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CIOX HEALTH INVOICE

Electronic Delivery Service

Invoice #: **0351983316**
 Date: **09/29/2021**

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Ship to:

DALILAH JUDY
 JUDY, DALILAH
 111 MICHAEL GROVE AVE
 BOZEMAN,MT 59718-1852

Bill to:

DALILAH JUDY
 JUDY, DALILAH
 111 MICHAEL GROVE AVE
 BOZEMAN,MT 59718-1852

Records from:

ST LOUIS CHILDRENS HOSPITAL
 1 CHILDRENS PL
 SAINT LOUIS,MO 63110-1002

Requested By: JUDY, DALILAH
Patient Name: JUDY DALILAH

DOB : 07/13/2006

Description	Quantity	Unit Price	Amount
Reproduction Fee-Elect			6.50
Subtotal			6.50
Sales Tax			0.00
Invoice Total			6.50
Balance Due			6.50

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PHONE: (314) 454 - 6060 FAX: (314) 454-2032
One Children's Place • St. Louis, MO 63110-1077

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION by Individual Patients

Individual Patient Name (if other than above): Dalilah Love Judy
Patient's Date of Birth: 7/13/2006 SSN: 765-66-8009
Patient Address: 111 Michael Grove Ave Bozeman, MT 59718
Telephone Number: (H) (406) 580-8494 (W) ()

I request only the following information to be released:

- Designated Record Set
Emergency Report
Discharge Summary
History & Physical
Operative Report
Pathology Report
Laboratory (specify) Drug Tests
Other (specify)
Itemized Billing Statement
X-Ray Reports
X-Ray Films
Mammograms
Cardiac Cath Lab Cine Film
Cardiac Cath Lab Reports
EKG
Pharmacy Records

Date(s) of Treatment: February 10, 2021 through March 4, 2021

Would you like your records to be mailed: Yes No To the above address: Yes No

To another address (please indicate) jsj.cpw@gmail.com

Signature of Individual or Personal Representative: James S. Judy Date: 9/22/2021

Processing Your Requested Information:

St. Louis Children's Hospital may charge a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in copying the requested health information and the postage for mailing the copies to you.

St. Louis Children's Hospital will respond to your request for health information within 30 days of our receipt of your request. If, however, your health information is not readily accessible by St. Louis Children's Hospital or is maintained in an off-site storage location, St. Louis Children's Hospital has 60 days to respond to your request.

We appreciate your patience while we process your request.

St. Louis Children's Hospital Use Only: Request Date:

Date Access Granted:

Date Access Denied: (Must Complete Denial of Access Form)

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021

Facesheet Scan

FACESHEET - Scan on 2/10/2021 5:43 PM

Scan (below)

SOC Judy, Dalliah ECD# 110017224342 02/10/2021 05:43 PM ST LOUIS CHILDRENS HOSPITAL 7300: records until 3/4/2021

SIC ED Admission Form	Encounter #	MR#	Enc Start Date	Time	PI Location
	310621494921	9943321795	02/10/2021	17:21	
	ECD#	LOC	Clin Svc	PAT	Enc Type
	110017224342		ERD	N	OP
	Adm Dx Code	Desc	Infectious Disease	Visitor Restriction	
		Psychiatric Evaluation			
	Confidential Reason	Adm Type	Adm Source	Last Enc Date	
		Emergency	Non-Health Care Fac		
	Age	Birth Date	Race	Maiden Name	
	14Y	07/13/2006	White		
Gdr	MS	Religion	Soc Sec #		
F	S	CHRST			
Preferred Language	Birth Place	Health Care Proxy Sts	Patient Living Will Status		
ENGLISH					
Patient Name, Address, Phone			Employer Name, Address, Phone		Empm Sts
Judy, Dalliah 8542 PLOT SAINT LOUIS, MO 63123 Home: 314-561-0011 Day: Cell: 314-405-4979					
Guarantor Name, PI Rel, Address, Phone			Guarantor Empr, Address, Phone		Empm Sts
BREINER, ANGELA M 7295 FLEJA ST 2915 MCNAIR AVE SAINT LOUIS, MO 63123 Phone: 314-561-0011			NCHINS SS#: XXX-XX-2720		
Emergency Contact 1			Emergency Contact 2		
Phone 1: Phone 2:			Phone 1: Phone 2:		
Insurance 1 Name, Address, Phone			Policy Number	Group Number	Subscriber DOB
HEALTHY BLUE MICHIGAN HEALTHY BLUE MO PO BOX 61010 VIRGINIA BEACH, VA 234661010 813-405-9086 Verified? Y			62667818		Dalliah, Judy 07/13/06
			Referral/Authorization #		Subscriber Employer
			Eff. Date	Pre-Cert. Phone	
Insurance 2 Name, Address, Phone			Policy Number	Group Number	Subscriber DOB
Verified?					
			Referral/Authorization #		Subscriber Employer
			Eff. Date	Pre-Cert. Phone	
Insurance 3 Name, Address, Phone			Policy Number	Group Number	Subscriber DOB
Verified?					
			Referral/Authorization #		Subscriber Employer
			Eff. Date	Pre-Cert. Phone	
Insurance 4 Name, Address, Phone			Policy Number	Group Number	Subscriber DOB
Verified?					
			Referral/Authorization #		Subscriber Employer
			Eff. Date	Pre-Cert. Phone	
Primary Physician		Admitting Physician, ID		Attending Physician, ID	
SCHNIDMAN, JACQUELYN C 314-939-1874		KENNEDY, ROBERT M. 1000411 314-454-2825		KENNEDY, ROBERT M 1006411 314-454-2825	
Incident Date	Incident Type	Inc Se/Prov	Incident Description / Location		
02/10/21	Onset				
Patient Notification Category		Patient Notification		Start Date	End Date

Printed: 02/10/2021 18:06

User: A Hemphill



St Louis Childrens Hospital
1 Children's Place
Saint Louis MO 63110-1002

Judy, Dalliah
MRN: 201331095, DOB: 7/13/2006, Sex: F
Acct #: 110017224342
Adm: 2/10/2021, D/C: 3/5/2021

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Coding Abstract Summary

CODING ABSTRACT SUMMARY - Scan on 2/10/2021 5:43 PM

Scan (below)



St Louis Children's Hospital
1 Children's Pl
St Louis, MO 63110

IP Abstract Summary Form

Patient Name JUDY, DALILAH		Birth Date 07/13/2006	Age 14	MR Number 9943321795	Acct Num: 110017224342
Admit Date: 02/11/21 12:37 AM	Discharge Date: 03/05/21 12:58 PM	LOS 22	Sex Female	Hospital Service MENTAL HEALTH	Billing Category COMMERCIAL
Admit Type: EMERGENCY		Admit Source: NON-HEALTH CARE FAC		Disposition: 01-DISCHARGE TO HOME (ROUTINE)	
Facility Admit From:			Facility Transfer To:		
Admitting Physician: Wenzinger, Michael L. M.D.		Coder: Kimberly Ehlmann		Patient Type: INPATIENT HOSPITAL/DPU	
Attending Physician: Wenzinger, Michael L. M.D.					
Consultants:					
MS DRG MDC: 019 MENTAL DISEASES AND DISORDERS					
MS DRG: 885 PSYCHOSES					
CMS Weight: 1.2371	Average LOS: 8.8		Geometric Mean LOS: 5.9		
APR DRG: 751 Major depressive disorders and other or unspecified psychoses					SOI: 2
APR Relative Wt: 0.4479		APR MDC: 019 MENTAL DISEASES AND DISORDERS			ROM: 2
Tricare DRG: 885 PSYCHOSES					
IL Medicaid DRG:					
Admit Diagnosis: F332 Major depressive disorder, recurrent severe without psychotic features					
Principal Diagnosis					
Y F332 Major depressive disorder, recurrent severe without psychotic features					
Secondary Diagnosis					
Y # R45851 Suicidal ideations					
Y # T7622XA Child sexual abuse, suspected, initial encounter					
Y F1210 Cannabis abuse, uncomplicated					
Y F4310 Post-traumatic stress disorder, unspecified					
E Z639 Problem related to primary support group, unspecified					
Y F411 Generalized anxiety disorder					
Y G44209 Tension-type headache, unspecified, not intractable					
Y X58XXXA Exposure to other specified factors, initial encounter					
E Y939 Activity, unspecified					
E Y929 Unspecified place or not applicable					
Y Z20822 Contact with and (suspected) exposure to COVID-19					
Procedures			Provider	Date	
CPT Procedures and Modifiers			Provider	Date	

MR number: 9943321795
Admit date: 02/11/21 12:37 AM

Account number: 110017224342
Discharge date: 03/05/21 12:58 PM

Patient name: JUDY, DALILAH
Date printed: 3/9/2021
Confidential

Page: 1

ED Provider Note

ED Provider Notes by Wood, Amanda Marie, MD at 2/10/2021 1923

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****ED Provider Note (continued)**Attestation signed by Fischer, Kayleigh Ann, MD at 2/12/2021 5:12 PM

I have seen and examined the patient on 2/10/2021. I agree with the findings and plan of care as documented in the resident's note. 14-year-old female who presents with suicidal ideation without a plan at this time. Having high risk behaviors and has made attempts to harm herself without telling anybody. Tele psych consult and after discussion with telepsych and father patient will be admitted to inpatient Psychiatry for further care. Lab work was done which was notable for a positive mass screen on UA. Social work consulted and hot line was placed. Patient admitted to the PBHU for further care.

HPI**Chief Complaint**

Patient presents with

- Psychiatric Evaluation

Patient is a 14-year-old female with no significant past medical history presents to emergency department for suicidal ideation without plan. Patient states that she was at a court hearing between her parents for custody when she endorses suicidal ideation. She was brought here by for officers for psychiatric evaluation. Patient states that she recently lives with her biological father last summer in Montana through December and has felt depressed. She endorses that her father has been sexually assaulting her during her stay in Montana. She denies oral, vaginal, anal penetration but endorses being groped. She states that she had taken extra doses of ibuprofen at home early last December in attempt to hurt herself. She had not told anybody about this until today. She states that she feels depressed and suicidal when she is near her father. She currently denies SI without active plan, denies current HI. Endorses depressed mood, denies hallucinations or paranoia.

Past medical history: Childhood asthma

Past medical history: No significant past surgical history

Social history: Currently is in joint custody with mother and father

Vaccinations: Reportedly up-to-date

Allergies: No known drug allergies

HPI**Patient History:****Patient Active Problem List**

Diagnosis	Date Noted
• Migraine without aura and without status migrainosus, not intractable	02/12/2020

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****ED Provider Note (continued)****Past Medical History:**

Diagnosis	Date
• Migraines	

History reviewed. No pertinent surgical history.

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• Blood Clot	Father	
• Lung cancer	Maternal Grandmother	
• Stroke	Maternal Grandmother	
• Hypertension	Maternal Grandfather	
• Lupus	Maternal Grandfather	
• Hip Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

Substance Use Topics	
• Alcohol use:	Not on file
• Drug use:	Not on file

Social History

Social History Narrative
• Not on file

Review of Systems**Review of Systems**

Constitutional: Negative for chills, diaphoresis, fatigue and fever.

HENT: Negative for ear pain, rhinorrhea, sinus pain and sore throat.

Eyes: Negative for pain, discharge and visual disturbance.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for difficulty urinating, dysuria, flank pain and hematuria.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Psychiatric/Behavioral: Positive for dysphoric mood and suicidal ideas.

Physical Exam

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****ED Provider Note (continued)****ED Triage Vitals [02/10/21 1731]**

Temp	Pulse	Resp	BP	SpO2
36.8 °C (98.2 °F)	80	18	133/75	98 %

Temp src	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
--	--	--	--	--

Physical Exam**Constitutional:**

General: She is not in acute distress.

Appearance: She is well-developed. She is not diaphoretic.

HENT:

Head: Normocephalic.

Eyes:

General:

Right eye: No discharge.

Left eye: No discharge.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal: Normal range of motion.**Skin:**

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:

Attention and Perception: Attention normal.

Mood and Affect: Mood normal.

Speech: Speech normal.

Behavior: Behavior normal. Behavior is cooperative.

Thought Content: Thought content is not paranoid. Thought content includes suicidal ideation. Thought content does not include homicidal ideation. Thought content does not include suicidal plan.

Cognition and Memory: Cognition normal.

Judgment: Judgment normal.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

ED Provider Note (continued)

MDM

Medical Decision Making

Differential Diagnosis or Management Options: Patient is a 14-year-old female with no significant past medical history presents to emergency department for suicidal ideation without plan.

Differential diagnosis includes suicidal ideation with plan. Will speak with child psychiatry to evaluate for possible admission. Patient has high risk behavior as she had endorsed to this provider that she had made attempts to harm herself without telling anybody.

Disposition pending psych eval but likely admission

ED Course as of Feb 11 0655

Time: 02/10 2103

Comment: Still waiting to hear back from tele psych. Patient complaining of 5 out 10 headache, requesting Tylenol.

By: Nguyen, Kim-Long Richard, MD

Time: 02/10 2108

Comment: Discussed with telepsych: from their point of view, patient would likely benefit from admission if not only for suicidal ideation but for patient safety as her father has told telepsych provider that patient is likely to run away from home if she were to go home. Anticipate admission to medicine floor.

By: Nguyen, Kim-Long Richard, MD

Time: 02/10 2204

Value: Drug screen, ur(!): Positive

Comment: Methamphetamines and THC

By: Nguyen, Kim-Long Richard, MD

Time: 02/10 2222

Comment: After further discussion with patient's father and with telepsych and social work, patient would most likely benefit from psych admission for SI. Signed out to PBHU provider, Angela Williams at 618-560-8464

By: Nguyen, Kim-Long Richard, MD

Time: 02/10 2234

Comment: Social work aware of positive meth on UDS

By: Nguyen, Kim-Long Richard, MD

Time: 02/10 2240

Comment: Spoke with social work about +meth on drug screen. Social worker hotlined and pt will be getting admitted.

By: Fischer, Kayleigh Ann, MD

Time: 02/10 2302

Comment: TRANSITION OF CARE:

I, Amanda Marie Wood, MD, am taking signout. I have reviewed all pertinent vital signs, allergies, and history available in the chart.

Summary: 14 y.o. female with prior SA, presenting with SI. Divorced parents, court today. No attempt today. SI

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

ED Provider Note (continued)

without plan. No HI. Prior SA with ibuprofen in December. UDS + meth. Seen by psych. Admit to PBHU. Pending covid. Calm and cooperative here.

Pending: COVID

Dispo: admit

By: Wood, Amanda Marie, MD

Final diagnoses:

Suicide ideation

Wood, Amanda Marie, MD

Resident

02/11/21 0655

Electronically signed by Wood, Amanda Marie, MD at 2/11/2021 6:55 AM

Electronically signed by Fischer, Kayleigh Ann, MD at 2/12/2021 5:12 PM

ED Notes**ED Notes by Elmore, Rachel L., MSW at 2/10/2021 2105**

Intake completed assessment with the patient and her father separately via TelaDoc. The patient presented to the ED with the police after making suicidal statements in family court today during her parents hearing for custody. Per the patient, "My parents are in court for the past two years. In August I had to move in with my dad in Montana. I have been really depressed and suicidal there. He's been sexually assaulting me. When I came back here for winter break I refused to go back with him. I refused today at court cause I told them about what was going on." Per the patient's father, "I sent her out to visit her mother over Christmas break, and she refused to send her back. She is drilling into her mind that she doesn't want to come back. She's never said she doesn't want to be with me. I've been meeting with the judge here three different times to get her back. Her mother said that she doesn't want to be with me and is making allegations that I'm sexually abusing my child. I think it's because she's coercing her and brainwashing her. I think Dalilah just wants to be with her friends. Her mom went to jail for contempt of court due to Dalilah not coming back with me. They wanted to put her into juvenile corrections, but that wasn't necessary. She's been making claims of suicide, and we don't want it to go unrecognized if it's true. She says she's only suicidal with me which doesn't make sense. I would think you'd be suicidal all the time not just with one person. I don't think she's really suicidal. It's just her tactic to avoid coming home with me. I am afraid though if she is discharged with me that she would run away." The patient has had a counselor in the past (2 years ago), but none since then. The patient denied any additional inpatient or outpatient treatment in her lifetime. The patient's father reported that he has reached out to outpatient providers in Montana to establish care for the patient at the beginning of January, but the patient did not return to Montana to attend these sessions. The patient denied any current suicidal thoughts, but is very anxious. She reported that she made an attempt in early December 2020 via OD on Ibuprofen and alcohol, and has engaged in self-harming by cutting the back of her hand a few times. She reported that she is only suicidal with her father, and has not been suicidal while with her mother over Christmas break. She denied any homicidal thoughts, delusions, paranoia, or hallucinations. The patient reported 6-10 hours of sleep a night. The patient reported some issues with falling asleep and taking OTC Melatonin. The patient reported a better appetite while home in St Louis, but feels like her stepmother is judging her in Montana so she eats less there. The patient reported that she lost 10-15 lbs while living in Montana due to not eating, and gained

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

ED Notes (continued)

the weight back while home with her mother over Christmas break. The patient reported a tumultuous relationship with her father. She reported that she remembers her father being violent towards her mother. She has also witnessed him abusing her stepsister. She reported that her father takes her around her grandfather, who is a Level III sex offender. She denied any abuse by her grandfather. The patient reported that her father has dragged her down the stairs and spanked her as a child, and recent sexual groping while living with him over the summer in 2020. Her parents were never married, and ended their relationship when she was 6 years old. The patient has always spent summers with her dad and disliked being with him due to his actions and how her stepmother is judgmental. When she turned 12 the court cases started for custody. In August 2020, her father was awarded custody and the patient moved to Montana to live with him. She does not feel safe with her father, and has made sexual abuse allegations against him. In Montana she's with her father and stepmother. In Saint Louis she is with her mother. She feels safe with her mother. The patient is involved in family court for custody hearings with her mother and father. The court cases have been ongoing for the past two years. The patient's parents had joint legal custody, and her father was just awarded full physical and legal custody of the patient. The patient's GAL is Venus Jackson. The patient's mother was arrested today for being in contempt of court for not returning the patient to her father at the beginning of January 2021. The patient reported DFS involvement with the sexual abuse allegations in Montana, and the case has been closed (Christopher Bly, 406-223-6190). The patient and her mother filed a case with MO DFS two days ago per the patient. Intake has completed the Columbia-Suicide Severity Rating Scale Lifetime on patient. The patient is at a moderate to high risk of suicide if she is to return to her father's care per her report, and low risk with her mother per her report. Intake discussed patient disposition with ERP Nguyen. The patient was initially going to be admitted to the medical floor for a social admit, but a bed is available for the patient on the PBHU. She will be admitted to the PBHU for inpatient psychiatric care, and her father is in agreement with this plan. Intake to coordinate with ER SW to make sure that all appropriate reports have been completed with MO and MT DFS, and has asked the father to provide the ED with all of his supporting paperwork and documentation for continuity of care.

