

7/83

CHRONOLOGY

OSHEROFF

TREATMENT AT SILVER HILL

8/1/79
Admission Note
#54

Reason for Admission: Transferred from CL after a six month hospitalization there in which he had not made adequate progress. History of treatment.

Mental Status: Agitated & disheveled looking. Accompanied by two strong male CL aides who suggested that the SH therapist might need protection from O. O initially paced, ruminated his losses, and appeared hopeless about any change in his condition. O felt relieved to transfer from CL where he felt mistreated. His speech was pressured, no evidence of thought disorder. Suicidal ideation was present.

Condition of Admission: Agitated, depressed state.

Admitting diagnosis: (1) psychotic depressive reaction, agitated, (2) manic-depressive illness, depressed.

Medication prescribed: thorazine, 50 mg h.s; Elavil at 25 mg. t.i.d. po.

Treatment plan: Close supervision changed to suicide precaution. Routine lab studies. Lithium work-up in case lithium was chosen for treatment. Antidepressant therapy started with Elavil. Individual and group psychotherapy after acute agitated state is relieved. Daily assessment of emotional state will determine further treatment plan.

8/1/79
Physical Exam
#56

Good physical health. O was distractible and noncooperative to parts of the examination.

8/1/79
Doctor's Orders
#109

3:30 pm: Routine lab; Lithium level; Assigned to level II w/escort; meals at Barrett House; Program C; No visitors; telephone privileges; Regular diet

8/1/79
Dr's Orders
#109

Specials; level I; thorazine 50 mg hs prn.

8/1/79
Nursing Adm
Info
#157

Physician: Narad. General appearance: Poor. Present prob-
lem: Depression. Patient's goals & expectations: None.
Typical day of pt prior to admission: vegetable. Plan:
Support this patient, listen, help him adjust to these
surroundings.

8/1/79
Nurses notes
#159
3:30 pm

Admitted to BH#3. O insisted on filling out own forms. He
is extremely restless, pacing constantly. Detached attit-
tude. Not responsive to questions or overtures from other
patients.

6-11

Paced outside all evening. Describes himself as "homeless
man with only a mother."

11-12

Sleeping, tossing & turning frequently.

8/1/79
#61

Social Service Supplimentary History taken from Mrs Bader.

8/2/79
#89; #90;
#91; #92.

Lab reports.

8/1/79
PT notes
#97

Initial note: O agitated. States he has no need or interest
in occupational therapy. An accessment cannot be made at
this time.

8/2/79
Dr's orders
#109

Suicidal precautions. Elavil 25 mg tid.

8/2/79
Nurse Check
List #126

Daily activity checklist.

8/2/79
Med sheet
#140

Elavil 25 mg. tid

8/2/79
Nurse notes
#159 /7-3

Phone call to mother and stated "this institution and a lot
of pills cant change things."

3-11

Paced constantly until 8:20 pm. Didnt stop pacing to eat and
just nibbled while he walked.

11-12

Lying on top of bed fully clothed.

8/3/79
New Adm
Report
#101

Reason for Admission:

Manic depressive illness. Was at CL with no progress.

Social Service Report: Came with Mother and Stepfather. Accompanied by adies as his mother was afraid he might injure himself.

Nurses Report: Slept fairly well, but was out walking earlyyy. Many phone calls to mother and estranged wife.

8/3/79
Dr's Orders
#109

Elavil; thorazine.

8/3/79
Nurse check
List #126

Daily activities.

8/1/79
Med sheet
#144; #145

Thorazine 100 mg; (times given)

8/3/79
Nurse notes
#160/3-11

Paced all afternoon. Called mother and told her she had to find someplace for him to live. Unsteady as he walked and lost his balance quite a few times, had to hold onto walls and furniture.

11-12

Sleeping quietly.

8/4/79
3rd day
note/#64

O rejected his first night's order of thorazine. On 2nd day, he started pacing as described by CL. His hopelessness and and despondency necessitated plaicng him on suicide pre-cautions. Needs good nursing care, medication, and protection from harming himself.

8/4/79
Dr's orders
#109

Thorazine.

8/4/79
Nurse check
list #126

Daily activities.

8/4/79
Med sheet
#140;

Times medication given.

8/4/79
Nurse notes
#160-161
12-7

Passed large amount of urine. Motions seem clamer. Facial and body features seem softer. More restful night with very little turning.

7-3

Paced all afternoon but seemed a little steadier.

8/4/79
Nurse notes
#161
11-2

Sleeping restlessly, fully clothed.

8/5/79
Dr's orders
#109

Thorazine.

8/5/79
Nurse Check
List #127

Daily activities.

8/5/79
Nurse Notes
#161; #162
12-7

Very unsteady. Complains of being dizzy. Very little tossing and turning when asleep.

7-3

O much calmer this shift. More verbalization about past history. Becoming more aware and respectful of other patients.

3-11

Paced most of the afternoon but seemed calmer. Sat down to eat dinner for the first time. Less unsteadiness while pacing.

11-12

Sleeping fully clothed on top of covers.

8/6/79
PT Notes
#95

Occupational -Recreational Therapy Referall. Notes illeg.

8/6/79
Dr's orders
#110

Change Elavil to Elavil 150 mgs hs po. Encourage O to shower and changes clothes each day

8/6/79
Nurse check
list #127

Daily activities.

8/6/79
Med Sheet
#141;

Elavil, DiGell (times given).

8/6/79
Nurse notes
#162; #163
7-3

O made phone call to "Louie". Became very agitated and hit hit phone with his hand. Paced rest of shift.

3-11

Pacing. Spoke to Dr around 4 pm.

11-12

Restless. Denies any discomfort. Speaks when spoken to. Attitude: "Do not bother me."

8/7/79
Therapist's
Notes #96

General info: Good physical condition. Appears disheveled.

Interpersonal Rel: Responds to RT person in negative manner. Seems isolated and angry.

Perception of self: Appears self-depreciating now. Lacks self confidence and states that he is "destructive."

Performance: Lacks attention span. Has negative attitude.

Behavior: Impulsive and rigid. Seems negative and superficial. Hostile towards himself.

Treatment plan: Attempt to integrate in RT program and encourage cooperative attitude. Later, explore leisure interests and skills.

8/7/79
Psycho-Social
History #102

Presenting problem: Feels "symbolically dead" as result of long-term problems - most specifically due to "last six months hospitalization."

Present address: "Have no address."

8/7/79
Nurse check
list #127

Daily activities.

8/7/79
Nurse notes
#163; #164
7-3

Appears quite agitated and hostility towards nurse. Continues to pace. Took prn medication. Expressing feelings about sexual frustration and holding his penis stating "its too small and not good enough." Paced entire shift, tense, nervous.

3-11

Didn't pace as much today. Watched TV most of afternoon.

11-12

O talking with special. Awake and restless. Attention span was short.

8/8/79
Dr's orders
#110

Thorazine. Elavil. Telephone privileges - no visitors. Encourage shower and change of clothes daily.

8/8/79
Nurse check
list #127

Daily activity.

8/8/79
Nurse notes
#164; #165
12-7

O glanced through papers and a magazine. Sleep was fairly quiet.

8/8/79
Nurse notes
#165
7-3
Refused EEG stating there was no reason for it. Stood for meals. Agitation and pacing about the same as yesterday. Prn thorazine less effective. Sat for two periods of time for 10 minutes each.

3-11
More relaxed. Didn't pace at all. More conversation. Expressed hopelessness about the future. Became extremely aggravated during phone call to mother stating that pills will not help and he will never be well again.

11-12
Lying fully dressed on top of covers.

8/9/79
Dr's orders
#110
May have visits from parents for brief periods. Staff may terminate visits at nurse's discretion.

8/9/79
Nurse check
list #127
Daily activities.

8/9/79
Med sheet
#141
Thorazine; Elavil (doseage and times given)

8/9/79
Nurse notes
#165; #166
12-7
Made phone call. Back to sleep. No conversation with nurse tonight.

7-3
Meals eaten standing. Paced all morning. Dr's appointment at 9:30. Holds penis while pacing. Occasional verbal contact with special. Appears more aware of other's feelings.

3-11
Divided the afternoon between pacing and lying down. Wrote a poem and became very emotional when rereading poem and began to cry. Phoned stepfather and stated "SH can't possibly be of help." Urged stepfather to arrange to put him in a nursing home.

11-12
Wants what he had two years ago but states that it is all gone, never to come back.

8/10/79
Dr's orders
#110

May have visit with Dottie Smith. Off-ground privileges if appropriate.

8/10/79
Med Sheet
#141

Elavil. Thorazine (doseage and times given)

8/10/79
Hand notes
#143

O states the thorazine makes him dizzy.

