD STOCK]					
** DIET: NO INFORMATION			NO INFORMA	NO INFORMA	NO INFORMA

Cindy Kasperbean, CPN 6-6-03 9pm

6/6/03

6/6/03 renew ① ② x 90 days

ALLERGIES:
NO KNOWN ALLERGIES

WID#: 00039972
Name: ODOUGHERTY PATRICK
Med Rec#: 39972
DoB: 12/11/1946
Sex: M
Unit: COMO (MI-CO-MO-)

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 Admit 9-10-02 MS
DOB 12-11-45

Anoka Metro Regional Treatment Center
Jarvis EXP. ~~2-21-03~~ 2-19-04
PHYSICIAN ORDER SHEET

Allergies or Contraindications: NKA

DATE & TIME	ORDER		RATIONALE
6/15/03	6/13/03 0900 Repeat lithium level Be sure 12° B... lost lithium [illegible]	6-13-03 1[illegible]	6-5-03 High level
6/13/03	6/13/03 0900 Please give copy of his psychiatric [illegible] assessment, of his lab reports, of his MARS and copy of [illegible] reports	6-13-03	6-13-03 Per [illegible] at his request
6/6/03 6pm	6/6/03 Obtain Risperidal & Li+ level next lab day. T.O. Dr. Baumer / RASchweighart	Cindy Kopper[illegible] 6-6-03 6pm	✓ CP 6/7/03
5/12/03 10:00AM	5/12/03 9:55AM OK for optometry exam. T.O. Dr. Sch[illegible] / RASchweighart	5/12/03	✓ CP 5/13/03

ODOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 4-10-02 Como
DOB 12-11-45

Anoka Metro Regional Treatment Center

Jarvis exp. 2-19-04

PHYSICIAN ORDER SHEET

Allergies or Contraindications: NKA

DATE & TIME		RATIONALE

DATE & TIME		RATIONALE
6/27/03	↓ Lithobid 300 mg AM & 600 mg HS	per xxxx 6-29-03
	[illegible signature]	6/27/03 [illegible signature]

DATE & TIME		RATIONALE
6/25/03	Apply PPD 0.1ml Intradermally ~~0.1 ml~~ error RAE x 1 & read in 48°.	6/25/03
	T.O. Dr. Sethi / RASchoffelen	6/25/03

DATE & TIME		RATIONALE
6/27/03	- Discharge on Date per SW.	6/27/03
	- Give 3 day supply meds & 30 day script	per MD
	[illegible signature]	6/27/03

ANOKA METRO REGIONAL TREATMENT CENTER
COMMUNITY UNITS
PASS AUTHORIZATION FORM

Date	Pass request and approval	Rationale	Signature and Title
5/29/03	6-3 to 6-4	conference	
6/19/03	6-20 to 6-22	transition to apt	
6/27/03	6-25 to 6-30	" "	
7/2/03	7-2-03 to 7-7-03	transition to apt	for L. Wright SW - T. Reddy

*The Program Director or designee (Clinical Lead, Psychiatrist, Psychologist and Social Worker) may review and authorize passes.
*Every effort will be made to review passes in the weekly team meeting for team approval.

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/30/03 OT cont		very friendly c others.
		A. Good progress. Pt initiated skill building.
		P. Continue current goal c 6/04/03 target date.
		Diane Nason COTA
5-7-03 OT		D. Patrick attended 2 of 2 morning meetings this week & arrives on time. Pt skill building of leisure awareness Patrick identified leisure barriers as: ① Don't know what's meaningful to me in my leisure time. ② This work is main barrier. In cooking group Patrick grilled his own french toast successfully. He also helped with clean up.
		A. Patrick continues to make small gains each group.
		P. Continue current goal. Encourage ↑ involvement.
		Diane Nason COTA
5-14-03 OT		D. Patrick actively participated in morning meeting on 5/9. Along c peer planned the upcoming menu of O'Brien potatoes & Lamburger patty. He was excused from 5/13 am meeting while at the dentist. Patrick requires cues to do tasks in cooking group - doesn't initiate & stands around until given a task. He does cooperate & follows through c assigned tasks.