Electronically signed by Elmore, Rachel L., MSW at 2/10/2021 9:56 PM

ED Notes by Elmore, Rachel L., MSW at 2/10/2021 2200

Intake spoke with ER SW Taylor to verify that all proper documentation and reports have been submitted at this time. Taylor has left a voicemail with the assigned worker for the case in Montana (Christopher Bly), and made an additional hotline call to Missouri DFS for continuity of care. Please refer to Taylor's documentation for any needed case numbers or additional information regarding involvement of child protective services for both Missouri and Montana.

Electronically signed by Elmore, Rachel L., MSW at 2/10/2021 10:04 PM

H&P Notes**H&P by Morris, Aimee Elizabeth, MD PhD at 2/11/2021 1015**

Attestation signed by Wenzinger, Michael L., MD at 2/12/2021 10:36 PM (Updated)

I have seen and examined the patient on 02/12/21. I agree with the findings and plan of care as documented in the resident's/fellow's note.

Patient has complex/concerning psychosocial history. Patient provides subjective reports sexual abuse, physical abuse, and emotional abuse from father. Ad litem concerned for complex relationship between both parents. Mother notably currently in custody due to being in contempt of court. Legal documentation was provided from father that does dictate that mother may not physically visit, but may call. Will

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

H&P Notes (continued)

plan to ensure supervision of all interactions while patient on the unit.

Patient herself does report historical elements concerning for chronic impulsivity/?inattention, PTSD-symptoms, generalized anxiety, and substance use patterns.

Admission History & Physical

Patient Information

Primary Care Provider: Schnidman, Jacquelyn C., MD
Outpatient Psychiatrist: none
Information Obtained from: patient

Chief Complaint: "I am suicidal when I have to live with my dad"

History of Present Illness:

Dalilah is a 14 y.o. female with no diagnosed past psychiatric history who is admitted to the Pediatric Behavioral Health Unit for suicidal ideation without a plan. She presented to the ED from a court hearing between her parents for custody during which she endorsed SI. Officers brought her in for psychiatric evaluation.

Dalilah's parents separated when she was 6 years old. She recalls they had a turbulent relationship and that her father abused her mother. She has never gotten along with her father and describes him as "mean" and dreads staying with him. She reports that her self-esteem plummets while with him as he frequently criticizes her and makes cruel and demeaning comments including frequently telling her she needs to lose weight or that she looks ugly in her clothes. She endorses that he has a terrible temper and has previously dragged her down the stairs and spanked her as a child. After a 2 year legal battle, the courts awarded Dalilah's father full physical and legal custody in August 2020. They previously had joint custody. Dalilah fought against her father gaining full custody stating she did not feel safe with him, but feels as though no one was listening to her. She feels safe with her mother. Since her father gained full custody, Dalilah reports that he has begun groping her. She reported these allegations to the Montana DFS and the case was closed. She recently filed a case with MO DFS with her mother's assistance. While living in Montana, she has had worsening passive SI. She feels trapped there, does not have many friends, fears her father, and says her stepmother frequently chastises her for not being grateful enough or for upsetting her father because "everything is always about him." Her stepsister previously lived with them but recently moved out on her own. Dalilah does not have a positive relationship with her.

Dalilah describes seeing her father physically abuse others on multiple occasions. She recalls her father hitting her mother when she was a young child but states she has "blocked a lot of [her] childhood out". More recently, she has seen him hit both her stepmother and stepsister. She recently overheard her stepmother talking about an experience in which her father put a chainsaw to her neck with fear that he would have "cut her head off" if a friend hadn't pushed her out of the way.

Over the past several months, she has experienced poor sleep, poor appetite with weight loss (improved since staying with her mother), and anxiety. She describes feeling as though everybody hates her or is talking about her, but although she feels this way, she says that when she thinks about it rationally she knows that can't be true even if she feels like it is. She attributes much of her anxiety to poor self-esteem which she believes worsened while living with her father. She had one prior attempt to hurt herself last December by ingesting several ibuprofen. She had not disclosed this ingestion prior to this admission.

While staying with her mother, Dalilah reports feeling happy and safe. She says that although her mom can get angry very quickly, she has never been violent. She attributes her mother's worsening temper to the stress she is under with her loss of custody. She loves spending time with her mother and talks to her openly. They are both

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

H&P Notes (continued)

"creative types" and share a lot in common.

Dalilah endorses the following coping mechanisms: drawing and painting (this is an activity she and her mother frequently do together) and occasional marijuana use. She denies methamphetamine use and reacted in surprise when I told her the urine drug screen was positive for methamphetamine. She says no one in her mother's home uses methamphetamine.

Past Psychiatric Treatment:

Previous dx: none
 Providers: none
 Previous Hospitalizations/IOP/rehab: none
 Medication trials: none

Past Medical History:

Past Medical History:

Diagnosis	Date
• Migraines	

Past Surgical History:

History reviewed. No pertinent surgical history.

Home Medications:

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
• propranolol (INDERAL) 10 mg tablet	Take 1 tablet (10 mg total) by mouth 2 (two) times a day	60 tablet	6	
• rizatriptan (MAXALT) 5 mg tablet	Take 1 tablet (5 mg total) by mouth once as needed for migraine. May repeat in 2 hours if unresolved. Do not exceed 30 mg in 24 hours.	9 tablet	6	

PRN Medications:

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthoL (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemen	oral	Q4H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

H&P Notes (continued)

	tal calcium			
• diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg Or	12.5 mg	oral		Q6H PRN
• diphenhydrAMINE (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular		Q6H PRN
• hydrOXYzine (ATARAX) tablet 12.5 mg	12.5 mg	oral		Q6H PRN
• ibuprofen (ADVIL, MOTRIN) tablet 400 mg	400 mg	oral		Q6H PRN
• melatonin tablet 3 mg	3 mg	oral		Nightly PRN
• OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg Or	5 mg	oral		Q12H PRN
• OLANZapine (ZyPREXA) intramuscular 5 mg	5 mg	intramuscular		Q12H PRN
• polyethylene glycol (MIRALAX) packet 17 g	17 g	oral		Q12H PRN
• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg	5 mg	oral		Q2H PRN

Allergies:
 No Known Allergies

Review of Systems:
 Review of Systems
 Constitutional: Negative for malaise/fatigue and weight loss.
 HENT: Negative for congestion and sore throat.
 Eyes: Negative for redness.
 Respiratory: Negative for wheezing.
 Cardiovascular: Negative for chest pain.
 Gastrointestinal: Negative for abdominal pain, diarrhea and vomiting.
 Genitourinary:
 Positive for menorrhagia
 Musculoskeletal: Negative for joint pain and myalgias.

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****H&P Notes (continued)**

Skin: Negative for rash.

Neurological: Negative for headaches.

Psychiatric/Behavioral: Positive for depression and substance abuse. The patient is nervous/anxious.

Family History:**Family History**

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• Blood Clot	Father	
• Lung cancer	Maternal Grandmother	
• Stroke	Maternal Grandmother	
• Hypertension	Maternal Grandfather	
• Lupus	Maternal Grandfather	
• Hip Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	

Social History:

Born and Raised in STL

Currently lives with mother in STL during holidays and with father in Montana during remainder of year. Describes home life as terrible with her father and great with her mother. Reports relationship with father as terrible and relationship with mom as wonderful.

History of abuse or neglect: endorses sexual abuse from father over the last year.

Safety/Exposure of violence: She remembers seeing her father hit her mother as a young child and more recently has seen him be violent with her stepmother and stepsister. She recently overheard her stepmother talking about her father putting a chainsaw to her neck and that if her friend hadn't pushed her out of the way, he would have cut her head off

Behavioral concerns/Legal issues: No patient behavioral concerns. Legal issues surrounding custody and allegations of abuse remain. Mother was arrested yesterday following court hearing for failure to return pt into her fathers care.

Children's Division Services involvement: yes

Currently in 9th grade at Affton High School (mother re-enrolled her) and Gallatin High School in Bozeman, MT.

Grades are good per Dalilah. Academic concerns: No. IEP or 504: No.

Sexually active No

Substance use: occasional marijuana. Denies personal methamphetamine use or household methamphetamine use

Is there a gun in the home: no

Growth and Development:

Available informants unable to provide thorough developmental history. No particular concerns noted at this time.

Assets:

ability for insight, average or above intelligence, communication skills, general fund of knowledge, good physical health, patient is voluntary, is willing to work on problems

Liabilities:

low self esteem, marital/family conflict

Objective

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

H&P Notes (continued)**Vitals:****Vitals:**

	02/11/21 0700
BP:	104/56
Pulse:	64
Resp:	20
Temp:	36.2 °C (97.2 °F)
SpO2:	

Physical Exam:

Constitutional: Normal appearance. No acute distress. Not ill-appearing. Not toxic-appearing.

Head: Normocephalic and atraumatic.

Ears: External ears normal. Pinnae normal.

Nose: No congestion or rhinorrhea.

Mouth: Lips normal without chapping, cracks, or swelling.

Eyes: No discharge or erythema.

Neck: Normal range of motion.

Cardiovascular: No cyanosis, mottling, or pallor. No edema.

Pulmonary: Pulmonary effort is normal.

Abdominal: There is no distension.

Musculoskeletal: No swelling or deformity.

Skin: No rashes on visible skin.

Neurological: Mental status is alert. No facial asymmetry.

Mental Status Exam**General Appearance and Behavior:**

- Appears stated age
- No apparent distress and Well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without a plan, conditional suicidal statements: "if I have to live with my dad"

Mood: "Stressed...I've been crying a lot"

Affect/Attitude: dysthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****H&P Notes (continued)**

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Lab/Radiology/Diagnostic Review:**Recent Results (from the past 24 hour(s))****Urinalysis reflex to microscopic**

Collection Time: 02/10/21 8:02 PM

Result	Value	Ref Range
Color, ur	Yellow	Yellow
Clarity, ur	Clear	Clear
Specific gravity, ur	1.029 (H)	1.010 - 1.025
pH, urine	6.0	
Protein, ur ql	Trace	Negative
Glucose, ur ql	Negative	Negative
Ketones, ur	Negative	Negative
Bilirubin, ur	Negative	Negative
Blood, ur	Trace (A)	Negative
Urobilinogen, ur	<2.0	<2.0 mg/dL
Nitrite, ur	Negative	Negative
Leukocyte esterase, ur	Negative	Negative
UA reflex comment	Reflex to microscopic UA will be performed.	

Drug screen, urine

Collection Time: 02/10/21 8:02 PM

Result	Value	Ref Range
Drug screen, ur	Positive (A)	
Director Review	Verified	

hCG, urine, qualitative

Collection Time: 02/10/21 8:02 PM

Result	Value	Ref Range
HCG, ur	Negative	Negative

Urinalysis, microscopic only

Collection Time: 02/10/21 8:02 PM

Result	Value	Ref Range
WBC, ur	0-5	0 - 5 /HPF
RBC, ur	0-2	0 - 2 /HPF
Epithelial cells, squamous, ur	1-5	0 - 5 /HPF
Mucous, ur	Present (A)	

CBC with auto differential

Collection Time: 02/10/21 9:07 PM

Result	Value	Ref Range
WBC	11.0 (H)	3.8 - 9.9

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

H&P Notes (continued)

Hgb	14.4	K/cumm 11.9 - 15.5
Hct	41.3	g/dL 35.6 - 45.5 %
Plt	411 (H)	150 - 400
MPV	10.2	K/cumm 9.1 - 12.3 fL
RBC	4.96	3.90 - 5.20
MCV	83.3	M/cumm 81.3 - 96.4 fL
MCH	29.0	27.1 - 33.3
MCHC	34.9	pg 32.3 - 35.7
RDW CV	15.6 (H)	g/dL 11.1 - 14.9 %
RDW SD	47.1	35.7 - 48.1 fL
NRBC abs	0.00	0.00 - 0.01
		K/cumm

Comprehensive metabolic panel

Collection Time: 02/10/21 9:07 PM

Result	Value	Ref Range
Sodium	135	135 - 145 mmol/L
Potassium, pl	3.5	3.3 - 4.9 mmol/L
Chloride	105	100 - 114 mmol/L
CO2	20	20 - 30 mmol/L
Anion gap	10	2 - 15 mmol/L
BUN	8 (L)	9 - 18 mg/dL
Creatinine	0.74	0.40 - 1.00 mg/dL
Glucose	90	70 - 199 mg/dL
Calcium	9.6	8.5 - 10.3 mg/dL
Bilirubin, total	0.2	0.1 - 1.2 mg/dL
Protein, pl	7.9	6.5 - 8.5 g/dL
Albumin	4.4	3.2 - 5.0 g/dL
Alk phos	62 (L)	130 - 550 Units/L
ALT	13	10 - 40 Units/L
AST	19	10 - 50 Units/L

TSH reflex to free T4

Collection Time: 02/10/21 9:07 PM

Result	Value	Ref Range
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02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

H&P Notes (continued)

TSH 1.38 0.30 - 4.20
 mclUnit/mL

COVID-19 Coronavirus RNA Nasopharyngeal

Collection Time: 02/10/21 9:07 PM

Specimen: Nasopharyngeal

Result	Value	Ref Range
COVID-19 RNA	Negative	Negative
Employeed in healthcare?	No	
Pregnancy status?	No	
Group care resident?	No	
Hospitalized?	No	
Is patient in ICU?	No	
Symptomatic as defined by CDC?	No	

Differential, auto

Collection Time: 02/10/21 9:07 PM

Result	Value	Ref Range
Neutrophil abs	6.5	1.5 - 9.4 K/cumm
Imm gran abs	0.2	0.0 - 0.2 K/cumm
Lymphocyte abs	3.3	1.0 - 7.2 K/cumm
Monocyte abs	0.8	0.1 - 1.7 K/cumm
Eosinophil abs	0.1	0.1 - 1.6 K/cumm
Basophil abs	0.1	0.0 - 0.3 K/cumm
Neutrophil pct	59.4	%
Imm gran pct	1.6	%
Lymphocyte pct	30.2	%
Monocyte pct	7.0	%
Eosinophil pct	0.9	%
Basophil pct	0.9	%

Assessment/Plan

ASSESSMENT AND PLAN:

Dalilah is a 14 y.o. female with no known past psychiatric history who is admitted to the Pediatric Behavioral Health Unit for suicidal ideations without a plan. Meets criteria for inpatient admission due to suicidal ideations.

DX:

MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES F33.2

Plan:

Psychiatric Medical Management:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

H&P Notes (continued)

- DDx includes major depressive disorder, adjustment disorder, and generalized anxiety disorder
- Will consider following modifications pending observation: initiation of SSRI
- Medication changes, side effects and risk/benefits (including black box warning) discussed with guardian ad litum/parents.
- Dalilah relays understanding of above interventions and education.

Therapy & Behavioral Management:

- Treatment plan and goal discussed with Dalilah. Discussed stressors leading to this admission, coping skills, and provided validation of patient's emotions.
- Use of supportive therapy for therapy compliance, attempts at behavioral modifications and use of positive coping skills.
- Provided psychoeducation regarding diagnosis and symptom management. Reviewed the importance of healthy eating, sleep hygiene, exercise and medication adherence for emotional stability and control.
- Patient to engage in PBHU programming, group therapy, and 1:1 supportive psychotherapy for further stabilization and psychoeducation. Anticipate daily engagement/frequency of therapy services.

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litum appointed.

Disposition:

- Admit patient to PBHU for further care. Treatment goals to be met before discharge include resolution of SI. Will communicate with guardian during admission for continued assessment and aftercare planning.

-Discharge Planning:

Outpatient Provider Considerations: Will need to seek outpatient psychiatrist and Will need to seek outpatient therapist

Home Disposition Considerations: Concern patient may not be able to return home once psychiatrically stable due to alleged sexual abuse, possible methamphetamine exposure in mother's home

- Continue current unit safety measures.
- Inpatient stay is appropriate to further evaluate and treat suicidal ideation while maintaining Dalilah in a safe environment.

AACAP practice parameters were followed to reach decisions regarding diagnosis and treatment plan development for Dalilah.

INITIAL CERTIFICATION:

The patient requires active inpatient psychiatric services/treatment. Due to the patient's clinical condition, their treatment will require intensive services that can only be provided in an inpatient hospital setting. The patient requires on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel. The patient cannot benefit from a less intensive form of treatment at this time due to: Patient is at risk of harm to self. The patient requires active inpatient psychiatric services/treatment for the following psychiatric reasons: suicidal ideation. The patient will require active inpatient psychiatric services/treatment for an estimated period of: 5-7 days. It is my assessment that the services/treatment are reasonably expected to improve the patient's condition .

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

H&P Notes (continued)

Electronically signed by Morris, Aimee Elizabeth, MD PhD at 2/11/2021 7:34 PM
Electronically signed by Wenzinger, Michael L., MD at 2/12/2021 10:36 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4)

Progress Notes

Coffman, Courtney L., CCLS at 2/10/2021 2147

02/10/21 2100	
Reason for Visit	
Patient Seen	Yes
Reason for Consult	Procedural/surgical support
Patient Psychosocial Assessment	
Stress Level	Shows some signs of stress, embraces coping strategies and support
Evaluation	
Patient Behaviors During Intervention(s)	Cooperative;Interactive (pt states fear of needles, tolerated blood draw very well)
Family and Staff Presence	Parent/family caregiver not present
Intervention	
Goals of intervention(s)	Promote positive healthcare experiences;Reduce anxiety and stress associated with health care experiences
Method of Support	Alternative focus;Deep breathing;Therapeutic conversation
Outcome of Intervention	Patient/family met goal of intervention

Electronically signed by Coffman, Courtney L., CCLS at 2/10/2021 9:47 PM

Weitman, Alix, LCSW at 2/11/2021 0947

Pediatric Behavioral Health Social Work Admission Note

Reason for Current Hospitalization/Precipitating Event:

Pt admitted to PBHU for expressing suicidal ideation if she were to return to her father's physical custody at a family court hearing. At this hearing, pt's mother was arrested and held in contempt of court, and it was decided that pt's father was to have full physical custody. Pt reports that her parents were never married and separated when she was 6 years old. Pt states that she spent the summers with her father, who lived out of state, and otherwise stayed with her mother in St. Louis. Pt reports that court proceedings related to custody began when she was 12 years old, and reports that these have been a significant stressor. Pt continues that in August 2020, her father was awarded

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

full physical custody because her mother was held in contempt of court. Pt states that her "heart was shattered" at having to move to Montana. In Montana, pt lives with her father and stepmother. In St. Louis, pt lives with her mother. Pt returned to St. Louis to spend the holidays with her mother and did not return to Montana as planned, resulting in the hearing on 2/10/21 that determined she was to return to her father's care. Pt has no documented psychiatric history. Pt is a 9th grader at Affton High School while living in St. Louis, and Gallatin High School while in Montana. Both schools followed a hybrid model with some virtual instruction due to the pandemic, per pt's report. Academically, pt reports that her grades were improved with virtual instruction and that she was earning A's, B's, C's and one D in math. Socially, pt reports that she is very social and has a close group of friends in St. Louis. Pt reports that she has made several friends in Montana but does not feel as close to them. Pt enjoys spending time with her friends, doing her make up, playing with her dogs, drawing/painting, and singing. Recent stressors include the court proceeding related to her custody, moving to her father's home in Montana, and her disclosure that her father has begun groping her. Trauma history significant for pt's report of seeing her mother arrested, witnessing domestic violence perpetrated by her father against her mother and stepmother, sexual abuse from her father, and emotional abuse from her father. Pt presented as tearful throughout the interview.