8/10/79
Nurse notes
#166; #167
12-7

Slept fairly well. Some tossing, turning and talking in sleep.

7-3

Sat down for breakfast. Verbalized about previous hospitalization and absence of social situation. States depression is lifting due to medication. Visiter arrived and O seemed happy to see her. (Dottie?) They discussed discharge plans. No pacing this shift.

3-11

Didnt pace at all today. Seems much more amiable. Spent about a half hour looking through a music book.

11-12

Awake, restless. Attempting to read but concentration is very poor. Polite but really not interested in making any conversation.

8/11/79
Progress note
#65

Continued on one-to-one special care. Less agitated this week except following his receipt of an attorney's letter. Showered and changed clothes daily with help from nursing staff.

8/11/79
Nurse check
list #127

Daily activity.

8/11/79
Med Sheet
#141

Dosage and times given- (Elavil and Thorazine).

8/11/79
Nurse notes
#167; #168
12-7

Becoming more restless. Starting to pace. Prn medication given at 1:00 am. Didnt fall asleep until after 3:00 am.

7-3

Continued to pace. Refused prn thorazine. Discussed with O the fact that his depression seemed to be subsiding and perhaps it is due to the medication. O asked if the medication was 50 mg and took it when that was verified.

Sat on couch from 11 to 11:45 stating he couldnt get up because the thorazine causes a decrease in blood pressure making him dizzy.

8/11/79
Nurse notes
#167-68
7-3

Able to discuss clearly his feelings of depression and states he is feeling more intact.

3-11

Pacing. Refused thorazine 50 mg and took thorazine 25 mg. Paced most of the afternoon. Ate his dinner as he paced. Did converse with other patients while pacing.

11-12

Lying in bed awake with lights off. Asked for and received 50 mg of thorazine.

8/12/79
Nurse check
list #128

Daily activity.

8/12/79
Med Sheet
#142

Thorazine. Elavil. Dalmane. (Dosage & times given)

8/12/79
Nurse notes
#168; #169
12-7

O is polite and firendly aslong as the conervation is general. States that people have been watching him for six months but that he wont hurt himself - just afraid of being alone.

7-3

Refused medication. Refused shower and all personal hygiene. Banging hands on chairs, tables, holding penis and stating that he will not be here long and will surprise staff.

3-11

Paced all afternoon. Stated he was "feeling especially bad today."

11-12

Sitting in LR. Very abrupt and refuses to converse.

8/13/79
Dr's orders
#110 ; #111

30 mg Dalmane. Thorazine. Limit phone calls.

8/13/79
Nurse check
list #128

Daily activity.

8/13/79
Med Sheet
#142

Thorazine. Elavil. Dalmine (Dosage & time given)

8/13/79
Nurse notes
#169;#170
12-7

Alternating pacing and getting in and out of bed. 50 mg thorazine given 1:45. O's agitated state becoming worse. Still pacing at 3:45, so 50 mg of thorazine again given. O finally fell into restless sleep at 4:30.

7-3

Slept until 10:00 and refused to get up earlier for Dr's appointment. Pacing and agitation appear to be about the same.

3-11

Very agitated in late afternoon. Talked to nurse for quite a while in evening.

11-12

Watched TV, read the paper, and then went to bed. Very little conversation.

12-7

Slept well. Body and facial features seem to be more relaxed.

8/14/79
Adm Testing
#57

Two previous schedulings of the admissions tests have been canceled by O as he was "not able to participate in the testing schedule. O manifested many aspects of behavior indicating an impulsive nature with much anger and hostility close to the surface. Much of his anger appeared inwardly directed. A strong dependency upon his mother is noted, with many ambivalent feelings expressed towards her.

8/14/79
Nurse check
list #128

Daily activity.

8/14/79
Med Sheet
#142

Thorazine. Elavil (dosage and times given)

8/14/79
Nurse notes
#170
7-3

Appears much calmer. No nervous gestures. No pacing in afternoon. Got undressed before getting into bed.

11-12

Awake, talkative. Worrying about future.

8/15/79
Dr's orders
#111
Thorazine. Elavil. Telephone privileges, but no calls after 10 pm. Visits with parents, but no other visitors. No off-ground privileges. Encourage hygiene, OT, music.

8/15/79
Nurse check
list #128
Daily activity.

8/15/79
Med Sheet
#142
Thorazine. Elavil. Dalmane. (Dosage & times given)

8/15/79
Nurse notes
#170-71
12-7
Unable to sleep. Becoming agitated and restless. Does not want to take thorazine "because it is a toxin to the liver". Took 25 mg of thorazine, continued to pace, then took the other 25 mg of thorazine.

7-3
Played piano before lunch. Seems fairly calm.

3-11
Calm but slightly agitated. Paced some, went to main house for dinner and played the piano afterwards. Watched TV up there and seemed to enjoy talking with other patients.

11-12
Came to kitchen for snacks then went to bed and read.

8/16/79
Personal &
Family Hist.
#59
Feels he has always had a characterological disorder. Has suffered periodic depression over many years and has seen a psychiatrist for a long period of time.

8/16/79
Nurse check
list #128
Daily activity.

8/16/79
Med Sheet
#142
Thorazine. Elavil. Dalmane. (Dosage & times given)

8/16/79
Nurse notes
#171-72
12-7
Becoming restless and agitated. Offered thorazine and told to get out of his room. Requested the thorazine in 15 min. Asleep by 1:45 and appeared to sleep the rest of the shift.

3-11
Appears more relaxed. Verbalized with staff and initiated some of the conversation.

11-12
Not as restless as last night and seems to be coming around re the thorazine.

8/17/79
Progress note
#66

Will discontinue specials over next few days. O's mood is improved and there is little of the pacing that so far characterized his hospitalization. He has become more interactive with the staff and patients for limited periods of time. Medication continues as before. Elavil 150 mgs. Thorazine 100 mgs.

8/17/79
Dr's orders
#112
8/17/79
Nurse check list
#128

Discontinue 11-7 special. Extra 50 mgs of thorazine should be discouraged.

Daily activity.

8/17/79
Med Sheet
#142

Thorazine. Elavil. Dalmane. (Dosage & times given).
Observation: Suicide precaution discontinued.

8/17/79
Nurse notes
#172-73

Asked for his thorazine 50 mg at 12:40 and went to bed. O spoke of nothing to live for. Appeared very unkept in appearance.

7-3

Showed and changed colthes with encouragement. Mood cheerful and appears cooperative. Appetite excellent. Conversed with other patients following lunch. Appeared relaxed.

3-11

Handled himself fair through dinner. Restless but not pacing.

11-12

Watched TV in living room. Appeared depressed. Encouraged to go to bed but could not be convinced.

8/18/79
Nurse check list
#128

Daily activity.

8/18/79
Med Sheet
#142

Thorazine. Elavil. Dalmane. (Dosage & times given).

8/18/79
Nurse notes
#173
12-7

Talked for a while and recited poem he wrote.

7-3

Poor about personal hygiene. Went to lunch at main house. Appeared calm, but did not mix with other patients as much today.

3-11

More relaxed this pm and in better mood. Rather pleasant at times.

11-12

Watched TV -ntil 11:30 then retired to room.

8/19/79
Nurse check
list #129

Daily activity.

8/19/79
Med Sheet
#144

Elavil. Thorazine. (dosage & times given).

8/19/79
Nurse notes
#173-74
12-7

Unable to get to sleep. Very hopeless about his future and feels that he will be depressed the rest of his life.

7-3

Up at 9:30. Played piano.

3-11

O in fairly good mood. More restless in evening and agitated after making a phone call.

11-12

Often ignores rule re smoking and using staff bathroom.

8/20/79
Service C Mtg
Notes #80

Condition: Still agitated but has stopped the pacing. Dwells on issues of loss. Seems to have improved very much during the two weeks of his hospitalization.

Assets: Has become more motivated to participate in aspects of hospitalization.

Treatment plan: O is working in O.T. from 10-10:30. Possible he will be evaluated for Service C Group.

Medications: Thorazine 100 hs. Elavil 150.

Recommendations: Take off day special. Limit late use of telephone. Place on level 3.

8/20/79
Dr's orders
#112

Discontinue 7-37 special. Privilege level 3.

8/20/79
Nurse check list
#129

Daily activity.

8/20/79
Med Sheet
#144

Elavil. Thorazine. (Dosage & times given.).

8/20/79
Nurse notes
#174

Awake at 9:00. Appeared cheerful and interested in his schedule for the day.

3-11

Mood seems fair although he appears quite restless. Did go to main house to play piano late in evening.

8/20/79
Nurse notes
#174
11-12

Seems relaxed and really enjoying TV tonight.

8/21/79
Dr's orders
#112

2 cc's of gamma globulin. May go off grounds for five hours either 8/23 or 8/24 during day. Escort to be night guard.

8/21/79
Nurse check
list #129

Daily activity.

8/21/79
Med Sheet
#144

Elavil. Thorazine. (Dosage & times given).

8/21/79
Nurse notes
#174-75
12-7

Watched late movie on TV. Frequently snacking and asked about schedule.

7-3

Verbalized feelings of his depression and goals for the future. Appeared much more at ease and relaxed. Good eye contact. Socialized better.

3-11

Continues to be verbal and socializing much more with other patients.

11-12

Relaxing in TV room. Awake until after 2:00 am.

8/22/79
Dr's orders
#112-13

Do not give extra 50 mg thorazine. (discourage). Service C level III. Parents may visit but no other visitors. Encourage daily showers and change of clothes. May have five hour day pass 8/23 or 8/24 if condition stable.

8/22/79
Nurse check
list #129

Daily activity.

8/22/79
Med Sheet
#144

Elavil. Thorazine (Dosage & times given).

8/22/79
Nurse notes
#175
7-3

Went to group therapy but left early. Unable to tolerate discussions. Restless but not pacing.

3-11

Restless this evening. Seems more agitated than recent past.

11-12

Watched TV until 11:30 then retired to room.

8/23/79
Dr's orders
#113

Pass may be used either today or tomorrow to go to New Canaan by taxi with escort.

8/23/79
Nurse check
list #129

Daily activity.

8/23/79
Med Sheet
#144

Elavil. Thorazine. (Dosage & times given)

8/23/79
Nurse notes
#175-76
12-7

Came back downstairs. "Not sleepy." Had two dishes of ice cream and was reading in living room. Called to nurse at desk and asked nurse to come in and talk to him. Talked at length about being afflicted with the disease of depression. Appears to be improving.

7-3

Out of unit most of morning on schedule.

3-11

Left for New Canaan at 2:45. Returned with escort after obtaining money orders, had a shave and bought some clothes. Seems rather restless and is out walking with a female patient.

11-12

Sitting out on front of lawn talking with another patient.

8/24/79
Progress note
#67

O has begun Service C activities this week. Continued on same medication. Had some hip discomfort which he attributed to arthritis secondary to his pacing. He had a day pass with an escort but his judgment was not always good.

8/24/79
Dr's orders
#113

May keep \$20 in cash, remainder should be deposited in business office. No off-grounds privileges over weekend. Dr on call should not be called for such privileges.

8/24/79
Nurse check
list #129

Daily activity.

8/24/79
Med Sheet
#144

Elavil. Thorazine. (Dosage & times given).

8/24/79
Nurse notes
#176
12-7

Talked in his room to another patient. At 1:00 am O was told it was time to get some sleep. However, the relationship seems to be good for both (patients). O is more relaxed and appears more comfortable.

7-3

Spending considerable time with another female patient on the unit.

8/24/79
Nurse notes
#176
3-11

Socializing with another patient this afternoon. Constantly snacking. Mood appears withdrawn.

11-12

Talking with female patient and watching TV.

8/25/79
Nurse check
list #129

Daily activity.

8/25/79
Med Sheet
#144

Elavil. Thorazine (Dosage & times given).

8/25/79
Nurse notes
#177
12-7

Walking and eating. Encouraged to go to bed but would get up again. Asked repeatedly if staff noticed any improvement and he seemed pleased when he was given assurance.

7-3

O slept late. Explained to him no off-ground privileges this weekend and he accepted that in sullen manner. Spent most of afternoon discussing depression with another patient.

3-11

Appears to be less restless. Seems to enjoy spending time with another patient.

11-12

Watching TV and eating.

8/26/79
Nurse check
list #130

Daily activity.

8/26/79
Med Sheet
#145

Elavil. Thorazine. (Dosage & times given).

8/26/79
Nurse notes
#177
12-7

Talking with staff from 12-4 about his hopelessness and his bleak future. Resented any assurance. Became increasingly agitated and, when he requested (extra) thorazine, it was given.

7-3

Slept until 11:15. Ate and then sat in living room in his night clothes. Staff requested that he dress in a more appropriate manner. Some interaction with female patient. Less restless attitude. Can be rude and has underlying hostility.

3-11

Continues to be restless. Much time spent with female patient.

11-12

Restless and eating almost constantly.

8/27/79
Service C Mtg
Notes
#81

Condition: O was physically agitated over this past weekend. Less acutely agitated over-all. Somewhat still psychotic.

Interpersonal Rel: Needs to deal at some point with aspects of his former marital relationship and family.

Treatment Plan: Encourage participation in R.T.

Medication: Thorazine 100 hs/50 prn. Elavil 150.

8/27/79
Nurse check
list #130

Daily activity.

8/27/79
Med Sheet
#145

Thorazine. Elavil (Dosage & times given).

8/27/79
Nurse notes
#177-78
12-7

Became extremely agitated. Pacing increased. Became rude and hostile. Thorazine 50 mg (extra) given)

7-3

Did not appear agitated.

3-11

Mood seems quiet.

11-12

Very quiet. Watching TV.

8/28/79
Med Sheet
#145

Thorazine. Elavil (Dosage & times given).

8/28/79
Nurse notes
12-7

No agitation or pacing. Engrossed in reading literature on treatment of depression and talked at length about his plans to initiate legal proceedings against CL for having withheld medication from his treatment there.

7-3

Phoned his mother and she hung up. O is angry, outside pacing. Then sat and talked with female patient in front yard. No staff contact except to state at one point "Im sueing previous hospital for withholding medication - They destroyed me."

3-11

Quiet. No pacing or agitation.

11-12

Chatting with another patient in living room. Watching TV and seems in quiet mood.

8/29/79
Dr's orders
#113

Thorazine. Elavil. No visitors except with parents.
Limit phone calls to 5/10 minutes if necessary.

8/29/79
Med Sheet
#145

Thorazine. Elavil (Dosage & times given)

8/29/79
Nurse check
list #130

Daily activity.

8/29/79
Nurse notes
#178-79
12-7

More agitated. Pacing the floor. Given thorazine at
2 am.

7-3

Showered, ate breakfast. Seems to respond to a positive
approach - "Tell me what to do, I'll do whatever I'm
supposed to."

3-11

Appears agitated. Pacing. Played piano. Staff continues
to attempt to structure him.

10:15

O became very angry. Appears on the verge of losing
control.

11-12

Reading in living room. Appears agitated, restless.

8/30/79
Dr's orders
#114

Elavil. Thorazine.

8/30/79
Nurse check
list #130

Daily activity.

8/30/79
Med Sheet
#145

Elavil. Thorazine (Dosage & times given).

8/30/79
Nurse notes
#179-80
12-7

O sitting at nurses desk and talking with staff about
marching bands, Appears to have a thorough knowledge of
the subject. Extremely agitated from 11 until he re-
tired at 1:30. Appears to be having great difficulty
holding himself together. O appears worse since last
week.

7-3

Quiet afternoon. Appears to be discussing the depths of
depression with other patients.

3-11

O demanded number of business office then rudely grabbed
phone from nurse's hand. Angry outburst, shouting.

8/30/79
Nurse notes
#180
11-12

O wants to move to main house.

8/31/79
Progress notes
#68

Continued in Service C activities. Showed increased agitation, irritability and provocative behavior at night. Thorazine increased. Night time specials ordered per nurse's discretion.

8/31/79
Dr's orders
#114

Thorazine increased. Specials at nurse's discretion. No off-grounds privileges over weekend.

8/31/79
Nurse check
list #130

Daily activity.

8/31/79
Med Sheet
#145

Thorazine. Elavil (Dosage & times given)

8/31/79
Nurse notes
#180-82
12-7

Had his medication at 12:30. As O becomes more agitated, he eats everything he can find. Came back down from room at 2:50 pacing, ranting, yelling at staff, slapping his face again and again. O asked for more thorazine at 3:15 and went to his room. Back out of room again at 3:35 pacing, eating, (illeg).

7-3

Agitation evident when O returned from group therapy. Given 100 mg thorazine. After medication takes effect, nurse will talk to O about his therapy.

3-11

New medications were discussed with O by staff. Some pacing and restlessness.

11-12

Seems quite agitated tonight. Seems to be trying for control, but not able to achieve it at this time.

9/1/79
Nurse check
list #130

Daily activity.

9/1/79
Med Sheet
#145

Thorazine. Elavil. (Dosage & times given).

9/1/79
Nurse notes
#182-83
12-7

Slept on top of (covers) all night snoring frequently.

9/1/79
Nurse notes
#182-83
7-3

Worked on O.T. project briefly. Soon become restless and agitated and agreed to take medication at 10:00. Requested the stethoscope saying he wanted to listen to his heart. He was asked to use it in the nurse's office or in his room. He then asked for the blood pressure cuff. When nurse told him she would take his blood pressure, he became very angry and abusive. His behavior is impulsive and frequently inappropriate.

3-11

Fairly good afternoon and evening. Spent time with female patient. Some pacing but not eating.

11-12

Spent some time with female patient. Agitated and angry.

9/2/79
Nurse check
list #131

Daily activity.

9/2/79
Med Sheet
#146

Thorazine. Elavil. Di Gell (Dosage & times given).

9/2/79
Nurse notes
#183
12-7

Continued anger and frustration with his position.

7-3

Appears restless. Continues to be impulsive. Many demands.

3-11

Appropriate behavior. Spending time with female patient. Taking medication without objecting.

11-12

Became increasingly agitated. Paced in front of B.H. accompanied by special.

9/3/79
R.T. Notes
#99

O attends R.T. physically and socially occasionally for short periods of time. Works out in exercise gym and plays the piano. Unable to spend any length of time with a given activity. Frustration tolerance and attention span appear low. Socializes with other patients more freely now. Seems somewhat hostile.

9/3/79
Nurse check
list #131

Daily activity.

9/3/79
Med Sheet
#146

Thorazine. Elavil. Di Gell (Dosage & times given).

9/3/79
Nurse notes
#183-84
12-7

O frightened about his future living arrangements. Unable to remain in bed for more than a few minutes. States that sleep has never come easy to him. Calmer after 2:30.

7-3

Continues to be restless. Seems less agitated. Continues to verbalize feelings of his depression.

3-11

O is in better control this evening. Restless at times. Spending time with female patient.

11-12

O outside talking with female patient. Paced short while in front of B.H. Restless and verbalized some anxiety.

9/4/79
P.T. Notes
#97

O has been attending O.T. clinic regularly for the past three weeks. He is presently engaged in woodworking activity where he requires maximum supervision because of his impulsivity and poor judgment which is reflected in the quality of his work. He tends to be impatient and does not respond well to instructions or suggestions. His work is careless and messy. He is talkative, occasionally tangential and humorous. Underlying tones of sarcasm, and at times he is sexually suggestive. Difficulty responding to limits and boundaries.

9/4/79
Dr's orders
#114

Di Gell 4 h prn.

9/4/79
Nurse check
list #131

Daily activity.

9/4/79
Med Sheet
#146

Thorazine. Elavil. Di Gell (Dosage & times given).

9/4/79
Nurse notes
#184
12-7

Paced in front of B.H. bldg, then paced inside. Snxieties less pronounced than some previous occasions.

7-3

O states that he feels like a normal person in the mornings and that depression has ruined his life. Personal appearance is better today and he seems more calm than yesterday.

3-11

Seems in better contro. Behavior more appropriate. Interaction with staff was pleasant and polite with no outbursts. No pacing noted.

11-12

Sitting outside with special. Seems improved since last friday.

| | |
|--|---|
| 9/5/79 Dr's orders #114 | Medication. Encourage daily showers and change clothes. Visits limited to parents. No phone calls after 10:00 pm. |
| 9/5/79 Nurse check list #131 | Daily activity. |
| 9/5/79 Med Sheet #146 | Thorazine. Elavil. Di Gell (Dosage & times given). |
| 9/5/79 Nurse notes #184-85 12-7 | O becomes more agitated as the time to go to bed approaches. He begins eating and pacing. Given prn thorazine. |
| 7-3 | Seems in better control today and seems to respond to limits. |
| 3-11 | Visit from stepfather today. O spending time with female patient. Mood quiet. |
| 11-12 | Walking with female patient in front of B.H. O has been spoken to re his weight gain, He cooperated by eating and drinking less. |
| 9/6/79 #91 | Lab report |
| 9/6/79 Nurse check list #131 | Daily activity. |
| 9/6/79 Med sheet #146 | Thorazine. Elavil. Di Gell (Dosages & times given). |
| 9/6/79 Nurse notes #185-86 12-7 | O talks some about his condition but no mention of his former wife tonight, perhaps because female patient is in hot pursuit of him. O tries to ignore special and demands his "space." |
| 7-3 | Much more calm today. Personal appearance much neater. |
| 3-11 | Seems in better control. Read letters to staff that he is thinking of sending to his mother-in-law. In constant company of female patient. |
| 11-12 | Went for walk with other patient and special. |

9/7/79
Dr's orders
#115

Thorazine.

9/7/79
Nurse check
list #131

Daily activity.

9/7/79
Med sheet
#146

Thorazine. Elavil. Di Gell (Dosages & times given)

9/7/79
Nurse notes
#186
7-3

Good control. Responds well to sense of humor. Seems quite supportive to another female patient in the unit. Appears more relaxed and ruminating much less today.

12-7

O in room with female patient for a while. She went in bed with him and was told by special that was not allowed. She appeared upset and left room and then returned. O told her to leave, that he wanted to get some sleep.

3-11

Appears to be in good control.

11-12

Had hot chocolate in his room with female patient.

9/8/79
Nurse check
list #131

Daily activity.

9/8/79
Med Sheet
#146

Thorazine. Elavil. Di Gell (Dosages & times given).

9/8/79
Nurse notes
#186-87
12-7

Appeared restless. Paced room for a while. Fair night.

7-3

Spending much time with female patient on unit seemingly in a supportive role. Interacting with staff in a humorous but appropriate manner. Seems more relaxed in generally in better control. Left unit around 11:00 am with female patient.

3-11

Pleasant with a sense of humor. Questioning his medication in detail.. Speaks about his friendship with female patient as positive.

11-12

Refused at first to leave female patient at curfew hour, but became amenable and cooperative.

9/9/79
Nurse check
list #132
Daily activity.

9/9/79
Med Sheet
#147
Thorazine. Elavil. Di Gell. Orthoxical. Baking soda.
Cumetidiue. Bathanedel. (Doasges & times given.)

9/9/79
Nurse notes
#187-88
12-7
Appeared to be sleeping.

7-3
Appears to be angry and fiesty, questioning medication
and almost refused prn medication. His agitation increased
this shift when he received a phone call ffrom his mother
and stepfather. Strumming fingers on desk - " I'm not de-
pressed, I'm angry."

3-11
Sitting out on lawn with another patient part of the
afternoon. Showing some humor with the other patient and
making recordings for his book.

9 pm
Speaking with staff about his life and plans. Had an
angry outburst and went to his room to calm down. Female
patient in his room with door open.

11-12
Quiet. Reading magazines and books.

9/10/79
Service C
Notes #82
Symptoms: Agitated and aggressive behavior.
Interpersonal Rel: Symbiotic relationship with another
patient.
Assets: Intelligence and wit.
Addit history: Emeshed relationship with mother.
Goals: More regular participation in Service C program
other than group therapy. Help him begin to structure his
life in a way that will help him contain his rage.
Med: Thorazine. Elavil.

9/10/79
Drs orders
#115
Orthical. Baking soda for gastric distress.

9/10/79
Nurse check
list #132
Daily activity.

9/10/79
Med Sheet
#147
Thorazine. Elavil. Di Gell. Orthoxical. Baking soda.
Cumetidiue. Bothanediel. (Dosages & times given).

9/10/79
Nurse notes
#188
12-7
Appeared to be sleeping.

7-3
Mood and behavior seemed in better balance. Spend time
socializing with staff about past life and medical school-
recalling only pleasant memories. Did some running and
continues to spend time with female patient.

9/10/79
Nurse notes
#188
3-11

Mood seems more pleasant. More relaxed. Behavior appropriate.

11-12

Appeared to be angry because he wanted to remain in living room with female patient after 11:00 pm.

9/11/79
Progress notes
#69

Appeared to be in better control during the day but showed increased agitation this week at night. Stated he becomes more preoccupied with his losses from early evening on. Belligerent with staff and seemingly out of control at times. Medication changed to thorazine 200 mgs at 5:00 pm and 400 mg at hs. Continued on Elavil 150 mgs. Night time specials ordered per nurse's discretion. More involved in group therapy where he showed more interaction with other patients. He began to express his frustration and anger by writing a book about his experience. Much of his hostility and anger has been focused on the staff at CL. His mother spoke to Dr Stubblefield about a consultation at Yale which would be supported by SH. Participation in OT and RT is limited by his low frustration tolerance and decreased concentration. Has interacted with some of the other patients, particularly female patients. He has felt good that his sexual feelings have been reawakened.

9/11/79
Nurse check
list #132

Daily activity.

9/11/79
Med Sheet
#147

Thorazine. Elavil. Di Gell. Orthoxical. Baking soda. Cumetidiue. Bathanedel. (Dosages & times given.)

9/11/79
Nurse notes
#188-89
12-7
7-3

Appeared to be sleeping. At 6:00 am female patient attempted to open his door but was prevented.

Seemed in good control today. Pleasant with staff. Out of unit much of shift with female patient but behavior appropriate.

3-11

Talking in room with another patient.

11-12

Reading newspaper and socializing with female patient.

9/12/79
Dr's orders
#115

Medication. Encourage hygiene. Visits limited to parents. May move to MH when room available.

9/12/79
Nurse check list
#132

Daily activity.

9/12/79
Med sheet
#147

Thorazine. Elavil. Di Gell. Orthoxical. Baking soda. Cumetidiue. Bathanedel. (Dosages & times given).

9/12/79

Nurse notes

#189

12-7

Appeared sleeping from 12-2:45. Awoke at that time and stated he has been sleeping better.

7-3

Called for staff member from 2nd floor. Found sitting in chair and stated he was dizzy and almost fainted. Feels sure episode was due to thorazine.

3-11

Mood quiet. Little staff contact. Talking with female patient

11-12

Pacing more tonight. Given thorazine prn.

9/13/79

Dr's orders

#116

May go on Service C outing.

9/13/79

Nurse check

list #132

Daily activity.

9/13/79

Med Sheet

#147

Thorazine. Elavil. Di Gell. Orthoxical. Baking soda. Cumetidiue. Bathanedel. (Dosages & times given).

9/13/79

Nurse notes

#189-90

12-7

Appeared to sleep for one hour, then got up and paced around room. Appeared extremely restless. Dressed himself, put on tie, and asked special if he looked like a doctor.

7-3

Up early and jogging very little. Good control and showing sense of humor. No contact at present with staff.

3-11

Mood seems fairly good. Had to be reminded several times that guests are not allowed past the 1st floor.

11-12

O and special went walking.

9/14/79

Progress note

#70

O appeared in better control this week. Capable of a greater range of affect expression. Discussed transferring to Main House this week. Continued on previous psychotropic medication. Appeared to focus much of his anger on his ex-wives and CL. His mixed feelings of omnipotence and helplessness emerged in recalling his father's illness and death and his own relationship with his sons.

9/14/79

Consultation

Record #88

Notes re O's GT symptoms.

9/14/79

Dr's orders

#116

Visitor's to include any family members. Permission to take cab into New Canaan.

9/14/79
Nurse check
list #132

Daily activity.

9/14/79
Med sheet
#147

Thorazine. Elavil. Di Gell. Orthoxical. Baking soda.
Cumetidiue. Bathanedel. (Dosages & times given).

9/14/79
Nurse notes
#190-91
12-7

O got out of bed, opened door and attempted to urinate in the hallway, but was directed to the bathroom. Appeared confused at this time.

7-3

O wished to stop in New Canaan to buy t-shirt and have glasses repaired. It was arranged for him to have a special so he could do errands. He reacted by yelling but calmed down and alternative plans were arranged. Went by cab to appointment. Very difficult to set limits for O.

3-11

Mood very changeable, returned from Dr appt. Got new glasses, had visitors for dinner and had group session with other patients. Interaction with other patients and staff. Disreagrds rule about having patient from other house in his room.

11-12

Restless. In and out of Main House, walking back and forth in front of bldg.

9/15/79
Nurse check
list #132

Daily activity.

9/15/79
Med sheet
#147

Thorazine. Elavil. Di Gell. Orthoxical. Baking soda.
Cumetidiue. Bathanedel (Dosages & times given).

9/15/79
Nurse notes
#191
12-7

Still restless. States his nights are the worst.

7-3

Up late. Mood pleasant. Visiting B.H. Left by mini-bus for New Canaan.

3-11

Did not return by mini-bus. Returned by cab and borrowed money from aide to pay cab.

11-12

Became progressively more restless. Paced the floor.

9/16/79
Dr's orders #117 May go with peer group to music festival in New Canaan.
Must return with the group.

9/16/79
Nurse check list #133 Daily activity.

9/16/79
Med sheet #148 Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given)

9/16/79
Nurse notes #191
12-7 Paced the floor and took a walk on grounds.

7-3 Expressing desire to go to music festival with group from
M.H. Permission obtained. Seems to be moving at a slower
pace today.

3-11 Stated that he enjoyed music festival. Attended birthday
party for patient at M.H. but was extremely restless.
Much pacing. Spends most of his time with female patient
from another house

9/17/79
Service C notes #83 Treatment plan: O to be seen by Dr Stubblefield in absence
of therapist. Continue in group therapy.

9/17/79
Nurse check list #133 Daily activity.

9/17/79
Med sheet #148 Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given).

9/17/79
Nurse notes #192
12-7 Appeared to be sleeping.

7-3 Complained of feeling faint when he returned from jogging.
Voiced opinion that medication was making him feel faint.
Much calmer today and displayed signs of rationale and
awareness of conditions and other patients around him.

3-11 Requesting a change of rooms. Wants room on the first floor
with a shower. Socializing with female patient.

11-12 Watching TV.

9/18/79
Nurse check list #133 Daily activity.

9/18/79
Med sheet Thorazine. Elavil. Di Gell. Cumetidiue. Baking soda.
#148 Bathanedel. M.O.M. (dosages & times given).

9/18/79
Hand note Missed 5:30 medication.

9/18/79
Nurse notes
#192 Appeared to be sleeping.
12-7

7-3 Seems to be making an effort to be friendlier with staff.
Took mini-bus to New Canaan. Seems to be improving re his
ability to set limits.

3-11 Socializing with female from another house. Walking on
grounds, playing piano. Mood seems fairly good. Affect seems
a bit more open.

11-12 Pacing around house and then in his room.

9/19/79
#93 Nutrition care plan.

9/19/79
Dr's orders Medications. Mini-bus privileges. Encourage daily showers
#117 and change of clothes.

9/19/79
Nurse check Daily activity.
list #133

9/19/79
Med sheet Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
#148 M.O.M. (Dosages & times given).

9/19/79
Nurse notes
#192-93 In bed reading.
12-7

7-3 Quiet, minimal interaction with staff. Keeps active, appar-
ently adhering to daily schedule.

3-11 Pleasant on approach.

11-12 Pacing hallway for one hour.

9/20/79
Dr's orders
#118

May go to the Stillman (diet?)

9/20/79
Nurse check
list #133

Daily activity.

9/20/79
Med sheet
#148

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given).

9/20/79
Nurse notes
#193
12-7

Snacking. Sleep.

7-3

Slept late. Late for group and medication. Keeps active.
Requested to speak to Dr Stubblefield.

3-11

Visiting with female patient. Walking on grounds together. O informed that he is not to have visitors on 2nd floor.

11-12

Angry. Very demanding.

9/21/79
Progress note
#71

O is alert, friendly, cooperative, and has an intact mental status. Dependency needs are quite strong and his insight into their intensity is quite limited. He has begun to try to establish treatment plan with Dr Board. He plans to resume his busy internal medicine practice fairly quickly, but was cautioned about his plans as his present wife is demanding a divorce settlement and the attitude of his medical partners is not known. O is recovering satisfactory and should be encouraged to pursue his post hospital plans for therapy and return to work in his professional field.

9/21/79
Dr's orders
#118

M.O.M. 30 cc hs prn.

9/21/79
Nurse check
list #133

Daily activity.

9/21/79
Med sheet
#148

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given).

9/21/79
Hand notes
#149

O refuses to come to W.O. for medication.

9/21/79
Nurse notes
#193-94
12-7

In and out of pantry snacking.

7-3

Late for Dr's appt./

3-11

Mood seems fairly good. Visiting with female patient this evening. Socializing some with staff members.

11-3

Became very demanding. Told nurse that he was a doctor and and did not like being told what he can or cannot have.

11-12

Playing piano. Watched TV.

9/22/79
Nurse check
list #133

Daily activity.

9/22/79
Med sheet
#148

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given).

9/22/79
Nurse notes
#194
12-7

Snacks./ Sleep.

7-3

Appeared in good good in am. Became upset later over his diet. Went shopping later on mini-bus.

3-11

Returned to M.H. from mini-bus trip before dinner. Socializes with other patient. Mood seems fairly good. Slight contact with staff.

9/23/79
Nurse check
list #134

Daily activity.

9/23/79
Med sheet
#150

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda.
M.O.M. (Dosages & times given).

9/23/79
Nurse notes
#194
12-7

Apparently slept.

7-3

Stated that he doesnt feel depressed anymore. Just sad. Appears restless. Did some jogging in the morning and is trying to get into shape.

3-11

Mood seems fair. Seems angry and upset several patients at the dinner table. Limited interaction with staff.

11-12

Returned from B.H. and retired.

9/24/79
Service C
notes #84

Symptoms: Eats food as if he has been deprived of it. Generally is more in control of his behavior.
Interpersonal Rel: Relationship with other patient makes it difficult to set limits.
Assets: His compassionate side can be appealed to in setting limits.
Goals: Set limits around food eating. Discharge planning up in air.

9/24/79
Dr's orders
#118

May go off grounds early am to 6 pm on Tuesday 9/25/79.

9/24/79
Nurse check
list #134

Daily activity.

9/24/79
Med sheet
#150

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/24/79
Nurse notes
#194-95
12-7

Went to bed without coming to W.O. for medicine. Was furious with nurse for awakening him for medicine.

7-3

Tense, but cooperative.

3-11

Mood quiet. Off grounds to New Canaan. Bought electric trains and has them set up in his room where he is playing with them.

11-12

Preparing for bed.

9/25/79
#72

Interim Diagnosis: Psychotic depressive reaction, agitated. 298.00.

9/25/79
Nurse check
list #134

Daily activity.

9/25/79
Med sheet
#150

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/25/79
Nurse notes
#195
12-7

Slept well.

7-3

Groomed and ready to leave at 6:45 am. Expected to meet with his secretary in N.Y.C. Seems somewhat on edge.

3-11

Plans to return tonight.

11-12

Resting in room.

9/26/79
Dr's orders
#118
9/26/79
Nurse check
list #134

Medications. Visiting. Pass tomorrow w/extra 100 mg thorazine.

9/26/79
Med sheet
#150

Thorazine. Elavil. Cumitue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/26/79
Nurse notes
#195
12-7

Apparently slept.

7-3

Quiet. Seems in fair mood. Minimal contact with staff. Stated he was losing about a pound a day.

3-11

Quiet, neater appearance, Playing with trains in room.

11-12

Sleeping.

9/27/79
Dr's orders
#119

Extend 9/26/79 pass thru 9/29 dinner time.

9/27/79
Nurse check
list #134

Daily activity.

9/27/79
Med sheet
#150

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/27/79
Nurse notes
12-7
#195

Slept well. Left 6:30 am by cab for day leave.

9/29/79
Progress notes
#73

Appears to be continuing on a good course. Continued on his previous medication of thorazine 600 mgs a day and elavil 150 mgs a day. O handled the day pass with a friend in New York well on Tuesday. He had a pass yesterday to go to D.C. to meet with his attorneys and telephoned and requested permission to stay until Saturday in order to complete business transactions as well as meet with Dr Board to discuss future arrangements. He appeared to be in adequate control and was told that he would be discharged from SH if he did not return by dinner time on Saturday.

9/29/79
Nurse check
list #134

Daily activity.

9/29/79
Med sheet
#150

Thorazine. Elavil. Cumetidiue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/29/79
Nurse notes
#195-96
7-3

Returned at 4:15 pm from pass. Pleasant to staff. Playing with trains in room.

11-12

In living room talking with peers, listening to piano] recital given by another patient. Appeared to enjoy listening.

9/30/79
Nurse check
list #135

Daily activity.

9/30/79
Med sheet
#151

Thorazine. Elavil, Cumetidiue. Bathanedel. Baking soda. M.O.M. (Dosages & times given).

9/30/79
Nurse notes
#196
12-7
7-3

Calm. Sleeping.

Slept until 10:30. Seems in good spirits. Talking about his hobby (model trains). Stated that his pass went alright but seems happy to get back to SH. Socializing with another patient.

3-11

Left 7:30 to attend religious meeting in Norwalk. Female patient accompanied him with permission. Returned at 10:45 pm and borrowed money from PSNA to pay cab fare.

11-12

Visited with staff until 12:30. Appeared concerned about his future plans.

10/1/79
Service C
Notes #85

Symptoms: Responds well to thorazine. Symptoms have lessened.

Assets: Has a warm, sensitive aspect to his disposition - especially towards his children.

Goals: Discharge at end of month.

10/1/79
Interim Note
#98

Attended O.T. clinic on regular basis this month. Completed two self-initiated projects for his son who is frequently the topic of his conversations. Behavior has improved considerably in this environment. More responsive to limits and confrontations and approaches tasks less impulsively. Majority of his work is now done independently as opposed to the maximum supervision he originally required. He is polite and pleasant on contact, but at times appears depressed and preoccupied.

10/1/79
Dr's orders
#119

May go off grounds until 8:00 pm tonight.

10/1/79
Nurse check
list #135

Daily activity.

10/1/79
Med sheet
#151

Thorazine. Elavil. Cumetidiue. Bathanedel.
M.O.M. (Dosages & times given).

10/1/79
Nurse notes
#196
7-3

Slept late. Mood seemed good. Very pleasant, well groomed, and seemingly relaxed. Left for temple at 11:00 am.

3-11

Returned from temple at 7:00 pm. Talks about his depression and that he feels punished for being depressed. Continues to be relaxed.

11-12

Watching TV. Then bed.

10/2/79
Nurse check list #135
Daily activity.

10/2/79
Med sheet
#151

Thorazine. Elavil. Cumetidiue. Bathanedel. M.O.M.
(Dosages & times given).

10/2/79
Nurse notes
#196-97
12-7

Awaken by nurse at 1:00 am for medication. Joking with nurse and slept until end of shift.

7-3

Requested to withdraw \$200 to purchase_____.

3-11

O confronted for leaving in a cab when he was supposed to be on pass with a group.

11-12

Preparing for bed. Playing with trains.

10/3/79
OT,PT
Notes #100

Attends social functions occassionally but does not participate in program physically. Attention span and frustration tolerance appear to be improved. O also appears less hostile and more sociable with other patients and staff.

10/3/79
Dr's orders
#119
10/3/79
Nurse check
list #135

Medications. Visiting. Mini-bus privileges.

Daily activity.

10/3/79
Med sheet
#151

Thorazine. Elavil. Cumetidiue. Bathanedel. M.O.M.
(Dosages & times given).

10/3/79
Nurse notes
#197
12-7

Appeared to be sleeping.

7-3

Late for group. Minimumal contact with staff.

11-12

Returned from B.H. Chatting with staff. Mood pleasant. Reading to staff letters and poem he had written to son and wife. Noticable eye blinking.

10/4/79
Nurse check
list #135

Daily activity.

10/4/79
Med sheet
#151

Thorazine. Elavil. Cumetidiue. Bathanedel. M.O.M.
(Dosages & times given).

10/4/79
Nurse notes
#197-98
12-7

Apparently slept.

7-3

O awakened several times on request. Shouting at _____(?)
Mood fair. Cooperation when staff is able to produce what he wants.

10/4/79
Nurse notes
#198
3-11

Spent most of the day with a patient from another house. Complained of feeling sick at 9:00. Took his medicine and went back to his room. Vomited and has diarrhea.

11-12 Returned to M.H. at 11:30 pm.

10/5/79
Progress Note
#74

Continued to be involved in Service C activities and in individual psychotherapy. Continued on previous psychotropic medication. Attended Yom Kippur services at local synagogue. More labile this week due to anniversary of his trip to Luxenburg to see his children. His tendency to stretch rules and seek special privileges brought to his attention. Considerable improvement in his mood, mental functioning, and interpersonal relationships. Discussed projected future discharge from SH at the end of this month. He had appointments with Dr Board while in D.C. re outpatient therapy. He is seeking to reestablish professional and social ties. Has written and called his children and is deeply hurt that his second wife will not permit him to speak with his sons. Acknowledges his anger that she never visited him while at CL.

10/5/79
Dr's orders
#120

Pass for Saturday for New Canaan or 1/2 day pass prn Saturday to return by 6:00 pm.

10/5/79
Nurse check
list #135

Daily activity.

10/5/79
Med sheet
#151

Thorazine. Elavil. Cumetidiue. Bathanedel. M.O.M.
(Dosages & times given).

10/5/79
Nurse notes
#198
12-7

Apparently slept.

7-3

No physical complaints today. Mood seems good. More relaxed.

3-11

On the phone most of shift. Seems relaxed and pleasant on approach.

11-12

Reading and writing letters to wife.

| | |
|---|---|
| 10/6/79 Nurse check list #135 | Daily activity. |
| 10/6/79 Med sheet #151 | Thorazine. Elavil. Cumetidiue. Bathanedel. M.O.M. (Dosages & times given). |
| 10/6/79 Nurse notes #198-99 12-7 | Apparently slept. |
| 7-3 | Mood seems fairly good. Talked about his life. Went to New Canaan on mini-bus. |
| 3-11 | Quiet. Stated that he felt "so-so." His lady friend was in his room for some time. |
| 11-12 | Asked aide to listen to some letters he wrote to his wife and son. |
| 10/7/79 Nurse check list #136 | Daily activity. |
| 10/7/79 Med sheet #152 | Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given). |
| 10/7/79 Nurse notes #199 12-7 | Appeared to sleep. |
| 7-3 | Appears restless. Somewhat agitated. Didnt spend as much time with his lady friend. |
| 3-11 | Spent most of the day visiting at B.H. Little contact but mostly pleasant on approach. |
| 11-12 | Read letters to his wife to nurse. |
| 10/8/79 Nurse check list #136 | Daily activity. |
| 10/8/79 Med sheet #152 | Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given). |
| 10/8/79 Nurse notes 199-200 12-7 | Appeared to be sleeping. In t-shirt and shorts. Goes to bed most of the time dressed. |
| 7-3 | More alert, energetic . Good mood. |

10/8/79
Nurse notes
#199-200
3-11 Visiting at B.H. for a while. Ate dinner and talked with
a patient from another house.

11-12 Watching TV until after 12:00.

10/9/79
Nurse check
list #136 Daily activity.

10/9/79
Med sheet
#152 Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times
given).

10/9/79
Nurse notes
#200
12-7 In bed with clothes on. Appeared to be sleeping.

7-3 Refused prn thorazine that he usually takes each am. States
that he feels "sluggish" today.

3-11 Mood seems fair. Socializing with other patient from B.H.
Keeps occupied.

11-12 Mood appears fair. Retired to room at 11:45 pm.

10/10/79
Dr's orders
#120 Medications. Visiting. Personal hygiene. Mini-bus privileges

10/10/79
Nurse check
list #136 Daily activity.

10/10/79
Med sheet
#152 Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times
given).

10/10/79
Nurse notes
#200
12-7 Apparently slept.

7-3 Minimumal contact with staff. Rushes in for medication and
then rushes out again.

3-11 States he feels dizzy on arising with (tingling?) sensation
in lower_____ and fingers. Medications to be held tonight.
Complained of being uncontrollably hungry. Concerned that his
medication levels might drop and he would become depressed
again.

11-12 Watched TV for awhile. Made a phone call and seemed quite
anxious, Stated that he had spoke to his wife and son.

10/10/79
Dr's orders
#121

Hold all medications until further evaluation of blood pressure.

10/11/79
Dr's orders
#121

No thorazine during day unless asked for by O.

10/11/79
Med sheet
#152

Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given).

10/11/79
Nurse notes
#200-201
12-7

Retired 1:00 am. Apparently slept thereafter.

7-3

Keeps active. Minimal contact with staff. Mood seems fair.

3-11

(illeg.)

11-12

In N.O. at 11:00 and 11:30 for cigarette.

10/12/79
Progress notes
#75

Continued to be involved in Service C activities. Medications continued as before except for thorazine which was changed to only the h.s. dose. General mood has improved. He will occasionally act impulsively such as his bike trip to New Canaan today and his purchase of trains. He left SH on a borrowed bicycle without permission from staff. Close friend had emergency surgery in Virginia. O has felt a great need to support her emotionally because of the help she has given him. He was given a pass for the weekend to return on Monday. Discharge planning for the end of this month has begun.

10/12/79
Dr's orders
#121

Pass Saturday am until Monday pm and medications.

10/12/79
Nurse check
list #136

Daily activity.

10/12/79
Med sheet
#152

Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given).

10/12/79
Nurse notes
#201
12-7

Sleeping under covers.

7-3

Seems cooperative. Received large amount of money and assured staff he would take it to business office for safe keeping.

3-11

Mood appears quite good. Plans on going to D.C. tomorrow. Verbalizing anger about his previous hospitalization. Socializing with staff and other patients and seems more hopeful about his own situation.

11-12

Visiting in room with female patient from another unit. Then left to escort patient back to unit.

10/13/79
Nurse check
list #136

Daily activity.

10/13/79
Med sheet
#152

Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given).

10/13/79
Nurse notes
#201
12-7

Remained awake until 2 am. Talked about his trip to D.C. in the am. Somewhat anxious about his future plans. Appeared to have slept on further rounds.

7-3

Left on weekend pass at 8 am. Mood seems pleasant.

10/15/79
Service C
Notes #86

Symptoms: Impulsive and poor judgment.

Interpersonal Rel: Outside stress with wife bringing out rage.

Goals: Leave at end of month. Confront with behavior on hospital grounds.

Medication: Reduced thorazine.

Recommendations: Careful evaluation for release at end of month.

10/15/79
Nurse check
list #137

Daily activity.

10/15/79
Med sheet.
#152

Thorazine. Elavil. Cumetidiue. Bathanedel. (Dosages & times given).

10/15/79

Nurse notes
#201-202
3-11

O called at 8 pm.

Mood appears good. States "all is fine." Has some business to take care of and will return around 3 pm tomorrow.

10/16/79

Dr's orders
#121

Level II escort until doctor's re-evaluation tomorrow. Restrict to Main House activity.

10/16/79

Nurse check
list #137

Daily activity.

10/16/79

#154
Med sheet

Thorazine. Elavil. Bathanedel. Cumetidiue. (Dosages & times given).

10/16/79

Nurse notes
#202

Notified by SH secretary that O had called at 4 pm and requested to speak to his doctor who was not available. O stated he would be returning late tonight or tomorrow am.

10/17/79

Dr's orders
#122

Medications. Visiting. Level 2 escort until doctor's re-evaluation. Restricted to M.H. necessity.

10/17/79

Nurse check
list #137

Daily activity.

10/17/79

Med sheet
#154

Thorazine. Elavil. Bathanedel. Cumetidiue. (Dosages & times given).

10/17/79

Nurse notes
#202
3-11

O found ? himself. Stated he had been on grounds since 3 pm. Explained to O that his privilege level had been reduced and he was on escort level until he saw his therapist tomorrow. Seemed upset but seemed to accept the idea later and talked about leaving soon.

10/18/79

Nurse check
list #137

Daily activity.

10/18/79

Med sheet
#154

Thorazine. Elavil. Bathanedel. Cumetidiue. (Dosages & times given).

10/18/79
Nurse notes
#202
12-7

Apparently slept.

7-3

Mood quiet. Giving orders to nurse, thinking that nurse was new. Female patient from B.H. in his room playing with trains

3-11

Socializing and walking with B.H. patient. Mood seems quiet.

11-12

Resting on bed fully clothed. Went jogging at 11:30 pm.

10/19/79
Progress note
#75

O returned to SH Wednesday night after a few delays. Put on level two until evaluation of clinical state and then returned to previous level. During his pass, he attended to hospitalized friend, saw his son, and made arrangements for continuation of therapy with Dr Board. Apparent that he is trying to master the upcoming separation from the hospital by taking charge and setting some of his own rules. He has been given another pass for this weekend. If he does not return at the appropriate time, we have to question the continued usefulness of hospitalization and an earlier discharge may be appropriate. O finally agreed to have an orthopedic consultation here because of hip pain.

10/19/79
Dr's orders
#122

Pass from tonight until Sunday night. If O does not come back by Sunday night, he is to be discharged.

10/19/79
Nurse check
list #137

Daily activity.

10/19/79
Med sheet
#154

Thorazine. Elavil. Bathanedel. Cimetidine. (Dosages & times given).

10/19/79
Nurse notes
#202
12-7

Retired at 12:15 pm. Apparently slept.

7-3

Mood appears fairly good and rather relaxed. Prepared to go on weekend pass and is to return by 11:00 pm Sunday.

3-11

Pleasant. Left on weekend pass at 4:30 pm by taxi.

10/21/79
Nurse check
list #138

Daily activity.

10/21/79
Med sheet
#155

Thorazine. Elavil. Bathanedel. Cimetidine. (Dosages & times given).

10/21/79
Nurse notes
#203
3-11

O called at 9:25 pm saying he was at the airport in N.Y. and was waiting to catch a flight to Conn.

11-12

O returned at 11:00 pm. Mood pleasant.

10/22/79
Service C
Notes #87

Symptoms: Throes of seperation, regressing under stress of seperation.

Goals: Planning for leaving hospital and going back to his old lifestyle, reinforce practical life goals, focus on feelings of leaving.

Medication: Decreased thorazine.

Recommendations: Going at end of October.

10/22/79
Nurse check
list #138

Daily activity.

10/22/79
Med sheet
#155

Thorazine. Elavil. Bathanedel. Cimetidene. (Dosages & times given).

10/22/79
Nurse notes
#203
12-7

Appears good. Mood excellent. Paces a bit at night and thing look big and overwhelming. Seems to need to talk it over. Having second thought about living with his former secretary.

7-3

O called several times in am but did not get out of bed until 10:15. No contact with staff.

3-11

Asked for prn(thorazine), Appeared anxious. Visiting with female patient. Little staff contact.

11-12

Sleeping on top of bed fully clothed.

10/23/79
Dr's orders
#123

(Fleet enema??) tonight.

10/23/79
Nurse notes
#138

Daily activity.

10/23/79
Med sheet
#155

Thorazine. Elavil. Cimetidene. Bathanedel. (Dosages & times given).

10/23/79
Nurse notes
#203
12-7

Appears to be asleep.

7-3 Talking with staff. Mood appears quiet.

3-11 Visiting with female patient in another house. Little staff contact.

11-12 Watching TV with peers. Retired 12:00.

10/24/79
Dr's orders #123 Medications. Visiting. Level IIII.

10/24/79
Nurse check list #138 Daily activity.

10/24/79
Med sheet #155 Thorazine. Elavil. C-metidine. Bathanedel. (Dosages & times given).

10/24/79
Nurse notes # 203
12-7 Appeared to be asleep on rounds.

7-3 Up early. Attended group and then off grounds. Waiting for O's return.

3-11 Visiting female patient at B.H. Mood seems preoccupied. Little staff contact.

11-12 Walked female patient to B.H. and returned promptly.

10/25/79
Nurse check list #138 Daily activity.

10/25/79
Med sheet #155 Thorazine. Elavil. Cimetidine. Bathanedel. (Dosages & times given).

10/25/79
Nurse notes
#203-204
12-7

Apparently slept.

7-3 O called approximately 5 times before he got up for a 9:00 Doctor's appt. Moods seems fair. Keeping active. Neatly attired today. Left 1:00 pm for weekend pass.

10/26/79
Progress note
#77

Continued in active involvement in Service C activities and group therapy. Discharge date for October 31st was set by O. Much of the focus of his individual psychotherapy has been on his feelings on separation from the hospital. O feels he has come a long way since his initial entry into the hospital but expresses reasonable fears about adaptation to life in Virginia. Discharge plans include resuming therapy with Dr Board, continuing on current medication of Elavil and Thorazine, securing a housekeeper, and gradually becoming involved in his professional work. Appeared to handle weekend passes well and used them to prepare for discharge. Repeatedly expressed longings to see his children, but this has been frustrated by ex-wife. With impending separation from the hospital, he has experienced some increased anxiety in evenings, but appears able to titrate his medication to overcome that. His relationship with people has improved considerably and he is capable of a much wider range of expression of emotions. Had orthopedic consultation for hip pain which was diagnosed as bursitis. A letter recommending O's guardianship to end will be sent next week.

10/26/79
Nurse check
list #138

Daily activity.

10/26/79
Med sheet
#155

Thorazine. Elavil. Cimetidine. Bathanedel. (Dosages & times given).

10/27/79
Nurse check
list #138

Daily activity.

10/27/79
Med sheet
#155

(same)

10/27/79
Nurse notes
#204
3-11
11-12

O returned at ____pm. Mood seems good.

Talking to staff members. Appears anxious.

10/28/79
Nurse check
list #139

Daily activity.

10/28/79
Med sheet
#156

Thorazine. Elavil. Cimetidine. Bathanedel. (Dosages & times given).

10/28/79
Nurse notes
#204-205
12-7

Apparently slept.

10/28/79
Nurse notes
#204
7-3
3-11

Up early. Mood quiet at present. Preoccupied.

Socialized with another female patient conversing about weekend pass. Pleasant to staff.

11-12

Sleeping soundly.

10/29/79
Nurse check
list #139

Daily activity.

10/29/79
Med sheet
#156

Thorazine. Elavil. Cimetidine. Bathanedel. (Dosages & times given).

10/29/79
Nurse notes
#204
12-7

Apparently slept.

7-3

Up early. Mood seems good. Keeps active. Female patient from another house visiting.

3-11

Mood seems good. Keeping busy. Mostly to himself.

11-12

Sleeping.

10/30/79
Nurse check
list #139

Daily activity.

10/30/79
Med sheet
#156

Thorazine. Elavil. Cimetidine. Bathanedel. (Dosages & times given).

10/30/79
Nurse notes
#204-205
7-3

Apparently O had difficulty controlling his emotions in group this am. Stormed out slam-banging things around. Went back shortly later and apologized to group. Seems to be having difficult time today.

3-11

Appears a bit uncertain today. Very appreciative to staff for small efforts made to him. Playing the piano. Appeared preoccupied, wound-up.

11-12

Visiting B.H. Returned at 12:00.

10/31/79
Dr's orders
#124

Medications. Discharge tomorrow with medication. if O needs them. ("Need" apparently refers to O's ability to perscribe own medications, rather than physical need.)

10/31/79
Nurse check
list #139

Daily activity.

10/31/79
Nurse notes
#205
12-7

In N/O requesting medication.

7-3

No group. Missed breakfast. Off grounds for one hour.

3-11

Appears preoccupied. Very quiet. Went to R.T. to the Halloween party and later to B.H. to socialize.

11-12

Preparing for bed.

11/1/79
Clinical Record
#49

Final Diagnosis: 1) Manic depressive illness, depressed 296.20 2) probable hiatal hernia 551.30
Improved.

11/1/79
Discharge Note
#50 -53

Condition at time of discharge: No longer seems in need of in-patient psychiatric treatment and had benefited from his hospitalization.

Prognosis: Good

Reason for admission: Transferred from CL after a six month hospitalization in which he felt he had not made adequate progress. O had been on a closed unit at CL and was seen four times a week in individual psychoanalytically oriented psychotherapy. According to records of CL, he was seen in out-patient therapy, including a trial of antidepressants from Feb 1977 until Dec of 1978. In January he began inpatient therapy at CL, where his general state seemed to deteriorate. While there he often reacted to structure and nursing care with angry outbursts towards the staff and continued to ruminate about his plight.

Course in hospital: At the time of his admission (to SH), O was an agitated, disheveled looking man who was accompanied by his parent and two strong male aides who indicated that the therapist might need protection from O. O felt relieved to be transferred from CL where he felt confined and mistreated. He was begun on Elavil and Thorazine. As his mood improved, there was little of the pacing that had thus far characterized his hospitalization. He became more interactive with staff and patients for limited periods of time. For the first few weeks, he was on Elavil 150 mgs and Thorazine 150 mgs. Three weeks after his hospitalization at SH was begun, O began Service C group activities and group therapy. Thorazine was increased to 600 mgs per day and Elavil 150 mgs per day. He became more involved in group therapy where he showed more interaction with other patients

11/1/79
Discharge Note
(cont)

In the middle of September, O appeared in better control and was capable of a greater range of affect expression. He was transferred from the acute care house to Main house. At the end of September and in October he had several passes to N.Y. and D.C. He continued taking his medication and appeared to be in adequate control. Overall, there was considerable improvement in his mood, his mental functioning and in his interpersonal relationships. Around this time discharge planning was begun. As discharge plans continued, O's mood was much improved and he was more goal directed. O felt that he had come quite a long way since his initial entry to SH.

Disposition: O planned to return to his home in Virginia and made arrangements to obtain a housekeeper. He made arrangements to resume outpatient psychiatric treatment with Dr Board. O planned to remain on Thorazine and Elavil at time of discharge. This medication to be re-evaluated by Dr Board and discontinued when appropriate.

11/1/79
Discharge
Planning
#63

O did not require nor did Service recommend discharge planning.

11/1/79
Discharge
Summary
#98

O actively participated in O.T. clinic throughout this hospitalization. Initially, he required maximum supervision because of his impulsivity and poor judgment. His work skills and behavior improved considerably in this environment.

11/1/79
Nurse Discharge
Summary #125

O has improved. More in touch with his feelings and planning and working out his future life. He began to reach out and help others.

11/1/79
Nurse notes
#205

Up at 8:15 after being called 4 times. Mood pleasant. Came into N.O. to say good bye. Discharged at 1:30 pm.

11/8/79
Social Service
Family Therapy
#76

Mr and Mrs Bader were seen by a social worker twice during O's hospitalization. Focus of both meetings was to help Mrs Bader gain some distance from O as she is over involved. Final meeting dealt with helping her accept the fact that her son is disabled emotionally and to help her lower her expectations which he experiences as a great pressure. O was present and was helpful in aiding this process.