

Holly Hill Residential Facility

Date of Exam: 9/4/2015

Time of Exam: 11:35:55 AM

Patient Name: Jones, Sheila

Patient Number: 1000010660967

INITIAL TREATMENT PLAN

A Treatment Plan was created or reviewed today, 9/13/2015, for Sheila Jones.

Participants developing the Plan were:

Betty Morgenstern, MD (Psychiatrist)

Janina Russian, LCSW (Counselor)

Liz Lobao, RN (Nurse)

Diagnosis:

Alcohol Withdrawal, with perceptual disturbances, 291.81 (F10.232) (Active)

Opioid Use Disorder, severe, 304.00 (F11.20) (Active)

Generalized Anxiety Disorder, 300.02 (F41.1) (Active)

Migraine Specified, 346.90 (Active)

Current Medications:

Antabuse 500 mg. PO QAM

Buspar 10 mg PO BID

Ambien CR 6.25 mg PO QHS PRN

Klonopin 2 mg PO BID (x2 days)

Klonopin 1 mg PO QAM (x2 days)

Klonopin 0.25 mg PO QAM (x1 day)

Problems:

Problem #1: Withdrawal

Problem #2: Anxiety

Problem: Withdrawal

Ms. Jones's withdrawal has been identified as an active problem in need of treatment.

It is primarily manifested by:

ANS Instability - with swings in blood pressure.

ANS Instability - with swings in heart rate.

ANS Instability - with fluctuations in body temperature.

Long Term Goal:

- Will experience complete alleviation of withdrawal symptoms.

Target Date: 9/20/2015

Short Term Goals:

Will monitor VS q 30 minutes during acute phase of withdrawal.

Target Date: 9/13/2015

Will be alert for symptoms of DTs.

Target Date: 9/13/2015

Provide quiet environment to reduce level of anxiety.

Target Date: 9/13/2015

Intervention(s):

Prescriber/Psychiatrist to evaluate for presence of withdrawal symptoms and obtain medical consult as appropriate. This will occur once per day and will last 20 minutes.

Clinician's Initials: BM

Nurse will monitor for signs of impending DTs. This will occur once per hour and will last 5 minutes.

Clinician's Initials: LL

Therapist/Counselor/Counselor to meet with family to update on the status of Ms. Jones. This will occur 1-3 times per week and will last ten minutes.

Clinician's Initials: JM

Problem: Anxiety

Ms. Jones's anxiety has been identified as an active problem in need of treatment.

It is primarily manifested by:

Generalized Anxiety Disorder - with impairment in functioning.

Long Term Goal(s):

- Will speak in an optimistic way about ability to cope with problems.

Target Date: 9/27/2015

Short Term Goal(s):

Ms. Jones will not suffer restrictions in activities because of anxiety for at least 24 hours.

Target Date: 9/17/2015

Intervention(s):

Therapist/Counselor will train patient in anxiety control techniques. This will occur 1-4 times per week and will last 20 minutes.

Clinician's Initials: JM

Nurses to perform medication and illness education regarding anxiety. This will occur 1-4 times per week and will last ten minutes.

Clinician's Initials: LL

Prescriber will examine patient, assess condition and order lab and appropriate consultations to determine if there is imminent DANGER to self or others. This will occur once per day and will last 15 minutes.

Clinician's Initials: BM

Status:

The undersigned clinicians met with the patient on the date above in a face to face meeting to work with him/her in developing this Treatment Plan.

TRANSITION PLAN

The expected length of stay for this patient is Approx. 1 month.

The projected discharge date for this patient is 10/13/2015.

Refer to Therapist or Facility: Janina Russian.

Refer to Psychiatrist/Prescriber: Betty Morgenstern.

Anticipated Post Discharge Services include: To Be Arranged

Plan for transition/discharge: To Be Arranged

Comprehensive Treatment Plan Barriers

Motivational issues interfere with treatment.

- Therapy will focus on motivational problems first.

Emotional problems interfere with treatment.

- Emotional problems will be dealt with via group therapy.

Comprehensive Treatment Plan Strengths

Ms. Jones's strengths include:

Family

- Patient is able to use strong family ties
- Patient has ability to use family support
- Patient has established good relationship with family

Electronically Signed

By: Liz Lobao, RN

On: 9/13/2015 10:41:55 AM

Electronically Signed

By: Betty Morgenstern, MD

On: 9/13/2015 10:43:23 PM

Electronically Signed

By: Janina Russian, LCSW

On: 9/13/2015 10:43:27 PM