Contacts at Admission:

James Judy, father, ph: 406-580-8494

Angela Freuner, mother, ph: 314-405-4979 (unsure at this time whether mother has legal custody of pt)

Venus Jackson, Guardian ad litem, office ph: 314-721-7230 cell ph: 314-325-4250

Christopher Bly, Montana CD investigator, ph: 406-223-6190

Clinical Impression Regarding Abuse/Neglect:

Pt denied neglect or abuse in her mother's care. Pt reports that her father is emotionally and sexually abusive. Pt reports that her father started "touching [her] in weird ways" after he was given full physical custody of pt. Pt described her father groping her bottom, upper thighs, and lower back. Pt reports that she felt uncomfortable and requested for her father to stop this behavior. Pt also described an incident in which her father was on top of her, holding her down at the shoulders, and requested for pt to "kiss" him. Pt states that she refused and her father ultimately got off of her. Pt also reports that her father makes frequent derogatory statements to her, calling her names such as "trashy" and telling pt that she is a failure. Pt recalls one incident that occurred two years ago in which her father dragged her down the stairs by her ankle. Pt also reports that she observed her father be physically abusive towards her mother as a child, although she "blocked a lot of it out." Pt reports that she has observed her father be physically abusive towards her stepsister and her stepmother since being in his custody. Pt also recalls an incident in which she overheard her stepmother telling her friend that pt's father held a chainsaw to her neck. Pt denies feeling safe in her father's care.

Active MO CD involvement after hotline placed on 2/10/21. Additionally, a case was opened in Montana CD related to pt's disclosure, assigned worker is Christopher Bly.

Substance Use History

Patient: Pt reports occasional marijuana use as a coping mechanism. Pt reports that she smokes marijuana alone and obtains it from "some dude off snap." Pt's UDS was also positive for methamphetamine. Pt expressed surprise at this result and denied using other substances. Pt reports concern that her marijuana could have been laced.

Family History of Substance Use: Pt reported that her father has a history of alcoholism. Pt's father reported that pt's mother uses crack cocaine per Rachel Elmore's consult note from 2/10/21.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Substance Use Treatment Details

Type of Treatment: None reported

Result of Treatment: N/A

Substance Use Insight: N/A

Past Psychiatric History:

Previous Hospitalizations: Denies

Self harm? Denies

SI (detail)? Pt reports that her suicidal ideation began in 10/20. Pt reports that her ideation has been mainly passive. Pt continues that she made one suicidal attempt with ambivalent intent in 12/20 by taking 6-7 Tylenol or ibuprofen (she cannot remember which).

HI (detail)? Denies

Clinical Impressions:

Pt is a she/her 14 year old white biological female who present with suicidal ideation in the context of being returned to her father's custody. Biologically, pt is at a genetic predisposition to mental illness due to reported history of substance use in both parents: alcoholism in her father (reported by pt), and crack cocaine by her mother (reported by pt's father). Pt's father also reports that pt's mother has a history of bipolar disorder or personality disorder, per Rachel Elmore's consult note from 2/10/21. Psychologically, pt presents with symptoms consistent with major depressive disorder since 10/20, including depressed mood, sleep disturbance, poor appetite with weight loss, suicidal ideation, negative self-image, and difficulty concentrating. Pt reported that these symptoms remit when she is in her mother's care. Socially, pt reports that she is able to make friends and is interested in social connection. Pt states that she has a strong group of friends in St. Louis. Pt's father is engaged in treatment and reports that he wants to take pt's report of suicidal ideation seriously. Pt's father denies that pt's disclosures of abuse in his care are accurate, and reports his belief that pt is motivated to stay in St. Louis so that she can see her friends. SW was unable to speak with pt's mother at the time of the initial interview due to her being held in contempt of court. Negative coping skills include suicidality, substance use, and avoidance. Potential for improvement is good pending access and engagement in mental health services. Recommended treatment modalities include CBT and family therapy.

Recommendation:

Pt should receive 24 hour monitoring on the inpatient unit for safety and containment. Pt should engage in milieu treatment to increase prosocial behaviors and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Inpatient Plan:

Pt to receive 24 hour monitoring for safety and containment. Pt will engage in milieu treatment to increase prosocial behaviors and provide structure. Pt will receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Team will collaborate with collaterals and provide aftercare planning. Pt to engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt will receive family therapy as needed to address psychosocial and family/parent issues and concerns. Team will collaborate with collaterals and provide aftercare planning.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Barriers to Plan:

- Lack of knowledge by family of mental health
- Utilizes unhealthy coping skills
- Lack of emotional supports
- Psychosocial stressors
- Significant family conflict

Short Term Goals (during hospitalization):

Stabilization and safety including decrease in suicidal ideation and formation of a safety plan that pt is willing to utilize at home. Symptoms will not interfere with their functioning. Pt will demonstrate participation in therapeutic groups. Pt will demonstrate the acquisition of coping skills and should be able to practice coping strategies and interpersonal skills. Pt will demonstrate engagement in individual to address safety and treatments goals.

Long Term Goals:

Pt will be able to function at school, home, and the community. Pt will maintain safety and be able to communicate when pt is feeling unsafe. Pt should continue with outpatient psychotherapy to address symptoms that interfere with functioning. Pt should receive continue psychiatric consultations and medication management as needed.

Alix Weitman, LCSW
 2/12/2021

Electronically signed by Weitman, Alix, LCSW at 2/12/2021 11:17 AM

Moran, Megan, MT-BC at 2/11/2021 1315

Music Therapy Progress Note

Session Type: Group

SUBJECTIVE: Patient arriving to music therapy session and appearing calm.

OBJECTIVE/GROUP NOTE:

	02/11/21 1315
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Passive participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm;Guarded
Mood	Guarded;Happy

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Guarded
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Able to listen to others;Able to engage in interactions

Interventions Used: Therapeutic Songwriting, Lyric Analysis/Song Discussion and Receptive Music Listening

Instruments / Materials Used: Lyric Sheets, iPad and Guitar

Role of Music: Act as a stimulus for emotional responses, Act as a stimulus for physiological responses and Act as a basis for emotional expression

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Lyric Analysis: MT-BC played 2 songs and provided patient with lyrics and pen. MT-BC instructed patient that during song presentation patient could circle/underline meaningful lyrics, doodle, or just listen to song. After each song verbal discussion related to meaningful lyrics was opened and patient was given opportunity to share thoughts/feelings/reactions to songs. Songs played this date were: "Rainbow" by Kacey Musgraves, and "I Am Light" by India Arie.

Piggyback Songwriting: MT-BC played song "I Am Light" by India Arie group members were provided rainbow worksheet and directed to write positive "I Am" statements on the colored lines and "I am not" statements in the clouds. The group then came up with series of "I am" statements for the chorus of the song and a series of "I am not" statements for the verses. 3 choruses and 3 verses were written:

Title: "I Am"

<p>Chorus 1: I am a good dancer, I am a good person I am an artist, I am perfect the way I am I am myself, I am smart I am a funny, I am beautiful</p>	<p>Verse 1: I am not what people make me out to be I am not ugly I am not stupid I am unique</p>
<p>Chorus 2: I am strong, I am special I am happy, I am respectful I am amazing, I am a good friend I am brave, I am resilient</p>	<p>Verse 2: I am not worthless, I am not hopeless I am not a mistake I am positive</p>
<p>Chorus 3: I am extravagant, I am caring I am grateful, I am kind I am responsible, I am independent I am loved, I am thoughtful</p>	<p>Verse 3: I am not alone I am not unhappy I am not a disaster I am useful!</p>

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding and demonstrated understanding.

ASSESSMENT:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Patient's Response to Music: Positive and Guarded AEB patient showing positive affect throughout session. Dalilah passively engaged in music therapy session this date, keeping to herself during song discussion but observed to be following along with song lyrics and non-verbally agreeing with other peers. Dalilah was pulled out of music therapy group before the songwriting process and did not return to group.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 2/11/2021 2:53 PM

Weitman, Alix, LCSW at 2/11/2021 1604

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW met with pt for an initial interview.

SW spoke with pt's father. SW introduced herself as pt's social worker and provided further information about PBHU programming and the goals of hospitalization. Pt's father expressed that he was concerned that pt was expressing suicidal ideation and planned to connect her with counseling resources at the Help Center in Bozeman, Montana when they returned. SW and pt's father discussed legal custody and those were able to contact pt. Pt's father expressed that pt's mother was currently being held in contempt of court and would be released the following day. Pt's father reported that he currently had full legal and physical custody of pt, and that pt's mother was not to contact pt by phone or visit. SW explained that she would need documentation to prevent a natural parent from contacting pt. Pt's father emailed a temporary restraining order that had been put in place on 2/1/21, as well as the most recent court order from 2/10/21. SW shared that she would have the SLCH legal team review these documents and would proceed as advised. Pt's father indicated understanding. Pt's father expressed his perspective that pt is "saying things to try to get her way," and that pt wanted to remain in St. Louis to be close to her friends. Pt's father continued that he was trying to get pt "out of her mom's house" because pt's mother is involved with "drugs and felons." Pt's father provided verbal consent for SW to be in contact with pt's GAL, Venus Jackson. Pt's father expressed willingness to participate in pt's treatment. Pt's father continued that he planned to visit pt that evening and inquired whether pt could refuse visits. SW indicated that pt had the ability to refuse visits and phone calls. Pt's father indicated understanding.

*SW contacted Venus Jackson, guardian ad litem, 314-325-4250. Ms. Jackson indicated that the judge had ordered pt to be returned to her father's custody. Ms. Jackson indicated her understanding that pt's mother was able to contact pt by phone after she was released from police custody, but that she could not visit pt because it was not her visitation time.

*SW contacted on call risk management Dan Brown. SW provided a brief summary of the concerns as related to custody and pt's mother's ability to be in contact with pt by phone or visit. SW emailed the court documents to Mr.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Brown for review. SW awaiting a response.

Alix Weitman, LCSW
2/11/2021

Electronically signed by Weitman, Alix, LCSW at 2/11/2021 6:47 PM

Morris, Aimee Elizabeth, MD PhD at 2/12/2021 0953

Attestation signed by Wenzinger, Michael L., MD at 2/12/2021 10:39 PM (Updated)

I have seen and examined the patient on 02/12/21. I agree with the findings and plan of care as documented in the resident's/fellow's note.

No major change in diagnostic assessment. Note that a very tumultuous psychosocial situation appears a major factor -- mother notably to be released from prison tonight. Father is temporarily staying in St Louis and agreeable to continued hospitalization here at SLCH due to concern for high risk of harm if patient discharged given current reports of SI.

Parent agreeable to medication trial of Kapvay which appears appropriate for broad potential treatment of PTSD + impulsivity + anxiety concerns. Broadly would note that psychosocial stressors most likely/significant etiology of symptoms, and as such prolonged pharmacology may not be required pending further observation as social stressors resolve.

Psychiatry Inpatient Treatment: Progress Note

Interval History:

No acute overnight events. Staff reports active and appropriate participation in skills group/community meeting. Alix Weitman, LCSW, spoke with Venus Jackson, Dalilah's guardian ad litem yesterday. Ms. Jackson indicated that the judge had ordered pt to be returned to her father's custody. Per SW and hospital legal department, Dalilah's mother will be able to contact Dalilah by phone after she is released from police custody, but cannot visit.

We met this morning in the consult room. Dalilah asserts she does not feel safe with her father and will not return to Montana with him. She says she will be suicidal if she has to go back there with him and says, "I am afraid he will hit me or rape me." She continues to endorse unwanted sexual groping and verbal abuse. She gives an example of him and his wife telling her that she is "unfixable" because her mother "brainwashed" her while first picking her up to bring her to their home in Montana when they gained full-time custody in August 2020. She denies active SI while here. With respect to drug usage, Dalilah says she started smoking marijuana "out of an apple" while living in Montana. She uses it 2-3 times a week. She has never used it more frequently. She likes it because it helps her anxiety and she is then able to relax and fall asleep. She is worried her marijuana may have been laced with methamphetamine if that was detected on her urine screen. She expressed interest in trying a medication to help with relaxation instead of continuing to use marijuana as the possibility of it being laced makes her very uncomfortable. She also vaped nicotine occasionally in MT (1 disposable every 3 weeks) but has stopped vaping due to concern for her health. She vigorously denies ever using methamphetamine. She describes seeing the effect of having a mother addicted to heroin and meth

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

had on her best friend, Bree. She thus vows she would never do meth. She does spend a lot of time at Bree's house and while Bree's mother does not live there, she still visits occasionally.

Spoke with Venus Jackson, Dalilah's guardian ad litem, by phone. She has been Dalilah's GAL for 2 years. She expresses deep love for Dalilah and feeling very burned out and sad by the bitterness of her parent's custody fight. She describes worrying behaviors from Mom including poor compliance with legal requirements, including once going to Las Vegas while Dalilah stayed in another household without first notifying the GAL, recording court proceedings and posting them to Facebook, and not returning Dalilah to her father's custody at the appointed dates. Dalilah's mom also posts inflammatory content on Facebook including accusations that Dalilah's father wants custody because he is part of a child sex trafficking ring and is paying off the judges and GAL so they will grant him custody. She also notes that Dalilah's father has placed multiple hotlines alleging that Dalilah's mom was abusing drugs or was not providing adequate supervision, but all of these hotlines have been closed. Regarding Dalilah's father, Ms. Jackson confirms that he has had prior probation for domestic violence against his current wife but his wife claimed it was all a misunderstanding when she asked her about it. She does not know whether or not to believe Dalilah's allegations of abuse and while she has concerns about him, he has complied with legal requirements whereas Dalilah's mother has not. When asked if there is a family member or other 3rd party she would recommend Dalilah live with instead, no one else has come forward to petition for custody and thus a 3rd party is not an option unless this becomes a juvenile case. Regarding Dalilah, Ms. Jackson notes that she has seen Dalilah play her parents one against the other in the past. She notes that Dalilah never called her to disclose abuse while living in Montana and thinks Dalilah and her father seemed to have a good relationship prior to him taking full custody in August 2020.

Spoke with Dalilah's father, James Judy, by phone. He spent most of the phone call reiterating allegations he has made against Dalilah's mother. His understanding of why she is here is, "She says she is suicidal but only when she is with me. That makes no sense that someone could only be suicidal in one setting but not others. I do have to take that statement seriously though." Regarding his decision to petition for full custody, he says "her mom is on drugs. She has a mental disorder," and that he had to apply for custody to protect her from her mom. He says that his step-daughter told him that Dalilah and her mom would smoke weed together. He attributes all of Dalilah's anger towards him and resistance to coming home as brainwashing. He notes that when he used to have custody for vacations only, he and Dalilah would initially "walk on eggshells around each other" but that their relationship would improve over the summer and they would eventually "have a great time" but as soon as she went back to her mother in STL, Dalilah would immediately not want to speak to him or call so he would go months without talking to her. After Dalilah placed a hotline alleging sexual abuse in December 2020, James states that he called to set up counseling at the community mental health center but that she did not go because she has been in STL since then. He did not identify any specific trauma that Dalilah has witnessed or been exposed to. He states she has been impulsive since childhood.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.2 °C (97.2 °F) Max: 36.2 °C (97.2 °F)

Pulse Min: 88 Max: 100

BP Min: 97/56 Max: 97/56

Resp Min: 16 Max: 16

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 1 of 4) (continued)**

- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/11/21 2024
- NON FORMULARY (FOR INPATIENT USE), 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/12/21 0850
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:**General Appearance and Behavior:**

- Appears stated age
- No apparent distress and well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without a plan, conditional suicidal statements: "I will be suicidal if I have to live with my dad"

Mood: "better"

Affect/Attitude: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Assessment/Plan

Primary Diagnosis:
Does not feel safe at home

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns

Plan:**Psychiatric Medical Management:**

- DDx includes major depressive disorder, adjustment disorder, PTSD, and generalized anxiety disorder
- Start clonidine ER 0.1 mg qHS for emotional lability, and past exposure to trauma
- Medication changes, side effects and risk/benefits (including black box warning) discussed with guardian ad litum/parents.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litum appointed.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Morris, Aimee Elizabeth, MD PhD at 2/12/2021 5:41 PM
Electronically signed by Wenzinger, Michael L., MD at 2/12/2021 10:39 PM

Moran, Megan, MT-BC at 2/12/2021 1315

Music Therapy Progress Note

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Session Type: Group

SUBJECTIVE: Patient arriving to music therapy group and appearing calm.

OBJECTIVE/GROUP NOTE:

	02/12/21 1315
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm
Mood	Happy;Guarded
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Friendly;Socializes
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Identified resources and support systems

Interventions Used: Clinical Music Improvisation, Breathing Techniques, Progressive Muscle Relaxation, Therapeutic Instrument Play and Receptive Music Listening

Instruments / Materials Used: Handheld Percussion, Lyric Sheets, iPad and Bluetooth Speaker

Role of Music: Act as a stimulus for emotional responses, Act as a stimulus for physiological responses and Act as a basis for emotional expression

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Progressive Muscle Relaxation/Group Breathing: MT-BC guided patients through a series of deep breathing, stretching, and relaxation with live guitar music. Patients were encouraged to focus on their 5 senses at the end of the exercise. Different chords were assigned to tension/inhale and relaxation/exhale

Hand Held Percussion Improvisation/Warm-Up: MT-BC introduced various handheld percussion instruments and gave group members time to become comfortable playing with instruments.

Interpersonal Connectedness Instrument Play: MT-BC allowing group to choose an instrument to play this date. MT-BC then explaining process of activity to group that while recorded music was playing, group members can play their instruments but must "pass" their instrument to the person on their right when MT-BC said "pass." Group members were then asked which instrument was their favorite to play and time for processing was provided.

Therapeutic Singing: MT-BC introduced two songs to group members ("Lean on Me" by Bill Withers and "I Like Me Better" by Lauv, and "I Can See Clearly" by Johnny Nash). MT-BC taught group chorus and encouraged group members to sing along. After a group members felt comfortable with lyrics and melody, MT-BC played through song while group members were encouraged to sing and play their instrument. MT-BC invited group members to share people or activities as coping skills and how they related to the lyrics of each song.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding and demonstrated understanding.

ASSESSMENT:

Patient's Response to Music: Positive and Active verbal AEB patient engaging in verbal processing, patient actively participating in musical processes, patient socializing with group members, patient identifying coping skills, patient showing positive affect throughout session and patient sharing insight on personal behaviors as they relate to music. Dalilah actively engaged in music therapy session this date. She engaged in breathing and stretching as well as 100% of instrument play this date. Dalilah reported enjoying playing the egg shakers most and stated the cabassa was "annoying." She expressed enjoyment in choir at school but states they have to record themselves singing while virtual which is "awkward." She stated song "Lean on Me" was "okay" but stated the song makes her think of her best friend. Dalilah appeared relaxed for music therapy session and was observed to socialize appropriately with peers during music session.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 2/12/2021 3:41 PM

Weitman, Alix, LCSW at 2/12/2021 1503

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW contacted the MO CD Jennings office and left a voicemail requesting a return call to identify the assigned worker for an open case. Brittany returned her call shortly and reported that the assigned worker was Megan Donnelley, MO CD investigator, ph: 314-264-7739.

*SW contacted Christopher Bly, Montana CD investigator, ph: 406-223-6190. Mr. Bly confirmed that the allegations had previously been investigated and that the case was closed as unsubstantiated. Mr. Bly reported that he remained available to assist if needed.

*SW contacted Megan Donnelley, MO CD investigator, ph: 314-264-7739. Ms. Donnelley was unavailable at the time of the call and returned her call shortly. Ms. Donnelley reported that all of the allegations had been previously investigated by Montana CD and had been found to be unsubstantiated. Ms. Donnelley reported that she had interviewed pt on 2/9/21 at pt's mother's home, and would not need to interview her again. Ms. Donnelley reported

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 1 of 4) (continued)**

that she had concluded her investigation with a finding of "already investigated." Ms. Donnelley requested for SW to inform her when pt would be discharged so that she could request for MT CD to do a home visit, which MT CD was not required to do. Ms. Donnelley reported that pt's mother had been found to be an unfit parent in 8/20, which had led to pt's father being awarded physical custody. Ms. Donnelley continued that pt was bound by the court order to return to her father's care at discharge.

*SW spoke with Dan Brown--Risk Management, who reported that he had reviewed all of the legal documents provided by pt's father with the SLCH legal team. Mr. Brown reported that pt's mother retained her parental rights and was able to receive updates about pt's progress. Pt is also allowed to have phone calls with her mother. Pt's mother is currently only permitted to have supervised visits per the court order, which the hospital does not provide. Mr. Brown reported that pt's mother would have to pursue obtaining visit supervision through the court.

*SW spoke with Venus Jackson, guardian ad litem, [314-325-4250](tel:314-325-4250), and provided her with an update related to pt's parents ability to speak and visit with pt. Ms. Jackson reported that she was unaware that pt's visits needed to be supervised, and would review the court order. SW and Ms. Jackson planned to check in on 2/15/21.

*SW met with pt for an individual session.

*SW placed a separate hotline through the MO CD online reporting system related to pt's UDS being positive for methamphetamine.

Alix Weitman, LCSW
2/12/2021

Electronically signed by Weitman, Alix, LCSW at 2/12/2021 5:37 PM

Bruner, Jennifer, ATR at 2/12/2021 1632

Art Therapy Note for BH**Session Type: Group**

02/12/21 1400	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1400
Group End Time	1445
Total Time (min)	45
Group/Topics	(Art Therapy)

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm;Bright
Mood	Happy
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Compliant with treatment/expectations;Motivated for treatment
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Discussed coping strategies;Increased hopefulness;Able to listen to others;Able to engage in interactions

Directive/Goals: Other: Directive/Goals: Other: Introduced art therapy. Art therapist assessed group for appropriateness of materials. Directed group to use a white crayon and draw a heart with different feelings on the inside and write coping skills on the outside. Goal: increase identification and verbalization of feelings, increase coping skills, increase problem solving skills, increase distress tolerance. Group was focused and engaged in their artwork. They were respectful of others and shared their work with the group.

Notes: Dalilah spent the session focused on her artwork and talking to her tablemate. She appeared confident in her painting ability as she blended colors to create a landscape image. She encouraged her tablemate to keep working on her art and not give up. Dalilah shared her image with the group " I did what I wanted to" in reference to painting a landscape. Stating, "the ground the sky it represents growth and self growth, cause I need to do a lot of it". Dalilah continued to work till the end of group painting green on the top of trees. She reported, "it's a work in progress".

Note written by

Sherice Wilson, BA
 Art Therapy Intern.

Supervised by
 Jennifer Bruner, MA, ATR-BC, LPC, NCC
 Julie Gant, MA, ATR-BC, LPC

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Reviewed by

Jennifer Bruner, MA, ATR-BC, LPC, NCC
Board Certified Art Therapist
Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 2/12/2021 4:50 PM

Weitman, Alix, LCSW at 2/12/2021 1739

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, coping strategies, gaining insight into behaviors, processing incident, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt. Pt reported that her mood was "good" and that she was feeling more comfortable on the PBHU. SW provided pt with an update that she was permitted phone calls with her mother and that her mother was not currently able to visit. Pt expressed frustration and sadness that she was not able to visit with her mother. Pt also expressed concern that her mother still did not know she was hospitalized. SW provided validation. Pt continued to express frustration with the court system and continued fear regarding returning to her father's care, stating "I'm afraid he will rape me." SW validated pt's emotional state. SW noted that it may not be possible to change the court order. Pt expressed that she was not sure that she would be able to survive 4 years in his custody due to the severity of her depressive symptoms and suicidal ideation after 7 months. Pt had difficulty considering how she would tolerate this situation if she was discharged to her father. Pt reported that if she was required to return to her father's, she would run away. SW and pt reviewed coping skills for anxiety, as pt reported high anxiety related to the court proceedings. SW introduced skills including distracting with other thoughts and grounding skills. Pt was easily engaged in practicing these skills with SW. Pt reported that she would continue practicing them over the weekend.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
 2/12/2021

Electronically signed by Weitman, Alix, LCSW at 2/12/2021 5:47 PM

Dimaya, Doris at 2/12/2021 1957

Needs Assessment

Chaplain provided visit with this patient as was requested through spiritual care consult. Patient welcomed the chaplain's visit. She said that she is Christian and believes in God. She shared her experiences and her concerns about her life and her questions. She also shared her feelings. She asked this chaplain to offer prayer with her and also requested a Bible.

Intervention

Chaplain actively listened, established rapport, offered compassionate presence, provided emotional and spiritual support. Chaplain offered prayer and provided Bible. Chaplain also gave patient SLCH Spiritual care services brochure and also communicated that chaplains are available here at SLCH 24/7.

Outcome

Patient expressed her appreciation and gratitude for the chaplain's visit, prayer, and the Bible which was provided.

Follow Up

Patient is aware that she can ask for a chaplain's visit at any time. Chaplains will not provide follow up visits on a routine basis with this patient during this hospitalization.

	02/12/21 1825
Time Spent	
Start Time	1825
Stop Time	1850
Time Calculation (min)	25 min
Patient Spiritual Assessment	
Spirituality Assessed	Yes
Religious Affiliation	Christian
Active in Religion	Yes
Clinical Encounter Type	
Visited With	Patient
Response Type	Routine visit (Referral from Doctor)

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Routine Visit	Introduction
Reason for visit	Anxiety;Goals of care;Patient Spiritual Care Encounter;Religious needs;Support
Referral From	Physician
Referral To	Chaplain
Religious Encounters	
Religious Needs	Prayer;Bible;Pastoral care brochure
Patient Spiritual Care Encounters	
Spiritual Assessment	4
Adaptation to Hospital	4
Suffering Severity	2
Fear Level	2
Feelings of Loneliness	No
Feelings of Hopelessness	Yes
Coping	4
Social Interaction	100% of the time
Grief Facilitation	No
Outcomes and Interventions	
Outcomes	Preserve dignity and respect;Demonstrating care and respect;Faith affirmation;Establish rapport and connectedness;Sense of peace;Lessen anxiety;Acceptance of condition or situation
Interventions	Active listening;Offer emotional support;Offer spiritual/religious support;Prayer;Explore faith and values

Electronically signed by Dimaya, Doris at 2/12/2021 8:02 PM

Wilson, Katie Elizabeth, MD at 2/13/2021 1905

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Dalilah reports doing "okay" today. She states that she is worried about her parents' dispute over custody. She spoke to her mother this morning and has talked with a therapist, which she found helpful. Dalilah reports that she slept poorly last night and awakened 4 or 5 times due to discomfort. This is unchanged on clonidine compared with previous nights. She reports lower energy today, no other adverse medication effects. Dalilah denies active suicidal ideation, but repeats her previous statements that she would kill herself if forced to live with her father. She tells me that she has fleeting suicidal thoughts when she thinks about this.

Staff reports she did well last night and had a good conversation with her mother. Alix Weitman, LCSW, spoke with Venus Jackson, Dalilah's guardian ad litem. Ms. Jackson indicated that the judge had ordered pt to be returned to her father's custody. Per SW and hospital legal department, Dalilah's mother will be able to contact Dalilah by phone after she is released from police custody, but cannot visit.

Spoke by telephone with Dalilah's father, James Judy. He spent most of the phone call reiterating allegations he has made against Dalilah's mother, including alleging that she uses drugs and allows Dalilah to use drugs and that she teaches Dalilah to make accusations of abuse in order to avoid spending time with him. He attributes Dalilah's anger towards him and resistance to coming home to a desire to remain with her mother, where she is able to use drugs and has few behavioral expectations.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.3 °C (97.3 °F) Max: 36.9 °C (98.4 °F)

Pulse Min: 75 Max: 90

BP Min: 88/52 Max: 137/71

Resp Min: 16 Max: 18

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, Nightly, Wenzinger, Michael L., MD, 0.1 mg at 02/12/21 2017
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/13/21 0841
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/12/21 2017
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/13/21 0844

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without a plan, conditional suicidal statements: "I will be suicidal if I have to live with my dad"

Mood: "okay"

Affect/Attitude: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Does not feel safe at home

Assessment:

Dalliah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Plan:

Psychiatric Medical Management:

- DDx includes major depressive disorder, adjustment disorder, PTSD, and generalized anxiety disorder
- Continue clonidine ER 0.1 mg qHS for emotional lability, and past exposure to trauma. Consider increasing dose, adding AM dose to treat daytime symptoms.
- Medication changes, side effects and risk/benefits (including black box warning) discussed with guardian ad litum/parents.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litum appointed.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wilson, Katie Elizabeth, MD at 2/13/2021 7:18 PM

Wilson, Katie Elizabeth, MD at 2/14/2021 2221

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Dalilah reports doing "bleh, okay" today. She tells me that she got in an argument with her father yesterday because he had logged into her social media accounts, which she perceived as a violation of her privacy. Dalilah reports that she slept well last night, with no difficulty falling asleep or maintaining sleep. She endorses an "okay" appetite today, noting that she ate a small breakfast. Dalilah reports no active suicidal ideation, but still states that she thinks about killing herself when she thinks about going to live with her father. She tells me that she would

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

rather be placed in foster care.

Staff reports Dalilah had a phone conversation with her mother yesterday during which her mother made a 3-way call with one of Dalilah's friends who has allegedly provided her drugs in the past. Alix Weitman, LCSW, spoke with Venus Jackson, Dalilah's guardian ad litem. Ms. Jackson indicated that the judge had ordered pt to be returned to her father's custody. Per SW and hospital legal department, Dalilah's mother will be able to contact Dalilah by phone after she is released from police custody, but cannot visit.

Spoke by telephone with Dalilah's father, James Judy. Provided an update on her status. Confirmed that he still provides consent to increase her clonidine ER dosage from nightly to twice daily.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.2 °C (97.2 °F) Max: 36.4 °C (97.5 °F)

Pulse Min: 67 Max: 76

BP Min: 96/50 Max: 134/58

Resp Min: 17 Max: 18

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/14/21 2017
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/14/21 0831
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/14/21 2017
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/14/21 2018
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and well-dressed

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without a plan, conditional suicidal statements: "I will be suicidal if I have to live with my dad"

Mood: "bleh, okay"

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Does not feel safe at home

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns

Plan:

Psychiatric Medical Management:

- DDx includes major depressive disorder, adjustment disorder, PTSD, and generalized anxiety disorder
- Will increase clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

issues. Daily progress: improvement

-Continue 1:1 therapy sessions with LCSW

-Engage in the therapeutic milieu of the PBHU.

-Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

-No acute medical concerns

Social Management:

-Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litem appointed.

- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.

- For complex social issues, please consult the legal department/risk management

Disposition:

-Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition

-Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wilson, Katie Elizabeth, MD at 2/14/2021 10:34 PM

Weitman, Alix, LCSW at 2/15/2021 11:22

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW spoke with Venus Jackson, guardian ad litem, to discuss pt's discharge plan. SW shared that pt was continuing to express suicidal ideation and feeling unsafe should she be discharged with her father. Ms. Jackson noted that safety concerns were also present with pt's mother given her positive UDS. SW inquired whether any other placements were an option for pt. Ms. Jackson stated that long as the case is in domestic court, pt must be placed with either her mother or father. Ms. Jackson continued that if there is an open hotline, the deputy juvenile office can decide to get involved and pt could be placed in protective custody until there is a trial to determine whether the allegations were substantiated. Both parents would then need supervised visits if that occurred. SW noted that the hotlines had been closed with a finding of "previously investigated." Ms. Jackson reported that pt had not had a forensic interview at the CAC during the course of these investigation and that she was unable to request one unless pt's case was transferred to the juvenile division. MD Wenzinger joined the call and Ms. Jackson reviewed this information with him. Ms. Jackson reported that her goal was to keep pt safe and that she found it difficult to assess the accuracy of pt's allegations. Ms. Jackson reported that she would speak with the judge and consider filing a motion to transfer the case to juvenile court so that pt would have more access to services and the safety concerns could be appropriately investigated. SW and MD expressed their support of this plan.

*SW met with pt for an individual session.

Alix Weitman, LCSW
2/15/2021

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Electronically signed by Weitman, Alix, LCSW at 2/15/2021 7:28 PM

Wenzinger, Michael L., MD at 2/15/2021 1422

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Met with patient in the AM,

Dalilah reports she is "hanging in there" when asked how her mood was. She does continue to endorse SI with plan ("whatever it takes") if she goes home with father, whom she reports is "grooming" her. She expressed desire to return home with mother and anger towards the court, her GAL, and her step-mother. She does deny any side effects from her medication but also denies any significant benefit. Patient did report she would be open to meeting with her dad on the unit under supervision.

Spoke with mother who agrees with medication plan. Mother agrees with patient description/concerns towards father but is also accepting that the hospital cannot go against court decisions. Mother reported plan to file her own court motions to dismiss the TRO against her by the father and allow her physical custody once again.

Spoke with father. He agreed with medication plan. He expressed frustration toward allegations, reports he "would never sexually touch [Dalilah]." He does agree that she is not safe to go home with him at this time, was curious if patient could benefit from Substance use treatment as he looked through her phone and found evidence she has been using more substances than MJ (mushrooms, other club drugs). He feels strongly she should complete substance use treatment in MT.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.2 °C (97.2 °F) Max: 36.3 °C (97.3 °F)

Pulse Min: 72 Max: 76

BP Min: 93/46 Max: 134/58

Resp Min: 17 Max: 18

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/15/21 0827
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Elizabeth, MD PhD, 1 tablet at 02/15/21 0827

- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/14/21 2017
- OLANzapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANzapine (ZYPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/15/21 0827
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without clear plan, but does offer options when explored (cutting, pills)

Mood: "Uh, hanging in there."

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Unspecified Trauma & Related Disorder

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns. Diagnostically concerns for PTSD given history/reports, generalized + social anxiety disorder, as well as an unspecified impulse control, conduct, or disruptive disorder. Also note concern for Marijuana Use Disorder as well as other substance use disorders.

Currently patient continues to express SI if returned home with father and continues to make concerning allegations of sexual grooming. Hotlines notably have been placed and all cleared, but patient refuses to engage in safety plan and remains insistent. Is showing some progression towards being open to talking to father on unit. Do note that disposition to a substance abuse program could present both appropriate treatment and a reasonable alternative to continued hospitalization.

Plan:

Psychiatric Medical Management:

- Continue clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litem appointed.
- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wenzinger, Michael L., MD at 2/15/2021 3:20 PM

Famoyegun, Moses at 2/15/2021 1423

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Spiritual Care

Assessment: Chaplain responded to cultural consult from this patient's physician that patient has suicide ideation and depression and spiritual care was needed for patient. Upon arrival at the unit, patient was in dining area. Chaplain waited until she finished her meal before moving down to the lounge. Patient states that she has superficial cut on her thigh because she was suicidal. Patient mentioned that she was not safe with her father at home because of inappropriate behavior to this patient. Patient also discussed about her concern about court decision to get her back with her father. Patient states that father has her custody currently. Patient affirmed her religion tradition as Christian and requested for prayer.

Intervention: This chaplain offered prayer as requested. Provided active listening and compassionate presence. I acknowledge patient's present situation and lessen anxiety. I Help to mend broken relationship with her family. Provided emotional and spiritual support.

Outcome: Patient was very appreciative of spiritual care and support. I assured her that chaplain service will be available throughout this admission.

	02/15/21 1400
Time Spent	
Start Time	1130
Stop Time	1210
Time Calculation (min)	40 min
Patient Spiritual Assessment	
Spirituality Assessed	Yes
Religious Affiliation	Christian
Active in Religion	Yes
Clinical Encounter Type	
Visited With	Patient
Response Type	Routine visit
Reason for visit	Cultural consult
Referral From	Physician
Referral To	Chaplain
Religious Encounters	
Religious Needs	Prayer
Patient Spiritual Care Encounters	
Spiritual Assessment	4
Adaptation to Hospital	5

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Fear Level	5
Feelings of Loneliness	No
Feelings of Hopelessness	No
Coping	5
Social Interaction	100% of the time
Grief Facilitation	No
Outcomes and Interventions	
Outcomes	Aligning care with Patient's values; Faith affirmation; Establish rapport and connectedness; Sense of peace
Interventions	Explore faith and values; Offer emotional support; Prayer
Cultural Consult	
Concern about goals/intent of health care provider	Patient has a cpp consult
Concern about physical privacy or gender of health care providers	Patient/family prefers same gender care giver

Electronically signed by Famoyegun, Moses at 2/15/2021 3:01 PM

Weitman, Alix, LCSW at 2/15/2021 1430

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes
 Others Present: No

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, coping strategies, gaining insight into behaviors, processing incident, assessing

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 1 of 4) (continued)****Interpersonal relationships****Intervention:**

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt. Pt reported feeling "bored" over the weekend and expressed her wish to be discharged to her mother's care. Pt reported that she would continue to experience suicidal ideation if discharged to her father and that she would refuse to go with him. Pt also expressed frustration with her father for looking through her phone. SW validated pt's frustration with her lack of control over her placement. SW introduced the options for responding to any problem and reviewed these with pt. Pt noted that she was trying to solve the problem of living in an unsafe environment. Pt had difficulty considering what tolerating the problem would look like, although she was able to identify a need for radical acceptance. SW and pt discussed pt's willingness to have supervised visits with her father. Pt reported that she wanted to address her father's motivations for going through her phone and seeking custody. Pt also shared that her stepmother further strained her relationship with her father and that she was not willing to see her stepmother. Pt continued to consider other ways to solve the problem of her placement, including her mother's filing of other court motions. SW validated pt's desire to solve the problem as she saw it, although she noted that it appeared unlikely that pt would be discharged from the hospital to her mother's care given the court order. Pt agreed to consider the other options for problem solving and discuss these with SW the following day.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/15/2021

Electronically signed by Weitman, Alix, LCSW at 2/15/2021 7:44 PM

Bruner, Jennifer, ATR at 2/15/2021 1554**Art Therapy Note for BH****Session Type: Group****02/15/21 1315**

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 1 of 4) (continued)

Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1415
Total Time (min)	60
Group/Topics	(Art Therapy)
Attendance	Attended
Participation	Passive participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm
Mood	Hopeful
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Calm;Appropriate, relaxed;Cooperative;Friendly
Teaching Method	Verbal;Group discussion
Barriers to Learning/Participation	None
Response to Group	Discussed coping strategies;Identified feelings;Able to listen to others;Able to engage in interactions;Able to manage/cope with feelings;Able to experience relief/decrease in symptoms

Directive/Goals: Other: Introduced art therapy to group. Discussed coping skills and encouraged group to paint a safe coping skill while thinking about how the process of painting makes them feel. Goal: increase identification and verbalization of feelings, increase problem solving and coping skills, increase distress tolerance. Group was respectful to each other, staff, and the materials.

Notes: Dalilah actively participated in the art therapy directive. She appeared comfortable with the materials AEB her ability to blend paint. Dalilah reported painting was something she does with her mom and she enjoys painting. Dalilah described her coping skill painting as, "I like looking at the sky, it's a sunset with clouds". Dalilah remained in the art therapy group and moved to another seat to sit closer to another group member. She sat quietly, as if a support of the other group member, and read her book.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
 Board Certified Art Therapist
 Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 2/15/2021 3:58 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 1 of 4) (continued)

Moran, Megan, MT-BC at 2/16/2021 1315

Music Therapy Progress Note

Session Type: Group

SUBJECTIVE: Dalilah arriving to music therapy group after start of session, patient appearing calm upon arrival.

OBJECTIVE/GROUP NOTE:

02/16/21 1315	
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Passive participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm;Flat
Mood	Ambivalent;Guarded
Exhibited Behaviors/Symptoms	Apathetic;Calm
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Able to listen to others;Able to engage in interactions

Interventions Used: Clinical Music Improvisation, Breathing Techniques, Progressive Muscle Relaxation and Therapeutic Instrument Play

Instruments / Materials Used: Large Drums and Bluetooth Speaker

Role of Music: Encourage interpersonal effectiveness, Act as a stimulus for emotional responses, Act as a stimulus for physiological responses and Act as a basis for emotional expression

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Movement to Recorded Music: MT-BC played upbeat instrumental recorded music and guided group through various stretching and therapeutic rhythmic massage to music for grounding and focus.

Drum Improvisation/Warm-Up: MT-BC introduced large drums and gave group members time to become comfortable playing with instruments by each stating their name, a sound on their drum, and how they were feeling today.

Interpersonal Connectedness Drumming: (1) MT-BC gave directive of each group member playing a short rhythmic excerpt on drum for group to imitate. (2) MT-BC gave directive for each group member to "take the lead" on drum when entire group was playing. Followers were instructed to imitate leader as best as possible. (3) Group divided into two groups to take turns drumming for 30-45 seconds at a time. Sub-groups were then encouraged to communicate with other members on how they wanted their group to "sound" when playing. (4) Group played together for approximately 1-min. and improvisation was encouraged to close out drumming experience.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Escalation Cycle Drumming: MT-BC introduced topic of the escalation cycle to patients. Patients were given the opportunity to share their knowledge about the different stages of the escalation/de-escalation cycle and the different colors. MT-BC then discussing what each color (green, yellow, blue/red/purple, yellow, grey, and green) would sound like to get an idea of what group members would play during improvisation. MT-BC then giving drumming directive of playing each stage of the escalation/de-escalation cycle on the drums. The entire drumming exercise took approx. 4-6 minutes and MT-BC instructed group giving each color of the escalation cycle 60-90seconds of drumming before switching to the next color. Opportunity for processing experience was provided afterwards.

Cool Down to Recorded Music: MT-BC played slower instrumental recorded music and guided group through various stretching and deep breathing for grounding and relaxation.

Opportunity to process group was provided upon conclusion of session.

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding.

ASSESSMENT:

Patient's Response to Music: Neutral and Passive non-verbal AEB patient refusing to engage in musical processes. Dalilah arriving to music therapy group late d/t meeting with treatment team and refusing to engage in drumming exercises. She was observed to engage in diaphragmatic breathing exercises during cool down and occasionally observed to stretch during cool-down. Dalilah otherwise remained seated quietly in her chair. She appeared calm and in control of her emotions/behaviors throughout.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 2/16/2021 2:44 PM

Weitman, Alix, LCSW at 2/16/2021 1453

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW met with pt for an individual session.

*SW spoke with Venus Jackson, guardian ad litem, to discuss pt's discharge plan. Ms. Jackson reported that she had filed a request for pt's case to be transferred to juvenile court, which pt's father's lawyer had objected to. Ms. Jackson continued that the next step was to schedule hearing and she was not able to provide a timeline for when and whether this change would occur. SW and Ms. Jackson discussed the recommendation for substance use treatment. Ms. Jackson reported that she remained available as needed to promote pt's safety.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

*SW contacted pt's mother and introduced herself as pt's social worker. Pt's mother inquired whether pt's case would be transferred to the juvenile division. SW redirected pt's mother to pt's GAL for questions related to the court proceedings, and shared her understanding that pt would have access to more resources if the case was in the juvenile division. Pt's mother agreed. Pt's mother inquired about the status of the hotline. SW encouraged pt's mother to contact MO CD worker Megan Donnelley and shared her understanding that the allegations were not being investigated further at that time as they had been previously investigated. Pt's mother thanked SW for her help.

Alix Weitman, LCSW
2/16/2021

Electronically signed by Weitman, Alix, LCSW at 2/16/2021 3:00 PM

Wenzinger, Michael L., MD at 2/16/2021 1656

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Met with patient in the AM,

Dalilah continues to report feeling unsafe if she returns home with father -- stating plan/intent to engage in suicide as she feels very unsafe with him ("[she thinks] it's just a matter of time until he rapes [her], he's a pedophile"). She continues to advocate for plan to return home with mother, expressing frustration towards court decision against this. Denies any other acute issues.

Spoke with father. He expresses frustration with allegations, continues to support he has never been inappropriate with her. Continues to feel patient would do best returning to MT with outpatient support. Did discuss placement to substance abuse placement which he was agreeable towards.

Spoke with mother, reports she that will be filing motions to get TOR removed. Continues to support that patient would be safest if she returns home with mother.

Spoke with GAL -- advocates that at this time must abide by court. Did report she is filing to have case moved to Abuse & Neglect court given allegations/concerns.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.5 °C (97.7 °F) Max: 36.5 °C (97.7 °F)

Pulse Min: 57 Max: 88

BP Min: 108/72 Max: 113/58

Resp Min: 18 Max: 20

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 1 of 4) (continued)**

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthol (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/16/21 0825
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestrel-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/16/21 0839
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/15/21 1959
- OLANZapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZYPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/16/21 0825
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- Positive for suicidal ideation without clear plan, but does offer options when explored (cutting, pills)

Mood: "Uh, 5/10."

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalliah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns. Diagnostically concerns for PTSD given history/reports, generalized + social anxiety disorder, as well as an unspecified impulse control, conduct, or disruptive disorder. Also note concern for Marijuana Use Disorder as well as other substance use disorders.

Patient continues to report concerning SI -- complex social situation continues with allegations of abuse from patient to father but court barring further care with mother. Given UDS on admission however, a placement to substance abuse RTC may be most appropriate at this time regardless. Will also plan for family session tomorrow with father to better understand patient-parent dynamic.

Plan:

Psychiatric Medical Management:

- Continue clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalliah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene
- Family session tomorrow @ 2PM
- Begin seeking Substance Abuse RTC; tentatively in MT

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litem appointed.
- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.
- For complex social issues, please consult the legal department/risk management

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 1 of 4) (continued)

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wenzinger, Michael L., MD at 2/16/2021 8:31 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4)

Progress Notes

Weitman, Alix, LCSW at 2/16/2021 1752

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, coping strategies, gaining insight into behaviors, processing incident, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt. Pt reported that her mood was improved, although she believed she would harm herself if discharged into her father's care. Pt reported that she was unable to conceptualize options for responding to her current problem other than identifying an alternative discharge location as she would not be able to tolerate living with her father. SW and pt discussed pt's substance use, and pt denied using other substances willfully outside of marijuana. Pt expressed frustration with her father for reviewing her social media interactions. Pt denied that substance use treatment would be helpful at this time and continued to persevere on her desire to be discharged to her mother. SW provided validation of pt's wishes. SW noted that this would not be possible following this admission due to the court order. Pt identified her feelings in response to this information. SW and pt reviewed coping skills. Pt returned to the milieu.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW

2/17/2021

Electronically signed by Weitman, Alix, LCSW at 2/17/2021 5:56 PM

Bruner, Jennifer, ATR at 2/17/2021 1633

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 2 of 4) (continued)

Art Therapy Note for BH

Session Type: Group

02/17/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	(Art Therapy)
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm
Mood	Hopeful
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Appropriate, relaxed;Cooperative;Motivated for treatment;Calm;Friendly (Focused)
Teaching Method	Verbal;Group discussion
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Able to manage/cope with feelings;Able to experience relief/decrease in symptoms

Directive/Goals: Other: Introduced art therapy. Group was assessed for safety of materials. Encouraged group to explore personal boundaries through shapes, lines and colors with drawing materials. Goals: increase problem solving skills, increase mind body connection, reduce anxiety/stress, increase distress tolerance/radical acceptance, increase self-awareness/ expression. Group members were respectful of others and the materials.

Notes: Dalilah actively participated in the art therapy directive. She was focused and engaged quickly in the drawing process. Dalilah drew several images on her paper with different shapes, colors and patterns. She identified feeling

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(continued)

Progress Notes (group 2 of 4) (continued)

"red" and labeled some of the images as angry and confused. Dalialah appeared relaxed and comfortable with the process and may have shared more about her image if not in the group setting. She was friendly with peers and respectful with staff.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
Board Certified Art Therapist
Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 2/17/2021 4:39 PM

Wenzinger, Michael L., MD at 2/17/2021 1730

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Met with patient in the AM,

Dalilah reports doing "well" but continues to endorse extreme dysthymia towards idea of going home with dad. She continues to feel he is a "predatory" and stated intent to either take her own life or run away. She was open to RTC for substance abuse however and does feel she needs "ways of dealing with stress besides smoking pot." She reports she had a negative call with her father last PM but did have a good visit with mom.

Met again with patient for planned family meeting along with father on Zoom in the PM,

Patient and father engaged in dialogue -- father expressing frustration but understanding towards Dalilah while also challenging her perceptions related to court hearings, her mother, and other content. Dalilah reported extreme frustration towards father, describing him actively as ignoring what she is saying and not wanting to return to him. She left the meeting before it could conclude, citing she was getting too dysregulated. She did re-enter after father left and processed the meeting.

In speaking with father separately, he does report agreement with plan for substance abuse RTC. He does maintain that he feels safest place for Dalilah is home with him.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.5 °C (97.7 °F) Max: 36.6 °C (97.9 °F)

Pulse Min: 69 Max: 73

BP Min: 118/61 Max: 135/62

Resp Min: 18 Max: 22

SpO2 Min: 99 % Max: 99 %

Current Facility-Administered Medications:

• acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/17/21 0827
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/17/21 0828
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/16/21 1949
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/17/21 0827
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- Normal psychomotor activity
- Good eye contact
- Cooperative to agitated/dysregulated

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Negative for delusions, hallucinations, thought insertion, thought withdrawal, thought broadcasting, thought blocking, referential thinking, obsessions, ruminations, phobias, grandiosity, hyperreligiosity and poverty of content
- **Suicidal with plan to ingest or cut wrists**

Mood: "... mad -- you see what he does?"

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: good

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns. Diagnostically concerns for PTSD given history/reports, generalized + social anxiety disorder, as well as an unspecified impulse control, conduct, or disruptive disorder. Also note concern for Marijuana Use Disorder as well as other substance use disorders.

Family session was provocative in that patient did exhibit significant/severe dysregulation with father which does underline concern that direct transition home would be very high risk. In addition, she does show good insight (superficially, at least) towards substance use treatment and agreement to placement in RTC given concerns for MJ use + methamphetamines. Discussed with father plan to begin seeking RTC programs. Complex decision making in that father may request to take patient home over following days -- this will require careful risk assessment and at bare minimum would need some cooperation in safety planning from Dalilah or appropriate response to safety concerns from father (adequate adult supervision at time of discharge). Plan to attempt to seek immediate RTC placement over follow days before the weekend.

Plan:

Psychiatric Medical Management:

- Continue clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene
- Family session completed
- Seeking RTC for substance abuse; father provided list of programs and LCSW assisting in sending clinical information.

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

father. Guardian ad litem appointed.

- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wenzinger, Michael L., MD at 2/17/2021 5:37 PM

Weitman, Alix, LCSW at 2/17/2021 1735

Pediatric Behavioral Health Family Therapy

Patient Present: Yes

Others Present: Yes--MD Wenzinger, Lindsey--medical student, pt's father

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, gaining insight into behaviors, processing incident, assessing supports, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW, MD Wenzinger, and Lindsey-medical student (observing) met with pt's father, who was participating virtually. The group discussed the recommendation for substance use treatment and pt's father reported that he had identified several potential placements in MT. Pt's father expressed that he was trying to do his best to care for pt and keep her safe. Pt's father discussed his perspective that pt needed help and was in distress given the statements that she had made. The group agreed that, to promote the effectiveness of the meeting, they would focus on the plan moving forward and avoid discussion of past stressors. Pt's father explained that he was facing financial stress and other concerns due to being away from his home in MT unable to work while pt remained hospitalized. Pt's father shared that he wanted pt to get the care she needs, and that it would not be possible for him to continue to be away from home past this coming weekend. Pt's father inquired whether he was able to take pt with him at this time. The group noted that pt was continuing to express suicidal ideation conditionally if she was discharged to her father. The group discussed focusing on safety planning and identifying a residential placement as soon as possible. Pt's father agreed, and provided verbal consent for SW to send clinical packets to the programs he identified by e-mail.

Pt joined the session. Pt and pt's father quickly began talking over one another as they shared their perspectives. Pt

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

was not responsive to redirection. Pt expressed feeling invalidated by her father. Pt's father reported that he was trying to help pt, and pt left the meeting tearfully. SW and MD Wenzinger continued to speak with pt's father and processed his emotional reaction to the meeting. SW provided psychoeducation regarding pt's emotional state and behaviors in the context of loss and her transition to her father's care. Pt's father thanked the treatment team for their support.

Pt rejoined the session after her father departed with the support of MHC Maddie. Pt continued to express her frustration with her father for her perception that he was invalidating and for keeping her from her mother. SW and MD Wenzinger validated the difficulty of pt's current situation and expressed appreciation for her effort in coming to the family session. Pt reported that she was willing to participate in substance use treatment. SW discussed the difference between validating with action and validating with words, noting that pt was seeking validation with action currently to allow her to remain with her mother. The group identified coping skills for pt to use to promote continued self-regulation following the session.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/17/2021

Electronically signed by Weitman, Alix, LCSW at 2/17/2021 5:51 PM

Weitman, Alix, LCSW at 2/18/2021 11:27

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW met with pt for an individual session.

*SW received a call from Megan Donnelley--MO CD investigator, ph: 314-264-7739. Ms. Donnelley reported that she had received the MO CD report regarding pt's positive UDS. SW confirmed that pt remained hospitalized. Ms. Donnelley reported that she would be speaking with pt's mother and likely recommending that pt's mother only have supervised visits moving forward. SW noted that pt had not received a forensic interview and inquired whether it would be warranted to complete one given pt's statements. Ms. Donnelley reported that she would speak with her supervisor regarding available options to address pt's statements and follow up with SW.

*SW spoke with pt's father. Pt's father provided an update regarding available placement options and contact information for his insurance case manager. Pt's father shared that he was unable financially to remain in St. Louis and would need to discharge pt the following day to transport her back to MT for continued treatment. SW validated pt's fathers concerns. SW shared that at this time pt was unwilling or unable to participate in safety planning. SW noted concerns related to pt's ability to remain safe over the course of a long car ride, which would require stops. Pt's father reported that he planned to use the child locks, have someone sit in the back seat with her, and have her

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

stepmother escort her to/from the bathroom. Pt's father expressed his plan to arrive with law enforcement to enforce the court order. Pt's father expressed appreciation for pt's care at SLCH and noted that he also needed to do what he thought was best for pt. Pt's father provided a signed authorization for release of information so that SW could send clinical packets to identified placement options.

*SW spoke with Sheri Crumbley--Risk Management and described obstacles related to discharge. SW noted that pt was continuing to express suicidal ideation if discharged into her father's care. SW noted that pt's father was aware of the risks and was planning to transport pt from MO to MT by car. SW expressed her concerns regarding pt's ability to remain safe over this length of time. SW noted that the treatment team was also exploring RTC options. SW noted that no further options were available through MO CD and that the court order permitted pt to be discharged only into her father's care. Ms. Crumbley reported that if the attending physician had significant concerns that pt would harm herself if discharged into her father's care, the option was for the physician to take emergency custody.

*SW spoke with Venus Jackson, guardian ad litem, [314-325-4250](tel:314-325-4250). SW expressed concerns related to pt's safety at the time of discharge. Ms. Jackson noted that safety concerns were present if pt were to be discharged to either parent. Ms. Jackson reported that she would contact the judge to seek out any further options.

*SW spoke with Mark Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. SW discussed the safety concerns present and the current discharge plan. SW identified the RTCs being considered. Mr. Loudon reported that he would look into other placement options. SW and Mr. Loudon discussed the process of transporting pt back to MT given these safety concerns. Mr. Loudon stated that he would investigate the support that insurance would be able to provide for transportation.

*SW contacted Shodair Children's Hospital and spoke with admissions staff, who reported that the earliest opening would likely be over the weekend or early the following week. Admissions staff requested a clinical packet be faxed to 406-884-2090. SW faxed the requested records and received a fax confirmation.

*SW updated Mark Loudon regarding the earliest available bed at Shodair Children's Hospital. Mr. Loudon reported that insurance would cover pt's stay at SLCH for safety but would not be able to assist with transport should pt's father discharge her AMA. Mr. Loudon continued that insurance would be able to help with transportation if a direct admission was arranged with an appropriate placement in MT.

*SW returned a call to pt's mother. Pt's mother was unavailable at the time of the call. SW awaiting a response.

*SW contacted Rimrock Treatment Center, ph: 406-248-3175. SW was informed that this center no longer offers adolescent inpatient or residential treatment.

*SW contacted Shodair Children's Hospital to confirm receipt of the clinical packet. SW left a voicemail requesting a return call with admissions staff.

*SW contacted pt's father and provided him with an update regarding placement options, timeline, and transportation. He reported he spoke with his lawyer, who had advised him that "there is no reason [he] cannot take [his] child" out of the hospital. Pt's father indicated his understanding that the "hospital would do what it needed to protect itself" and that pt could not be discharged if she was unsafe. Pt's father expressed his plan to regardless arrive at SLCH between 12pm-1pm with law enforcement to pick pt up for discharge.

Alix Weitman, LCSW
2/18/2021

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Electronically signed by Weitman, Alix, LCSW at 2/18/2021 10:23 PM

Weitman, Alix, LCSW at 2/18/2021 11:39

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, gaining insight into behaviors, assessing supports, assessing interpersonal relationships

Intervention:

Solution-Focused

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt in the comfort room. Pt described her mood as "good" as long as she remains on the PBHU. SW affirmed that she was exploring RTC options. SW noted that she was limited by pt's insurance and that pt's placement would likely be in MT. Pt expressed acceptance and displeasure regarding this information. Pt expressed her wish to remain in MO and with her mother. SW provided validation and noted that these were not viable options. SW continued that there may be a gap between the time pt is ready for discharge and the first available opening at an RTC. Pt confirmed that she felt bored on the PBHU and understood this dilemma. SW attempted to engage pt in safety planning if pt were to discharge prior to being placed at an RTC. Pt expressed that she was not willing to engage in safety planning and would not be able to keep herself safe for any length of time if discharged into her father's care. Pt was not responsive to further attempts to engage her in safety planning and expressed her wish that she could be placed with another family member. Pt returned to the milieu.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/18/2021

Electronically signed by Weitman, Alix, LCSW at 2/18/2021 9:48 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 2 of 4) (continued)

Moran, Megan, MT-BC at 2/18/2021 1315

Music Therapy Progress Note

Session Type: Group

SUBJECTIVE: Patient arriving to music therapy group and appearing calm.

OBJECTIVE/GROUP NOTE:

	02/18/21 1315
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Bright;Calm
Mood	Happy
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Compliant with treatment/expectations;Socializes
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Identified resources and support systems;Able to listen to others;Able to engage in interactions

Interventions Used: Patient Preferred Music, Psychoeducation and Receptive Music Listening

Instruments / Materials Used: Bluetooth Speaker

Role of Music: Increase positive coping skills, Encourage interpersonal effectiveness, Act as a stimulus for emotional responses, Act as a stimulus for physiological responses and Act as a basis for emotional expression

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Musical Medicine Cabinet: Group members were provided with worksheet to explore different styles of music, ways to use music, musicians/groups/singers, and emotions music can elicit. Group members were prompted to choose two emotions for which they had to pick at least one song that related them to each chosen emotion. MT-BC led discussion after group completed worksheet about intentional use of music to help manage different emotions. Group members were encouraged to share different songs related to emotions.

Song Sharing: Each group member was asked to share a song with the group that they found helpful as a coping skill. MT-BC played song on Bluetooth speaker

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding and demonstrated understanding.

ASSESSMENT:

Patient's Response to Music: Positive and Active verbal AEB patient engaging in verbal processing, patient actively participating in musical processes, patient showing positive affect throughout session and patient sharing insight on personal behaviors as they relate to music. Dalilah actively engaged in music therapy session this date. She completed her worksheet and shared openly with group. Dalilah was observed to validate peer's musical choices and to move body with music and occasionally mouthing lyrics. She chose "Orange Juice" by Melanie Martinez for the group song sharing exercise.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 2/18/2021 3:36 PM

Wenzinger, Michael L., MD at 2/18/2021 1755

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Met with patient in the AM,

Dalilah reports she has been doing well. She states she continues to have extreme anxiety towards concern of going home with father. States she fully intends to "kill [herself] or run or do whatever [she] needs to" and continued fear that he "is going to rape [her]." She asked if she can remain on the PBHU or go to foster care. She expressed frustration that RTC recommended for substance abuse is in Montana, stating she wants to remain in Missouri. She does endorse SI, namely if she "has to live with dad." She requested to return home with parent (mother) and remain in Missouri.

Called dad and informed him of patient's status. Father reported he was frustrated and wants "Dalilah to understand she is the child -- she doesn't get control." He stated he cannot remain in the Missouri area and must move back to MT due to financial duress. He stated he intends to arrive at the hospital tomorrow to take the patient home. Discussed with James that this provider cannot discharge her if she shows signs of being unsafe, as his plan is for her to travel with them in a 20 hour car ride back to Montana. He hopes that "child locks and [he and his wife] driving in shifts" can help keep her safe and feels "sure [Dalilah] won't run once [Dalilah] is in the car." He reported he plans to bring a judge order to allow police to escort the patient to the car.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Spoke with patient's mother. She expressed frustration that "this is all a setup for pedophilia." She went on to discuss that the court is complicit in child traffic and are pedophiles/pedophile enablers. She reports that "they are trying to traffic my child" as the reasoning for the rulings against her. She does state her father is "grooming [Dalilah]" and that it is "all about cash flow" and that the court system is part of a "50 billion" dollar industry. She implored this provider not to move patient out of the state. Provider informed her it is difficult to act against the court and validated her anxiety/frustration.

Staff note patient has been calm but was quite labile/upset after family session and refuses to speak with father.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.6 °C (97.9 °F) Max: 36.9 °C (98.4 °F)

Pulse Min: 57 Max: 75

BP Min: 108/48 Max: 117/53

Resp Min: 16 Max: 20

SpO2 Min: 99 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthol (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- clonidine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/18/21 0811
- diphenhydramine (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydramine (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroxyzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestrel-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/18/21 0811
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/16/21 1949
- olanzapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** olanzapine (ZYPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/18/21 0811
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- Normal psychomotor activity
- Good eye contact
- Cooperative to agitated/dysregulated

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Emerging concern for possible shared delusion of persecution observed after discussion with parent + consideration of patient (assessment of this provider that it is unlikely that judge, GAL, and court system is acting as pedophile ring) -- however patient does not specifically allude to a larger pedophile ring but rather focused on *concern* for pedophilia from father and discomfort with prior physical contact.
- Suicidal with plan to ingest or cut wrists; intent as well to engage in running/safety concerning behaviors to escape father

Mood: "Nervous..."

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: fair

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns. Diagnostically concerns for PTSD given history/reports, generalized + social anxiety disorder, as well as an unspecified impulse control, conduct, or disruptive disorder. Also note concern for Marijuana Use Disorder as well as other substance use disorders.

Overall clinical assessment/decision making complex. Patient herself does posit concerns of abuse towards father. Despite negative CPS calls, do note patient has never had a forensic interview. She expresses an intense anxiety towards her father and intent to escape him by any means necessary (self-harm, elopement, suicide). As she notably has other strong flags of unsafe behavior (methamphetamine in UDS, reports from father of other substance use after examining phone records), it is very difficult for this provider to ignore these threats-to-harm. Parent (father) notably reporting plan to attempt to take patient out of hospital tomorrow. Assessment of this provider that if patient unable to engage in safety plan and leave hospital cooperatively -- it is highly unlikely she can be safe on a 20 hour drive with minimal supervision. Parent was made aware this provider cannot discharge under these conditions -- he expressed plan to attempt regardless.

Continue recommendation of Substance Abuse RTC given Methamphetamine + result as well as significant marijuana

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

abuse. LCSW coordinating with possible options in Montana, which does include one bed that may be open next week.

Plan:

Psychiatric Medical Management:

- Continue clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene
- Careful navigation of parent's attempt to expedite discharge tomorrow, see assessment for details
- Possible RTC placement next week

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litem appointed.
- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wenzinger, Michael L., MD at 2/18/2021 6:14 PM

Weitman, Alix, LCSW at 2/19/2021 1033

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW spoke with Mark Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. Mr. Loudon inquired about the recommendation for the most appropriate way to transport pt to a placement in MT. SW shared her assessment that pt would require secure medical transportation. Mr. Loudon agreed. Mr. Loudon reported that he was gathering information on available options and coverage. Mr. Loudon reported that he would email SW

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

other placement options that were in-network.

*SW contacted Shodair Children's Hospital to confirm receipt of the clinical packet. SW received a call back that they had received the intake packet and that pt was on the wait list. The intake specialist noted that the intake department had concerns about pt's transportation to their facility. SW agreed and reported that she was working on this problem.

*SW consulted with SW Landre Kingdon regarding transportation resources to move pt to an RTC or acute stay facility in MT. Ms. Kingdon recommended Angel MedFlight and the SLCH transport team through a single-case agreement as potential options.

*SW contacted pt's mother. SW confirmed the aftercare plan for substance use treatment. Pt's mother reported that she has filed paperwork with the court to dismiss the TRO and to change judges because she did not want a judge who was attempting to "lock [her] up and lock [her] daughter up." Pt's mother inquired about where pt's next placement would be. SW shared that the hospital was bound by the court order and that pt's father would make that decision as her sole legal guardian. Pt's mother indicated that she would resume legal guardianship of pt after the TRO ended. Pt's mother also requested an update on the hotlines and how these affected custody. SW encouraged pt's mother to contact the assigned MO CD worker with these questions. SW provided an update to pt's mother on pt's progress.

*SW spoke with Mr. Loudon to provide an update. Mr. Loudon reported that Shodair was the only appropriate in-network placement for pt in MT. SW and Mr. Loudon discussed how to transport pt to that facility, and agreed that pt was not safe to fly commercially. SW provided information about Angel MedFlight. Mr. Loudon reported that he was advocating for this to be covered with insurance administrators.

*SW and MD Wenzinger contacted pt's father. Pt's father confirmed that he and pt's stepmother were coming to SLCH to meet with pt. Pt's father continued that he would request for pt to come with him safely, and that he understood that she was not likely to come with him. Pt's father expressed concern regarding pt's symptoms and safety. Pt's father reported that upon reflection he had decided not to bring law enforcement, and was planning to fly back to MT after this meeting if pt refused to go with him. Pt's father and stepmother expressed concerns about the financial burden of pt's transportation to MT. SW and MD Wenzinger validated pt's father's concerns and recognized their efforts to do the best for pt. SW provided an update regarding placement at Shodair and transportation options.

*SW, MD Wenzinger, pt's father, pt's stepmother, and medical student met with pt for a family session.

*SW met with pt individually.

*SW returned a call from Mr. Loudon. Mr. Loudon reported that his medical director had assessed that it was not reasonable to transport pt to an acute stay facility to another acute stay facility, and had stated that pt should remain on the PBHU until ready for discharge. SW expressed her disagreement with this assessment due to the difficulty of addressing the obstacles to discharge while pt's father remained in another state. SW and Mr. Loudon discussed that a doc-to-doc may be more appropriate to discuss the most appropriate course of action given pt's presentation. Mr. Loudon reported that he would work with SLCH case coordination to schedule this for 2/22/21.

Alix Weitman, LCSW
2/19/2021

Electronically signed by Weitman, Alix, LCSW at 2/19/2021 5:23 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 2 of 4) (continued)

Moran, Megan, MT-BC at 2/19/2021 1608

Art Therapy and Music Therapy Note for BH

Session Type: Co-treat

02/19/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC, Megan Moran, MMT, MT-BC
Group Start Time	1315
Group End Time	1445
Total Time (min)	90
Group/Topics	Music therapy (Art Therapy)
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Bright;Calm
Mood	Hopeful
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Appropriate, relaxed;Cooperative;Motivated for treatment;Calm;Anxiety
Teaching Method	Verbal;Group discussion;Other (Comment) (book)
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Able to manage/cope with feelings;Able to experience relief/decrease in symptoms;Discussed coping strategies

Directive/Goals: Other: Introduced art therapy and music therapy. Group was assessed for safety of materials. Art therapist read a book, "My Many Colored Days"-about images and colors related to feelings. Art therapist and Music therapist discussed the feeling connection to sounds and colors. Music therapist played 5 different instruments as group members created images related to different feelings, days or selves. Goals: identify and label feelings, increase distress tolerance increase problem solving skills, increase mind body connection. Group was respectful to each other

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

and the materials.

Notes: Dalilah actively participated in the art therapy directive. She was focused and engaged in the drawing process the entire session. She was noted to have relaxed body language and not consciously noting changes in different sound sources/instruments during session. Daliah created several images using abstract art to explore feelings of, "happy, mad, sad, and chaos". She reported putting the feelings on paper was helpful, "I liked the pens, I put down lines for the emotions and let my hand do it".

Jennifer Bruner, MA, ATR-BC, LPC, NCC
Board Certified Art Therapist
Ph. 314-393-0232

Megan Moran, MMT, MT-BC
Music Therapist - Board Certified
(314) 297-9556

Electronically signed by Moran, Megan, MT-BC at 2/19/2021 4:17 PM

Weitman, Alix, LCSW at 2/19/2021 1802

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: Yes--MD Wenzinger, Lindsey--medical student, pt's father, pt's stepmother

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, gaining insight into behaviors, processing incident, assessing supports, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW, MD Wenzinger, and Lindsey-medical student met with pt's father and pt's stepmother. The group discussed the plan for the family session. Pt's father expressed his efforts to provide the best care for pt and his sadness regarding the current situation. SW and MD noted that they would inform pt that her father was here for discharge and that they could not compel pt to leave by force. Pt's father agreed.

SW and MD met with pt outside the consult room and shared that her father and stepmother were present for discharge. Pt agreed to meet with her family, and reported that she would not leave with them. Pt joined the consult

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

room. Pt's father and stepmother began to express their care for pt and noted that they were trying to keep pt safe. Pt immediately became escalated, as evidenced by raising her voice, agitated body language, and talking over her father and stepmother as she expressed grievances regarding her parents' past statements and behaviors. Pt's parents attempted to interrupt and express their perspective. SW and MD attempted to redirect the session to the family's goals and safety. Pt and father were initially responsive, although the discussion quickly became argumentative and unproductive again. Pt walked out of the meeting. The rest of the group continued to meet and process the session. Pt's father and stepmother expressed the reasons that they were involved in the custody case and their concerns for pt in her mother's care. SW redirected the group towards identifying the plan moving forward. Pt's stepmother and father expressed concerns regarding how to transport pt safely to Montana, as well as the costs to do so. SW agreed to be in contact with pt's parents on 2/22/21 regarding problem solving.

SW met with pt individually to check in. Pt noted that she had been angry following the meeting, and had used coping skills to self-regulate. Pt described her emotional response to meeting with her father and stepmother. SW provided validation as appropriate. SW shared that she was working to obtain placement, and noted that this placement would be in Montana. Pt was observed to persevere on insurance and the reason the placement would be in Montana. Pt expressed her hope that the hearing on 2/26/21 would allow her to return to her mother's care. Pt denied further concerns in advance of the weekend. SW noted that she would next meet with pt on 2/22/21. Pt agreed and returned to the milieu.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/19/2021

Electronically signed by Weitman, Alix, LCSW at 2/19/2021 6:21 PM

Wenzinger, Michael L., MD at 2/19/2021 1821

Psychiatry Inpatient Treatment: Progress Note

Interval History:

Met with patient in the AM,

Dalilah reports she has been doing "okay." She expressed continued desire to avoid going with father back to Montana. Explored her thoughts related to this anxiety. She did describe ongoing frustration with chronic feelings of invalidation from father, and fear towards him becoming angry/aggressive. She did express she is afraid he will "rape" her. She did acknowledge as well that she thinks he has been "grooming" her for the past several years, though had difficulty defining what "grooming" means. She did feel the court was just "moving [her] for money" and that it is a "50 billion dollar industry." She feels it is possible that they are "also pedophiles or just don't care."

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Met again with patient in planned family meeting. Patient did enter room with father + step-mother. The session immediately became argumentative. Patient disclosed ongoing perceptions of emotional invalidation, as well as concern father will sexually advance on her if she returns home. She then left the room. Father + step-mother processed maladaptive communication and their plan to return to Montana due to financial inability to remain in Missouri.

Called and communicated the events of the day to GAL as well.