DHS-1035 (6-91)
PZ-1035-05

Facility Name: O'DOHERTY, PATRICK

Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5-14-03 OT		cont - He did wipe the table & prepared juice. On 5/13 patrick had planned the menu & followed the recipe for the potatoe casserole. He measured most ingredients accurately but may have added too much milk & not enough potatoes as evident by the runny consistancy. He worked well c male peer. He socialized with peers talking about Ireland, but peers didn't understand his story
		A. Continues to make steady gains. ~~Continue~~ person
		P. Continue to assign Patrick to tasks that will promote ↑ cooking skills. Diane Mason COTA
5/21/03 OT		D. Patrick attended 2 of 3 community meetings this week without reminders. He was pleased when he won the door prize of a calculator. At cooking group 5/16 Patrick volunteered to slice the watermelon, he needed cues how to slice it. On 5/20 he set the table, but needed cues to do other tasks.
		A. Continues to be a participant but needs cues for tasks.
		P. Continue current outcome. Encourage Patrick to recognize tasks that need to be done. Diane Mason COTA IM

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:

Patient Name: AMRTC BHIS #39972
MREC #:
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/9/03 OT	cont.	eating habits as well as negative habits. He says
		he should eat more vegetables. Patrick followed
		package directions + prepared frozen french fries
		for the group, with success. He measured accurately
		on ingredients for the salad. Patrick appears to
		competent c̄ cooking tasks.
		A. Good progress toward outcome. Cooperative
		Good task performance this week.
		P. Continue current outcome. Elaine Nason COTA
4-16-03		D. Patrick attended morning meetings this week + arrived
OT		in a timely way. He was sleepy on 4/15 + appeared to fall
		asleep. Patrick worked with male peer to make
		muffins + did dishes. He also planned the menu c̄
		therapist. He was pleasant + sociable c̄ peers.
		Patrick followed verbal + written directions while
		preparing minute rice for the group. He doesn't take
		any initiative for tasks but helps when asked.
		A. Fair-Good progress toward outcome.
		P. Continue current outcome target date 4/27/03 —
		Elaine Nason COTA

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BH15 #39972
#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/23/03 OT		D. Patrick attended 1 of 2 morning meetings. He helped w cleanup at 4/18 meal + peeled potatoes for 4/22 dinner group. He had difficulty peeling the potatoes + was only able to make small cutting strokes w the peeler. This may have been due to using gloves. Therapist will observe dexterity on another task w gloves. Patrick was quiet, but cooperative + said he enjoyed the meal.
		A. Continues to make slow steady gains.
		P. Therapist will continue goal w revised target date of 6/23/03. Diane Nash MA COTA/L
4/30/03 OT		D. Patrick attended 2 of 2 morning meetings this week. He participated actively by identifying benefits he wants from leisure activities = ① a chance to be creative, which he says he gets through writting; ② intellectual stimulation ③ Recognition + respect from others. Patrick also attended 2 of 2 cooking groups helping w cleanup at one + preparing the spagetti noodles at the others. Pat asked to prepare the noodles saying he needed to practice. He was

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
6/4/03 OT		conference in St. Cloud & 5/30 he participated in cooking group cutting up celery for vegetable tray. He needed concrete instructions on how to cut celery. He also set table once cued.
		a. Fair progress. Learning new ways to prepare food.
		p. Continues current outcome. Diane Nason OTR/L.
6-11-03 OT		D. Patrick attended 2 of 2 community meetings & reminders & participated in discussion on microwave safety.
		6/6 Patrick prepared a tube of cinnamon rolls per package direction & verbal cues from therapist were provided. He also followed direction & successfully cooked an omelette. 6/10 he prepared one pan of chicken per recipe, measured ingredients & rolled chicken in mixture & positioned chicken in baking pan. Patrick was social & peers initiated conversation.
		a. Good progress. Patrick experienced new cooking techniques & recipes.
		p. Continue current outcome. Diane Nason COTA

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:

Patient Name: O'[illegible]SHERTY, PATRICK /M

MREC #:

Birthdate: AMRTC BHIS #39972

Sex:

Program/Unit: #20042 ADM 9-10-02

DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
5-23-01 OT		D. Therapist brought Patrick to the SEED program for a tour. Patrick made the request to check out the program. Client showed an interest in the creative writting course but would have to wait until next quarter to enroll. He says he wants to wait to see where he will be living before he completes the application. A. Completed SEED tour - Client showed interest. P. Be available to assist c intake. Diane Nason COTA
5-28-03 OT		D. 2 of 2 morning meetings attended this week & 1 of 1 cooking group. Patrick volunteered to prepare the lazagne noodles c staff. He followed verbal direction also explained to the group how the noodles were cooked. He helped layer the lazagne by putting on each layer of meat sauce. He was able to work very cooperatively c peers. A. Very good progress this week. Volunteered for task. P. Continue current outcome c tx. 6/4/03 Diane Nason COTA
6-4-03 OT		D. Patrick attended community meeting on 5/30. He made an announcement of finding an apartment & expressed his excitement. He was excused 6/2 to attend the CSPM

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes