

INITIAL TREATMENT PLAN

PATIENT: Osheroff, Dr. Raphael

UNIT: M.2

DATE: 1/2/79

I. UNIT (MEDICAL)

(TEAM MEMBER

C.W. Dingman M.D.  
Clinical Administrator )

C.W. Dingman, M.D.

A. LIVING SITUATION

1. RISK & PRECAUTIONS -

Possible Suicide.

2. ROOM, FURNISHINGS & PERSONAL POSSESSIONS -

3. RESTRICTIONS - 24-hr. routine specials *then staff constant and*  
for ~~plus 15 min.~~ checks  
+ staff escort.

4. DIETARY - Regular.

B. PSYCHOTHERAPY

(TEAM MEMBER -

To be assigned.

C. MEDICATIONS

1. PSYCHIATRIC - None.

2. NON-PSYCHIATRIC - Maalox 30 cc p.o. q 6 hr. prn  
for gastric discomfort x/mth.

D. CONSULTATIONS -

Admission physical exam.

E. ACTIVITIES

1. ADMINISTRATIVE - Unit meetings.

2. RECREATION -

II. NURSING CARE

(TEAM MEMBER - Brenda Coiner, R.N.)

A. PHYSICAL NEEDS -

B. EMOTIONAL NEEDS - Form relationships with staff support.

C. SPECIAL PROBLEMS - Possible suicidal; depression, drug taking?

III. SOCIAL WORK

(TEAM MEMBER - E. Palacios, LCSW)

A. FAMILY CONTACT - Parents to be here for history taking on 1/15 and 1/16/79.

B. FAMILY HISTORY - See A, above.

C. ALLOWANCE - \$15/week.

D. COMMUNICATION STATUS - Patient makes too frequent use of phone; mother  
wants calls to her restricted to 1/week.

IV. ADJUNCTIVE THERAPIES & RECREATION (TEAM MEMBER Kathleen Free)

Monday art movement group on unit.

EXHIBIT

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HCA 82-262

321

30-DAY TREATMENT PLAN  
CHESTNUT LODGE  
ROCKVILLE, MD 20850  
OSHEROFF, RAPHAEL J.  
ADM 1/2/79 #3210  
DO9 UNIT, (MEDICAL)

PATIENT: Osheroff, Raphael  
UNIT: Main 11  
DATE: 2/2/79

(TEAM MEMBER)

Charles W. Dingman, M.D.  
(Clinical Administrator)

A. LIVING SITUATION

1. RISK & PRECAUTIONS possibly suicidal -
2. ROOM, FURNISHINGS & PERSONAL POSSESSIONS - removal of patient's belts -
3. RESTRICTIONS - One to one escort off unit; 8<sup>10</sup> "checks" -
4. DIETARY - regular

B. PSYCHOTHERAPY

(TEAM MEMBER - Manuel Ross, M.D.)

four times a week -

C. MEDICATIONS

1. PSYCHIATRIC - none
2. NON-PSYCHIATRIC - Dulmane 30 mg HS prn for sleep (med. to be given in powdered form); Mylanta  $\frac{1}{2}$ ,  $\frac{1}{4}$  or  $\frac{1}{8}$  tabs every 2-4 hrs. prn.

D. CONSULTATIONS -

refused eye examination; had dental check -

E. ACTIVITIES

1. ADMINISTRATIVE - unit meetings
2. RECREATION - plays trumpet, piano -

II. NEEDING CARE

(TEAM MEMBER - L. P. Ferrell, R.N.)

- A. PHYSICAL NEEDS - encouraging better hygiene -
- B. EMOTIONAL NEEDS - support patient to stay her in treatment; allow himself to relate to patients -
- C. SPECIAL PROBLEMS - ? suicidal, depressed, his extended phone calls annoy others -

III. SOCIAL NEEDS

(TEAM MEMBER - Elizabeth Palacios, LCSW)

- A. FAMILY CONTACT - phone calls to mother once a week -
- B. EDUCATION - Medical School
- C. ALLOWANCE - \$15.00 per week -
- D. COMMUNICATION STATUS - phone calls are being restricted both as to number and length of time -

IV. ADJUNCTIVE THERAPIES & RECREATION

(TEAM MEMBER - Kathleen Free)

Monday art movement group on the unit -



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45-DAY TREATMENT PLAN

CHESTNUT LODGE  
ROCKVILLE, MD 20850  
OSHEROFF, RAPHAEL J.  
ADM 1/2/79  
DOR 471/38  
UNIT (MEDICAL)

PATIENT: Osheroff, Dr. Raphael

UNIT: Main-11

DATE: 2/17/79

(TEAM MEMBER -

C. W. Dingman, M.D.  
Clinical Administrator)

A. LIVING SITUATION

1. RISK & PRECAUTIONS - possibly suicidal

2. ROOM, FURNISHINGS & PERSONAL POSSESSIONS - removal of patient's belts, medications emptied from capsule

3. RESTRICTIONS - 1-1 escort off unit; 10 min. checks

4. DIETARY - regular

B. PSYCHOTHERAPY

(TEAM MEMBER - Manuel Ross, M.D.)

Four times a week

C. MEDICATIONS

1. PSYCHIATRIC - none

2. NON-PSYCHIATRIC - Dalmane 30 mgs. H.S. prn for sleep; Mylanta II, 1 or 11 tabs every 2-4 hrs. prn

D. CONSULTATIONS -

E. ACTIVITIES

1. ADMINISTRATIVE - unit meetings

2. RECREATION - plays trumpet, piano

II. NURSING CARE

(TEAM MEMBER - L. Ferrill, R.N.)

A. PHYSICAL NEEDS - encourage patient to stay in treatment

B. EMOTIONAL NEEDS - to relate to patients

C - SPECIAL PROBLEMS - ? suicidal, anxious, depressed. Limit setting request to phone calls

III. SOCIAL WORK

E. Palacios, L.C.S.W.

A. FAMILY CONTACT - phone calls to mother once a week

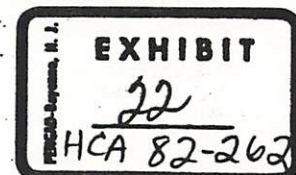
B. EDUCATION - medical school

C. ALLOWANCE - \$15.00 a week

D. COMMUNICATION STATUS - phone calls are being restricted as to number and length of time

IV. ADJUNCTIVE THERAPIES & RECREATION (TEAM MEMBER - Kathleen Free)

Monday art movement group on the unit



TREATMENT PLAN

PATIENT: Osheroff, Raphael

UNIT: Main II

DATE: June 17, 1979

I. UNIT (MEDICAL)

(TEAM MEMBER -

C. W. Dingman, M.D.)

A. LIVING SITUATION

1. RISK & PRECAUTIONS - 24 hour special - ?suicidal
2. ROOM, FURNISHINGS & PERSONAL POSSESSIONS - Periodic room search
3. RESTRICTIONS - 24 hour special; off unit with special.
4. DIETARY - Regular diet on unit

B. MEDICATIONS

1. PSYCHIATRIC - None
2. NON-PSYCHIATRIC - Dalmane 30 mg p.o. h.s. pm; Tylenol tab II p.o. every 4 hours pm; Thermagram M, cap I daily.

C. CONSULTATIONS - Podiatrist

D. ACTIVITIES

1. ADMINISTRATIVE - Unit meetings
2. RECREATION - Plays piano, walks daily with staff

E. PSYCHOTHERAPY

(TEAM MEMBER - Manuel Ross, M.D.)

Four times/week

II. NURSING CARE

(TEAM MEMBER - L. Ferrill, R.N.)

- A. PHYSICAL NEEDS - Insistence that he perform daily hygiene and room care.
- B. EMOTIONAL NEEDS - To be able to relate to patients and staff in non-demanding way.
- C. SPECIAL PROBLEMS - Too many phone calls - ? Suicidal, depressed, resists care.

III. SOCIAL WORK

(TEAM MEMBER - E. Palacios, LCSW)

- A. FAMILY CONTACT - Phone call to mother once a week; visits by mother and father every 3 months.
- B. EDUCATION -
- C. ALLOWANCE - \$15.00/week
- D. COMMUNICATION STATUS (Patient's): Talks with mother once/week.

IV. ADJUNCTIVE THERAPIES & RECREATION - (TEAM MEMBER - Kathleen Free)

Monday Art Movement group on unit.

EXHIBIT

23

HCA 82-262

325

**CHESTNUT LODGE  
NURSING CARE PLAN**

CHESTNUT LODGE  
CKVILLE, MD 20850  
SHEROFF, RAPHAEL J.  
DOM 1/2/79 #3210  
DOB 4/1/38

**Long Term Goals:**

Integrate into M<sub>2</sub> Community  
Develop Self Esteem

**Short Term Goals:**

1. Establish relationships w/ Staff
2. Establish relationships w/ Patients
3. Decrease Anxiety

**Problem/Goal**

**Intervention**

I Anxiety

- a) Constant pacing
- b) Excessive <sup>no. of</sup> phone calls
- c) bolting down food when he eats

- I. a) Distract when possible and suggest that he play piano or go out w/ the group.
- b) Limit phone calls to family only over a week. Other calls w/ the doctors only.
- c) Restrict pt. to unit for meals

II Hostile behavior toward staff

- II a) Avoid confrontations
- b) Be supportive

III Poor personal hygiene

- III Encourage shower, shave, clean clothes daily constantly suggest hair & cleaning.

IV Potentially self-destructive

- IV a) 10 minute checks and observations
- b) Remove belts
- c) May not carry his own cigarettes or matches

V Very low Self esteem

- V Respect his privacy by knocking on door before entering or opening it

**EXHIBIT**  
**24A**  
**HCA 82-262**

**326**

Therapist: Dr. Ross

Pt: Oshroff, Ray

Hosp. No.: 3210

Legal Status: Voluntary

Adm. Date: 1/2/79

Birth Date: 4/1/38

Medications: Therapam H  $\frac{1}{2}$  p.o. qd.  
 Dalmane 30mg. p.o. H.S. p.r.n. for sleep  
 (can have it up to 3rd)  
 Mylanta II - Torii Tabs. every 2-4 hrs p.r.n.

Therapy Hours: Mon. 10 AM Tues. 10 AM Wed. — Thurs. 9 AM Fri. 1 PM

Family contact:  $\frac{1}{2}$  call per week on Saturday To his mother  
 all other calls or To & from Ms Palacios

Activities: Monday art movement group on Unit on Mon.

Privileges: ~~1/2 off Unit & comm. ch~~

Lock out of room 1-4 PM  
 " " " " 1-7 PM

Revised 6/16/79

Group escort as long as outside P. Fein (D, R)  
 pt does not use phone on off-unit trips



CHESTNUT LODGE  
ROCKVILLE, MD 20850  
OSHEROFF, RAPHAEL J.  
ADM 1/2/79  
209 4/1/38

CHESTNUT LODGE  
NURSING CARE PLAN

EXHIBIT

24B

HCA 82-262

Long Term Goals:

1. Have Ray develop self esteem so he can handle the feelings of depression
2. Integrate him into MD community so he can handle it

Short Term Goals:

1. support pt to stay in treatment here
2. establish relationships with staff
3. protect pt from self destructive feelings

Problem/Goal

Intervention

I Ambivalent about staying here in treatment

I Encourage pt. to stay here, get involved in the treatment situation & therapist

II Told need to talk on 1:1 basis & people of his choosing preferably nurses instead of aides

II A Staff should be available to Ray pt to listen & discuss his anxiety  
B. Encourage him to talk & talk as well as nurses

III Depression

III A. Listen carefully and document all depression relating to deepening feelings and suicide  
B. have pt on 10' cks and staff escort off unit

IV Makes frequent phone calls to various people after begging them

IV A For present time no limits but listen Dr. Dargman will sit some on this  
B. Encourage him to talk & staff here instead of dealing with his anxiety  
328

Therapist: ?

Hosp. No.: 3210

Adm. Date: 1-2-79

Dr. Dargman Raphael

II *Brachycephalus* 100  
occurs to base  
removed with  
of these and give  
any section out of  
capacities max  $\approx 14.5$   
to mean 500 cc  
taken of  
II then see staff in front  
of these and give  
any section out of  
capacities max  $\approx 14.5$   
to mean 500 cc  
taken of  
to be on 24 in square of present time  
8/9/79