Objective

Vitals:

24hr Min/Max:

Temp Min: 37 °C (98.6 °F) Max: 37 °C (98.6 °F)

Pulse Min: 67 Max: 85

BP Min: 109/57 Max: 121/60

Resp Min: 17 Max: 17

SpO2 Min: 98 % Max: 98 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthol (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/19/21 0815
- diphenhydramine (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydramine (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroxyzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestrel-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/19/21 0815
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/16/21 1949
- OLANzapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANzapine (ZYPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/19/21 0815
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No results found for this or any previous visit (from the past 24 hour(s)).

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- Normal psychomotor activity
- Good eye contact

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

- Cooperative to agitated/dysregulated

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Continued concern for possible shared delusion of persecution observed after discussion with parent + consideration of patient (assessment of this provider that it is unlikely that judge, GAL, and court system is acting as pedophile ring) -- however patient does not specifically allude to a larger pedophile ring but rather focused on *concern* for pedophilia from father and discomfort with prior physical contact.
- Suicidal with plan to ingest or cut wrists; intent as well to engage in running/safety concerning behaviors to escape father

Mood: "Not good."

Affect/Attitude: neutral, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: fair

Judgment: fair

Sensorium: alert, awake and oriented to person, place, and situation

Calculations: not done/clinically indicated

Abstraction: not done/clinically indicated

Language: average vocabulary

Attention: normal based on conversation/exam

Memory: normal based on conversation/exam

Fund of Knowledge/Estimation of Intellectual Functioning: normal or above average based on conversation/exam

Assessment/Plan

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation, home safety concerns. Diagnostic concerns remain towards PTSD, ADHD but now open as well towards a **possible Delusional Disorder -- specifically Other Specified Schizophrenia Spectrum and Other Psychotic Disorder - Delusional Disorder**. This is to encapsulate patient's evidence of persecutory beliefs of pedophile activity as it relates to the court/care team involved in mediating the process of guardianship between her and her parents. It is outside of the scope of this provider to speculate if this delusion is shared (as this requires assessment and diagnoses of other individuals) but it must be noted that patient's mother did discuss also that she perceives court as intentionally aiding/abetting pedophilia/human trafficking. Given the nature of complexity of the case it will be recommended that more advanced levels of support be pursued.

Patient currently unsafe to discharge has only legal option is with father whom she holds significant aggression/persecutory ideas. Continued admission with plan for direct transfer to substance abuse facility will be pursued.

Continue recommendation of Substance Abuse RTC given Methamphetamine + result as well as significant marijuana

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

abuse. LCSW coordinating with possible options in Montana, which does include one bed that may be open next week.

Plan:

Psychiatric Medical Management:

- Continue clonidine ER from 0.1 mg qHS to 0.1 mg twice daily, for emotional lability, and past exposure to trauma.
- Medication changes, side effects and risk/benefits discussed with father.
- Dalilah relays understanding of above interventions and education.
- Otherwise no changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- I personally provided supportive therapy for the purpose of helping to increase coping with anxiety and relationship issues. Daily progress: improvement
- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene
- RTC placement next week

Non-Psychiatric Medical Management:

- No acute medical concerns

Social Management:

- Allegations of verbal and sexual abuse by father. Mother currently in police custody for contempt of court per patient's father. Guardian ad litem appointed.
- Per MO DFS, the allegations were investigated in Montana and found to be unsubstantiated.
- For complex social issues, please consult the legal department/risk management

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition
- Treatment Goals to be accomplished for discharge: improvement in suicidal ideation, ability to follow safety plan, and determination of safe disposition

Electronically signed by Wenzinger, Michael L., MD at 2/19/2021 6:49 PM

Rosen, Max Samuel, MD at 2/20/2021 1157

Psychiatry Inpatient Treatment: Daily Progress Note

Interval History:

Since last assessment, patient has had no acute events. She says the family meeting yesterday was "rough", was upset that dad called her selfish and was being mean to her. She says it did feel good to "release her anger" and tell her dad to go "F**k off". She felt dad was belittling her, invalidating her feelings. She says no SI now unless she

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

is made to go back with dad.

Called dad, who said the conversation got off track yesterday. He asked if any changes to medications, agrees she needs more counseling and therapy. He felt her SI were more threats to get what she wanted. Asks if she's getting exercise, doesn't want her to just become bed-bound. Discussed with him how she was up and about this morning, playing volleyball in activities. No other questions/concerns, he's back in Montana after flying home last night

Staff reports no acute issues, no PRNs required.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36 °C (96.8 °F) Max: 36.6 °C (97.9 °F)

Pulse Min: 72 Max: 76

BP Min: 110/45 Max: 116/60

Resp Min: 18 Max: 20

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/20/21 0811
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/20/21 0811
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/16/21 1949
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/20/21 0811
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No recent results to review

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and Well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Conditional SI
- No HI/AVHs/delusions

Mood: "Fine"

Affect: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: poor

Judgment: poor

Sensorium: alert, awake and oriented x 3

Assessment/Plan

Primary Diagnosis:

Does not feel safe at home

Assessment:

Dalliah Judy is a 14 y.o. female with a primary psychiatric diagnosis of Does not feel safe at home who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's overall psychiatric stability over past 24 hours has been unchanged. Patient continues to require psychiatric hospitalization due to suicidal ideation as described in subjective history and mental status examination above. Patient has not required PRN medication/chemical sedation or physical restraint in past 24 hours.

Today's planned management of patient will require further monitoring of tolerance/effect of medications and identification of safe disposition in addition to continued management as described in plan below.

Plan:

Psychiatric Medical Management:

-Reviewed medications as listed in medication section above, no changes in medication management planned for today

-No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.

-Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No major non-psychiatric medical concerns at this time.

Social Management:

- No major social concerns at this time; continued management of establishing outpatient care and coordinating with patient guardian through LCSW

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition

Max S. Rosen, MD
Instructor in Psychiatry (Child)
Department of Psychiatry
Washington University School of Medicine
314-286-1700

Electronically signed by Rosen, Max Samuel, MD at 2/20/2021 12:06 PM

Sultana, Afshan, MD at 2/21/2021 1209

Psychiatry Inpatient Treatment: Daily Progress Note

Interval History:

Since last assessment, patient has had no acute events. Pt identifies mom as her support system and expresses resentment towards dad and step mom and does not want to to dad's as states " I was never close to my dad... just visit him in summers... my mom will get the custody she is working on it". No SI/HI, tolerating meds well no dizziness or s/e reported by pt.

Staff reports no PRNs required. However staff noted pt was disturbed after conversation with mom where mom told patient she will be sex trafficked in the Hospital and that he dad is abusive and so they had to Disconnect the phone call

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.4 °C (97.5 °F) Max: 36.5 °C (97.7 °F)

Pulse Min: 73 Max: 88

BP Min: 106/59 Max: 118/54

Resp Min: 16 Max: 20

SpO2 Min: 100 % Max: 100 %

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/21/21 0802
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/21/21 0802
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/16/21 1949
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/21/21 0802
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am:

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No recent results to review

Mental Status Exam:

General Appearance and Behavior:

- Appears stated age
- No apparent distress and Well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Conditional SI
- No HI/AVHs/delusions

Mood: "good"

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Affect: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent
Insight: poor
Judgment: poor
Sensorium: alert, awake and oriented x 3

Assessment/Plan

Primary Diagnosis:
Does not feel safe at home

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of Does not feel safe at home who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's overall psychiatric stability over past 24 hours has been unchanged. Patient continues to require psychiatric hospitalization due to suicidal ideation as described in subjective history and mental status examination above. Patient has not required PRN medication/chemical sedation or physical restraint in past 24 hours.

Today's planned management of patient will require further monitoring of tolerance/effect of medications and identification of safe disposition in addition to continued management as described in plan below.

Plan:

Psychiatric Medical Management:

- Reviewed medications as listed in medication section above, no changes in medication management planned for today
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No major non-psychiatric medical concerns at this time.

Social Management:

- No major social concerns at this time; continued management of establishing outpatient care and coordinating with patient guardian through LCSW

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition

Afshan Sultana, MD
Instructor in Psychiatry (Child)
Department of Psychiatry

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Washington University School of Medicine
314-286-1700

Electronically signed by Sultana, Afshan, MD at 2/21/2021 12:16 PM

Sultana, Afshan, MD at 2/21/2021 1820

Charge nurse called regarding , pt's dad who had told hospital SW that he will be coming from Montana, to pick his daughter up and may take her AMA.

Discussed case with the charge nurse and Dr Winzinger and charge nurse was advised it is not advisable that dad take patient away AMA and rather discuss with primary psychiatric team for a discharge plan. Communicated to the charge nurse that , Staff to call both, the on call doctor and Dr Winzinger if dad shows up and not to let patient go AMA as would try to discuss case with dad. She acknowledges understanding.

Electronically signed by Sultana, Afshan, MD at 2/21/2021 6:25 PM

Beavers, Jennifer R., LCSW at 2/21/2021 1939

.Social Work Resource Note

Dalilah Judy
7/13/2006

Referral Source: Consultation requested by: Children's Direct
Reason for Referral: Visitation concern
Referral Type: Weekend coverage
Referral Setting: Inpatient PBHU

Present Situation:

SW was contacted by Children's Direct as MD Wenzinger is concerned that FOP is en route to SLCH from the State of Montana to get pt and possibly leave AMA. MD Wenzinger is concerned that protective custody may need to be taken of this pt. Medical staff plans to contact the social work pager (314-424-6101) for assistance should FOP arrive at SLCH and attempt to take this pt AMA.

SW Rieck contacted risk management/ legal who reported that a medical protective custody order would supercede any court order presented by FOP due to imminent risk of harm to the pt. SW discussed the above noted concern with Public Safety Officer Wade. His department will contact SW should FOP arrive at SLCH.

Plan/Action Taken:

Chart reviewed- SW history due to mental health needs
Collaborated with Children's Direct
Collaborated with medical staff
Collaborated with Public Safety Officer Wade
Collaborated with SW Rieck
Contact SW as needed

Jennifer Beavers, MSW, LCSW

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Electronically signed by Beavers, Jennifer R., LCSW at 2/21/2021 7:55 PM

Weitman, Alix, LCSW at 2/22/2021 1010

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW contacted Mark Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. Mr. Loudon was unavailable at the time of the call and returned her call shortly. Mr. Loudon stated that he was continuing to explore options for transporting pt back to MT. Mr. Loudon noted that many medical transports are small private planes that do not have the capacity to support an individual who is unwilling to be transported. Mr. Loudon also reported that other in-network placement options for substance use treatment were available in UT, and SW agreed to discuss these with pt's father.

*SW met with pt for an individual session.

*SW and MD Wenzinger contacted pt's father. Pt's father confirmed that he had returned to MT and had no plans to drive to St. Louis to transport pt. SW and MD Wenzinger provided an update. SW discussed the barriers to transportation and noted that other in-network placements were available in UT. Pt's father provided consent for clinical packets to be sent to these placement options as secondary options.

*SW and MD Wenzinger contacted pt's mother and provided a brief update. The group discussed limits related to conversation topics between pt and her mother. Pt's mother agreed to keep conversation focused on the present and to avoid discussing court and placement to promote these calls being therapeutic.

*SW provided an update to pt regarding the limits on phone calls with her mother.

Alix Weitman, LCSW
2/22/2021

Electronically signed by Weitman, Alix, LCSW at 2/22/2021 4:22 PM

Wenzinger, Michael L., MD at 2/22/2021 1403

Psychiatry Inpatient Treatment: Daily Progress Note

Interval History:

Met with patient in the PM,

Dalilah reported that she has been doing "well." She remains committed to not returning home. In processing this she states she feels "sure" dad will physically or sexually assault her. She did go on to discuss how she "never" got along well with her father, while also stating that she felt "hurt" when he left and paradoxically wanted more time with him

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

(angry that she knew her mother's boyfriends more than him) and also less. She continues to wish she could return home with her mother. In discussing court decisions and limited options, she expresses disagreement to both transport to MT and going home with father. She self-advocated for placement with mom's family here in St. Louis.

Called and spoke with GAL -- discussed case course.

Staff note patient has been calm and cooperative. She has been refusing to communicate with father. They did note bizarre conversations between patient and her mother, specifically mom discussing "human trafficking," and instructing her to elope to the police station if she goes to Montana and report she is being trafficked.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.1 °C (97 °F) Max: 36.7 °C (98.1 °F)

Pulse Min: 76 Max: 80

BP Min: 102/52 Max: 110/61

Resp Min: 18 Max: 18

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/22/21 0815
- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/22/21 0815
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/21/21 2033
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/22/21 0815
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am: Hours of Sleep 6p-6a: (7.5)

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No recent results to review

Mental Status Exam:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

General Appearance and Behavior:

- Appears stated age
- No apparent distress and Well-dressed
- Normal psychomotor activity
- Good eye contact
- Cooperative

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Conditional SI
- Continued evidence of persecutory thoughts/ideas -- namely towards belief she is being sexually trafficked.

Mood: "Uh, alright for now."

Affect: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: poor

Judgment: poor

Sensorium: alert, awake and oriented x 3

Assessment/Plan

Primary Diagnosis:

Does not feel safe at home

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of Does not feel safe at home who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Diagnostic assessment remains quite complex -- with current picture appearing to be a mixture of chronic parent-child difficulties, PTSD, Marijuana Use Disorder, possible Methamphetamine Use Disorder, but also concern for a firm/fixed/false belief that is outside of societal norms (i.e. persecutory beliefs towards father) but patient does not overtly discuss conspiratorial element and her beliefs/fear towards father is complex due to history of reported inappropriate behavior. Lack of significant findings from multiple DFS investigations does lean against presence of active concern for harm.

Patient does continue to report fear of life/severe harm should she return home with father. **Refuses to engage in safety planning on this concern or work through alternative.** Will plan to suspend communication with mother until parent shows ability to engage in conversation that is not counter-therapeutic (i.e. telling patient to elope, discussing stories of human trafficking). Will also plan to touch base with father who is reportedly planning to drive down to STL and remove patient AMA -- this would serve to be a significant safety risk.

Plan:

Psychiatric Medical Management:

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 2 of 4) (continued)**

- Continue Kapvay 0.1mg BID; patient reporting some mild light headedness.
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No major non-psychiatric medical concerns at this time.

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction). At this time plan for management to include transition to substance use program.

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition

Michael Loren Wenzinger, MD
Instructor in Psychiatry (Child)
Department of Psychiatry
Washington University School of Medicine
314-286-1700

Electronically signed by Wenzinger, Michael L., MD at 2/22/2021 2:18 PM

Bruner, Jennifer, ATR at 2/22/2021 1517

Art Therapy Note for BH**Session Type: Group**

02/22/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1420
Total Time	65

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 2 of 4) (continued)

(min)	
Group/Topics	<i>(Art Therapy)</i>
Attendance	<i>(Attended briefly)</i>
Reason Did Not Attend Group	Meeting with Treatment Team

Directive/Goals: Other: Introduced art therapy. Group was assessed for safety of materials. Read book, Red A Crayon Story. Explored concepts of identity, internal feelings, and problem-solving skills in a self-image. Goals: increase feeling identification and verbalization, increase problem solving skills, identify coping skills, and increase mind body connection.

Notes: Dalilah actively listened to the book and then was pulled from group for a meeting. She did not return.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
 Board Certified Art Therapist
 Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 2/22/2021 3:18 PM

Weitman, Alix, LCSW at 2/22/2021 1622

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes
 Others Present: No

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, gaining insight into behaviors, processing incident, assessing supports, assessing interpersonal relationships

Intervention:
 CBT
 Motivational Interviewing
 Psycho-education
 Safety Planning

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 2 of 4) (continued)

Response: SW met with pt in a consult room. Pt described her mood as "good" and reported that the weekend had been "boring." Pt described a phone call between herself and her mother in which they discussed child trafficking. Pt reported that "1.5 million children go missing every year," and states that "hundreds go missing from the family court system" in Missouri alone. Pt expressed some anxiety related to this conversation and her present situation. SW and pt discussed substance use treatment. Pt reported that she would refuse to go to MT, due to not feeling safe there because "the people are judgmental" and because she was fearful of being returned to her father's custody. Pt was observed to focus on obtaining placement in St. Louis and the court hearing on 2/26/21. Pt was not able to consider the next steps should the previous court ruling remain unchanged. Pt continued that she had not been able to speak with her mother during morning visiting hours and reported that she would have an anger outburst and "throw a chair" if she was unable to speak with her moving forward. SW noted the importance to pt of speaking with her mother, and that phone contact may change moving forward. Pt was observed to become tearful and raise her voice volume as she questioned whether she would be prevented from speaking with her mother. SW continued to validate the importance of her connection to her mother and noted that she needed to obtain more information about how this contact may change. Pt remained focused on speaking to her mother and expressed anger toward SLCH staff for changing this contact as it "was not fair." Pt reported that talking to her mother was an important coping skill. SW agreed to obtain further information and provide pt with an update later that afternoon. Pt was able to self-regulate and returned to the milieu.

SW met with pt later that afternoon and provided an update regarding topics to be avoided when speaking with her mother, as well as the rationale for these changes. Pt indicated understanding.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/22/2021

Electronically signed by Weitman, Alix, LCSW at 2/22/2021 4:34 PM

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 3 of 4)****Progress Notes****Weitman, Alix, LCSW at 2/23/2021 1038****Social Work Case Management Progress Note**

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW contacted Mark Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. Mr. Loudon reported that he was in contact with a substance use RTC, Huntsman Mental Health Institute Youth Residential Treatment, located in Salt Lake City, UT. Mr Loudon also reproted that transportation would only be covered if pt was transferred to a "Center of Excellence," and stated that he was seeking clarity on what this includes. SW and Mr. Loudon agreed that Shodair Children's Hospital was not a feasible placement due to the difficulty of transportation. Mr. Loudon requested for SW to send a clinical packet to Huntsman RTC. Mr. Loudon also emailed SW other placement options that were in network for pt.

*SW met with pt for an individual session.

*SW consulted with SW Landre Kingdon regarding the difficulty of securing placement for pt for additional support.

*SW faxed information to Huntsman Mental Health Institute Youth Residential Treatment, located in Salt Lake City, UT.

*SW contacted Primary Children's Residential treatment, ph: 801-313-7940, and was informed that they do not provide adolescent substance use treatment.

*SW attempted to contact St. Luke's Children's Rehab in Idaho, and no admissions staff were available at the time of the call. SW awaiting a response.

