

Age/Sex: 46 M  
Unit #: 0597460  
Account#: 41444894  
Admitted:

SAUNDERS, KEVIN E (DEP ER)

ED-

CAYUGA MEDICAL CENTER NURSING \*

Page: 1 of 2  
Printed 06/26/02 at 0048  
Period ending 06/26/02 at 0048  
Admission Assessment

MHU EVALUATION

04/26/02 2035 CLE

MENTAL HEALTH UNIT, PSYCHIATRIC EVALUATION

(PRESS: F5 FOR DEMO RECALL)

DATE OF EVALUATION: 04/26/02 Time: 2008 TIME CLEARED: 2008  
Revisit Within 72 Hours? N Arrival Mode: Walked, Ambulatory  
Patient's address: 1668 TRUMANSBURG ROAD City: ITHACA State: NY  
Patient's phone number: 607-277-5808  
Accompanied By: Friend  
In Emergency Notify: WHELAN, ANNE MARIE  
Relationship: Phone: 607-273-6552  
Address: 721 W COURT ST City: ITHACA State: NY

Chief Complaint: PT BROUGHT TO ER BY FRIEND. PT STATES THAT HE IS HERE BECAUSE EVERY MORNING AT 3:33 HE WAKES UP SCREAMING BECAUSE THE DRUG HAS BEEN ADMINISTERED AND HE IS HITLER. PT DENIES SI, HI. HE STATES THAT HE HAD BEEN A PT AT TCMHC BUT STOPPED GOING THERE. IT IS UNCLEAR WHETHER OR NOT HE WAS ON ANY MEDS. PT IS SARCASTIC, HAS AN ANGRY EDGE. HE DOES NOT WANT ADMISSION. HE STATES THAT IN THE PAST HE MAY HAVE BEEN DX. WITH BIPOLAR DISORDER AND BORDERLINE PERSONALITY DISORDER. PT DOES NOT FEEL UNSAFE IN ANY WAY.

History of current episode/illness: SINCE FRIDAY

Current Outpt. treatment: (agency, therapist, frequency and when last seen)

Most recent inpatient treatment: ROCHESTER 5 YRS AGO (location, date, reason, los)

IDEATION: DENIES ALL DELUSIONS: Denies All  
HALLUCINATIONS: Denies All COMMENTS: PT APPEARS DELUSIONAL AT TIMES  
Self mutilation: DENIES Abuse: (EXPLAIN)

AFFECT: Labile MOOD: Irritable  
EYE CONTACT: Good  
Speech pattern: RATE: Normal RHYTHM: Normal VOLUME: Normal  
ENUNCIATION: C COMMENT

Sleep Pattern: OK Sensorium: Alert  
(DOCUMENT HRS/DAY, Substance use: Marijuana  
MED AIDS & DREAMS) (EXPLAIN)

Family History of mental illness (EXPLAIN): UNKNOWN  
Medication: (F5) DENIES History: (F5) DENIES (Medical)

STRESSORS INCLUDE: Social Interaction  
Legal Status: Explain:  
Support System: Friend Live Arrange: House Lives with: Friend  
Disposition: Outpatient Referral Rationale: PT DENIES SI, HI-WILL REFER TO TCMHC  
Are there children in the home: N EXPLAIN:

Diagnosis:  
AXIS I: AXIS II: BPD AXIS III:  
AXIS IV: AXIS V:

Lethality Screen: (SHIFT + F8 FOR SCALE DESCRIPTION)  
Dangerousness: 5 Support System: 5  
Ability to cooperate: 5 Total Score: 15  
\*\*SCORE <8 = INCREASED RISK OF HARM TO SELF OR OTHERS\*\*

COLLATERAL DATA:  
(TIME, PERSON/AGENCY, ROI?)  
REVIEWED WITH ER PERSONELL: PA  
REVIEWED WITH PSYCHIATRIST: ROE  
Insurance Pre-certification Documentaion N/A

\*\*\*\*\*Document all attempts to pre-certify\*\*\*\*\*

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Monogram	Initials	Name	Nurse Type
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CLE	CLE	LESKOVEC, CHRISTINE	RN
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