Alix Weitman, LCSW
2/23/2021

Electronically signed by Weitman, Alix, LCSW at 2/23/2021 10:34 PM

Weitman, Alix, LCSW at 2/23/2021 1120**Pediatric Behavioral Health Individual Therapy****Patient Present: Yes****Others Present: No****Admission Diagnosis: Major depressive disorder****Goals Addressed: Safety, gaining insight into behaviors, processing incident, assessing supports, assessing interpersonal relationships**

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

Intervention:

- CBT
- Motivational Interviewing
- Psycho-education
- Safety Planning

Response: SW met with pt in a consult room. Pt described her mood as "good," and reported some anger due to being triggered by another pt. Pt reported that she had spoken with her mother at length about her dog and reported questions about the guidelines for these conversations. Pt continued to report that she would elope if discharged to a placement in MT, and that she would be unable to "survive" if living with her father. Pt reported that she was willing to go to substance use treatment in UT. SW and pt discussed pt's life worth living and how her choices moved her closer or farther from these goals. Pt recognized that remaining hospitalized impeded her progress towards her life worth living and reported that it was preferable to being in her father's care due to the way he treated her.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
 2/23/2021

Electronically signed by Weitman, Alix, LCSW at 2/23/2021 10:26 PM

Moran, Megan, MT-BC at 2/23/2021 1400

Music Therapy Progress Note

Session Type: Group

SUBJECTIVE: Patient arriving to group and appearing calm.

OBJECTIVE/GROUP NOTE:

02/23/21 1400	
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1400
Group End Time	1445
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

Affect	Calm;Appropriate
Mood	Happy
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Friendly
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Able to listen to others;Able to engage in interactions

Interventions Used: Breathing Techniques and Receptive Music Listening

Instruments / Materials Used: Lyric Sheets, iPad, Guitar, Mandalas and Markers

Role of Music: Support mindfulness, Act as a stimulus for emotional responses and Act as a stimulus for physiological responses

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Pursed Lip Breathing w/Guitar: Patients were guided through 3 deep breaths (in through nose, out through mouth) paired with guitar to help assist with focus and relaxation.

Mandala Music Listening + Prompts: Patients were introduced to music therapy and purpose of music therapy in the hospital setting. Patients were given choice between 3 mandalas to choose from and given markers to color with while listening to selected songs by MT-BC. MT-BC instructed patients to color while listening to music and write down answers to questions posed by MT-BC in between each song. Songs included:

- (1) Peaceful Easy Feeling (The Eagles)—prompt: "How do you feel right now?"
- (2) Lovely (Sara Haze)—prompt: write a positive "I am" statement... "I am _____"
- (3) Country Roads (John Denver)—prompt: Write down a person or place you feel like you "belong" with or that makes you feel safe.
- (4) My Girl (Smokey Robinson/The Temptations)—prompt: write down a coping skill or something you'd replace with "My Girl"
- (5) Brave(Sara Bareilles)—prompt: write down something new (positive) that you want to try

Bless the Broken Road (The Rascal Flats)—prompt: write down something positive about today or something you're grateful for today.

Pursed Lip Breathing w/Guitar: Patients were guided through 3 deep breaths (in through nose, out through mouth) paired with guitar to help assist with focus and relaxation.

Patients were invited to share answers or their mandalas with the rest of the group.

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding and demonstrated understanding.

ASSESSMENT:

Patient's Response to Music: Positive and Active non-verbal AEB patient actively participating in musical processes and patient showing positive affect throughout session. Dalilah actively engaged in music therapy session this date throughout. She was observed to focus on coloring in her mandala and respond to MT-BC's prompts throughout and was observed to be helpful to peers who asked for assistance. Dalilah chose to keep her mandala private from this MT-BC and group upon conclusion.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 2/23/2021 3:32 PM

Wenzinger, Michael L., MD at 2/23/2021 1450

Psychiatry Inpatient Treatment: Daily Progress Note

Interval History:

Met with patient in the PM,

Dalilah reports that she has been doing well. She continues to refuse calls from her father, but engages with calls from her mother. Reports her and mother only discussed her dog, "Dick." She does continue to feel very unsafe if she were to return home with father, citing he may "sex traffic" her, "rape" her, or "assault [her] again." She does feel she may attempt suicide/elopement to escape. Spent time processing her time living up in Montana. She was able to process some positive experiences (Camp Agape, her friend Lexi).

Called and spoke with patient's father. Reviewed plan to expand search for SUD programs. Discussed also patient's care thus far and continued concerns.

Staff note patient has been calm and cooperative with groups. Does refuse parent's call (Father) but otherwise no concerns.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36 °C (96.8 °F) Max: 36.4 °C (97.5 °F)

Pulse Min: 69 Max: 72

BP Min: 93/41 Max: 124/74

Resp Min: 18 Max: 20

SpO2 Min: 99 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthoL (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/23/21 0848

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 3 of 4) (continued)**

- diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydrAMINE (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydrOXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestreL-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/23/21 0849
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/22/21 2146
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANZapine (ZyPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/23/21 0848
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am: Hours of Sleep 6p-6a: (7.5)

Appetite: Appetite: Good

Lab/Radiology/Diagnostic Review:

No recent results to review

Mental Status Exam:

General Appearance and Behavior:

- Patient is a CF who appears stated age. She was calm, cooperative, and engaging with this provider. She was very pleasant and open with this provider, exploring frustration with parent. Did become dysregulated when discussing her father.

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Conditional SI
- Continued evidence of persecutory thoughts/ideas -- namely towards belief she is being sexually trafficked.

Mood: "Uh, fine."

Affect: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: poor

Judgment: poor

Sensorium: alert, awake and oriented x 3

Assessment/Plan

Primary Diagnosis:

Does not feel safe at home

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of Does not feel safe at home who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

No major change in diagnostic assessment as per progress note on 2/22/2021.

Management remains very complex -- patient unsafe to return home with mother per court ruling and per psychiatric assessment unsafe to return home with father due to possible delusion symptoms. **Key focus in care remains need for substance abuse treatment given methamphetamine + MJ on UDS.** Will expand search to include locations in Idaho. Court hearing this Friday. Will also draft letter to the court discussing complex and need for special consideration (respite/?temporary foster care placement).

Plan:

Psychiatric Medical Management:

- Continue Kapvay 0.1mg BID; patient reporting some mild light headedness.
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No major non-psychiatric medical concerns at this time.

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- Expanded search for substance abuse RTCs; seeking options in Idaho.

Disposition:

- Continued admission to the PBHU for management of Does not feel safe at home, with chief safety concerns at this time including suicidal ideation and no safe disposition

Michael Loren Wenzinger, MD
Instructor in Psychiatry (Child)
Department of Psychiatry
Washington University School of Medicine
314-286-1700

Electronically signed by Wenzinger, Michael L., MD at 2/23/2021 3:21 PM

Weitman, Alix, LCSW at 2/24/2021 1117

Social Work Case Management Progress Note

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW met with pt for an individual session.

*SW contacted Huntsman Mental Health Institute Youth Residential Treatment, located in Salt Lake City, UT, ph: 801-587-2370, to confirm receipt of the clinical packet. No one was available at the time of the call. SW awaiting a response.

*SW contacted Megan Donnelley, MO CD investigator, ph: 314-264-7739. Ms. Donnelley reported that the case remained open although she was limited in the support she could provide. Ms. Donnelley reported that she had discussed pt's positive UDS with the GAL in advance of the court hearing. Ms. Donnelley states that she had spoken with a police officer who also submitted a report about pt's positive UDS and who had recommended that pt's father could force pt to leave with him "as long as he did not hurt her." Ms. Donnelley noted that a CAC interview not available for pt because this would be re-investigating the report.

*SW spoke with Mark Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. SW reported that she had contacted Huntsman and had not successfully reached a staff member yet. SW shared that pt was willing to go to any state outside of MT. Mr. Loudon noted that this would help secure transportation for pt.

*SW contacted Huntsman Mental Health Institute Youth Residential Treatment, ph: 801-587-2370, and spoke with Mendi in admissions. Mendi reported that she had received the clinical packet and that the clinical coordinator wanted to speak with SW, although she was currently in a meeting. SW reported that she was available. SW awaiting a response.

*SW contacted pt's father and provided him with an update with the progress obtaining placement. Pt's father reported that he was open to all options that moved pt closer to him and would provide her with appropriate care.

*SW contacted St. Luke's Children's Rehab Admissions, ph: 208-381-5970. No admissions staff were available at the time of the call. SW awaiting a response.

Alix Weitman, LCSW
2/24/2021

Electronically signed by Weitman, Alix, LCSW at 2/24/2021 5:09 PM

Hertich, Yvonne, LCSW at 2/24/2021 1216

Biological mother Angela Freiner not allowed to visit

Electronically signed by Hertich, Yvonne, LCSW at 2/24/2021 12:16 PM

Wenzinger, Michael L., MD at 2/24/2021 1358

Psychiatry Inpatient Treatment: Daily Progress Note

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Interval History:

Met with patient in the AM,

Dalilah reports she has been having a "better" today. She does continue to endorse fear towards discharge with father, citing fear of sexual abuse/aggression. She did report wanting to return home with mom. Did explore her relationship with each. She feels her father is "manipulating" her to hate her mother. She feels her mother is specifically "not manipulating [her] but just knows how [she] feels."

Patient reports ongoing mild anxiety. She denies any other major issues or concerns.

Spoke with GAL and discussed care so far.

Staff note patient has been calm/cooperative and appropriate. No acute concerns.

Objective

Vitals:

24hr Min/Max:

Temp Min: 36.4 °C (97.5 °F) Max: 36.6 °C (97.9 °F)

Pulse Min: 64 Max: 82

BP Min: 98/43 Max: 119/70

Resp Min: 20 Max: 24

SpO2 Min: 100 % Max: 100 %

Current Facility-Administered Medications:

- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- benzocaine-menthol (CEPACOL) lozenge 1 lozenge, 1 lozenge, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD
- calcium carbonate (TUMS) chewable tablet 500 mg, 200 mg of elemental calcium, oral, Q4H PRN, Morris, Aimee Elizabeth, MD PhD
- cloNIDine ER (KAPVAY) extended release tablet 0.1 mg, 0.1 mg, oral, BID, Wilson, Katie Elizabeth, MD, 0.1 mg at 02/24/21 0812
- diphenhydramine (BENADRYL) tab/cap 12.5 mg, 12.5 mg, oral, Q6H PRN **OR** diphenhydramine (BENADRYL) injection 12.5 mg, 12.5 mg, intramuscular, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- hydroXYzine (ATARAX) tablet 12.5 mg, 12.5 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- ibuprofen (ADVIL, MOTRIN) tablet 400 mg, 400 mg, oral, Q6H PRN, Morris, Aimee Elizabeth, MD PhD
- levonorgestrel-ethinyl estrad (LEVORA) 0.15-0.03 mg per tablet 1 tablet, 1 tablet, oral, Daily, Morris, Aimee Elizabeth, MD PhD, 1 tablet at 02/24/21 0812
- melatonin tablet 3 mg, 3 mg, oral, Nightly PRN, Morris, Aimee Elizabeth, MD PhD, 3 mg at 02/23/21 2005
- OLANzapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg, 5 mg, oral, Q12H PRN **OR** OLANzapine (ZYPREXA) intramuscular 5 mg, 5 mg, intramuscular, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- polyethylene glycol (MIRALAX) packet 17 g, 17 g, oral, Q12H PRN, Morris, Aimee Elizabeth, MD PhD
- propranolol (INDERAL) tablet 10 mg, 10 mg, oral, BID, Morris, Aimee Elizabeth, MD PhD, 10 mg at 02/24/21 0812
- rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg, 5 mg, oral, Q2H PRN, Morris, Aimee Elizabeth, MD PhD

Nutrition and Sleep:

Sleep hours 6pm-6am: Hours of Sleep 6p-6a: 8

Appetite: Appetite: Good

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Lab/Radiology/Diagnostic Review:

No recent results to review

Mental Status Exam:

General Appearance and Behavior:

- Patient is a CF who appears stated age. She was calm, cooperative, and engaging with this provider. She was very pleasant and open with this provider. Becomes anxious/irritable when discussing father.

Speech:

- Regular rate
- Normal rhythm
- Normal volume
- Normal amount
- Normal tone
- Spontaneous
- Normal latency (<3 seconds)

Flow of Thought: logical, sequential and goal-directed

Content of Thought:

- Conditional SI
- Continued evidence of persecutory thoughts/ideas -- namely towards belief she is being sexually trafficked.

Mood: "Alright.."

Affect: euthymic, full range, normal amount, appropriate to conversation/situation, stable and mood-congruent

Insight: poor

Judgment: poor

Sensorium: alert, awake and oriented x 3

Assessment/Plan

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

No major change in diagnostic assessment as per progress note on 2/22/2021.

Management remains complex. Notably patient has upcoming court hearing on 2/26. Now seeking RTC placement at alternative location for substance abuse. Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home.

Plan:

Psychiatric Medical Management:

-Continue Kapvay 0.1mg BID; patient reporting some mild light headedness.

-No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.

-Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- No major non-psychiatric medical concerns at this time.

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs per insurance; father provided consent.
- Continuing communication with GAL

Disposition:

- Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe disposition

Michael Loren Wenzinger, MD
 Instructor in Psychiatry (Child)
 Department of Psychiatry
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 314-286-1700

Electronically signed by Wenzinger, Michael L., MD at 2/24/2021 2:52 PM

Bruner, Jennifer, ATR at 2/24/2021 1546

Art Therapy Note for BH

Session Type: Group

02/24/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	(Art Therapy)

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Bright;Calm
Mood	Hopeful
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Motivated for treatment;Calm;Appropriate, relaxed;Cooperative (focused)
Teaching Method	Verbal;Group discussion
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Able to manage/cope with feelings;Verbalized increased hopefulness

Directive/Goals: Other: Introduced art therapy to group. Group was assessed for safety of materials including scissors. Group was encouraged to draw or build a bridge from one place to another. Pt. were directed to place themselves on the page and identify where they were going. Goals: increase problem solving skills, increase insight, increase verbalization. Group was quiet and respectful to each other.

Notes: Dalilah actively participated in the art therapy directive. She was focused and engaged in drawing a bridge. Dalilah drew a detailed stone like bridge and placed herself in the middle of the bridge. She stated she was moving towards the, "green growing" side and away from the "dead forest". She stated at the end of session, "I don't need to keep this" but okayed art therapist to place it in her cubby. She was helpful in cleaning up and organizing materials at the end of session.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
 Board Certified Art Therapist
 Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 2/24/2021 3:51 PM

Weitman, Alix, LCSW at 2/24/2021 1602

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes
 Others Present: No

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Admission Diagnosis: Major depressive disorder

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt in the quiet room. Pt reported that her mood was "good" and noted that she enjoyed speaking with her mother. SW discussed the progress obtaining placement for pt. Pt reported that she was willing to go anywhere with the exception of MT due to being reminded of the trauma of living with her father. Pt reported continued anxiety and noted that she had difficulty tolerating being alone. SW and pt discussed her goals for the time she remained hospitalized. Pt reported that she wanted to learn more skills to regulate her anxiety without the help of others or substances. SW gave pt work outside of session to pay attention to the bodily sensations associated with anxiety to strengthen emotional awareness. Pt agreed.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
2/24/2021

Electronically signed by Weitman, Alix, LCSW at 2/24/2021 5:00 PM

Weitman, Alix, LCSW at 2/25/2021 1149

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW contacted Huntsman Mental Health Institute Youth Residential Treatment, ph: 801-587-2370, and spoke with Mendi--Office Support Coordinator and Alexandra Star--Clinical Coordinator. SW provided clinical information about pt's treatment needs, as well as discharge planning. Ms. Star reported that their program would be a good fit for pt's mental health needs, although she was concerned about pt's discharge plan and would need to speak with a clinical supervisor before accepting pt into their program. Ms. Star confirmed that pt was currently on the wait list for treatment and that the wait list was approximately 3-4 weeks long.

*SW spoke with Marc Loudon--Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. Mr. Loudon

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

confirmed that he had been updated by the MHC doctor had spoken with MD Wenzinger and confirmed that insurance would at least partially cover transportation to an appropriate RTC. Mr. Loudon continued that options in ID and WY were prioritized. SW agreed to contact these potential placements. Mr. Loudon also reported that Shodair Children's Hospital remained an option. SW agreed to contact that facility for an update. SW expressed her understanding that transportation would only be covered if there was a direct admission and that it would not be covered to transfer pt from one acute facility to another. Mr. Loudon noted that Shodair had an RTC that was in network, and that if pt was not stable enough for the RTC on arrival, she could be assessed and admitted to the acute unit if necessary. Mr. Loudon also noted that pt would likely be transported via ground.

*SW contacted Trinity Teen Solutions in Wyoming, ph: 307-202-8400, and spoke with Kyle in admissions. Kyle confirmed that the facility offered a substance-use RTC. Kyle provided a confidential fax number for SW to send a clinical packet: ph: 307-462-0673.

*SW faxed a clinical packet to Trinity Teen Solutions. Kyle contacted SW shortly and confirmed receipt, and that pt appeared appropriate for their program. Kyle reported that there was currently a two week wait. Kyle had questions regarding pt's insurance, and SW provided Mr. Loudon's contact information.

*SW contacted Shodair Children's Hospital: 406-444-7500, and spoke with Tori in admissions. Tori reported that pt remained on the wait list for an RTC and that there was a 2-3 week wait for a bed. Tori noted that this program was not substance-use focused. Tori continued that admissions to the acute unit were made on a day-by-day basis.

*SW contacted St. Luke's Children's Rehab Admissions, ph: 208-381-5970. SW was informed that this facility does not offer a residential program.

*SW provided Mr. Loudon with an update via e-mail. Mr. Loudon contacted SW by phone and suggested that a single case agreement with another RTC may be more appropriate for pt as SW had exhausted all in network options. Ms. Loudon and stated that he would talk to his supervisor regarding this option.

*SW contacted Ashwood Recovery Center, and was informed that the facility only provides day treatment.

*SW contacted Venus Jackson, guardian ad litem. Ms. Jackson was unavailable at the time of the call. SW awaiting a response.

*SW contacted pt's father and provided an update regarding placement options and the wait list. Pt's father reported that he was open to any option that was a good fit for pt and continued to express concern regarding the cost. Pt's father also noted that the court hearing would take place the next day and would update SW accordingly.

*SW made a second attempt to reach the GAL and was successful. SW reported that she had a letter of concern from MD Wenzinger, and Ms. Jackson reported that SW could e-mail it to her at venusajacksongal@gmail.com.

*SW sent the letter of concern to Ms. Jackson via secure e-mail.

Alix Weitman, LCSW
2/25/2021

Electronically signed by Weitman, Alix, LCSW at 2/25/2021 4:41 PM

Weitman, Alix, LCSW at 2/25/2021 1531

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: PTSD, GAD

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt. Pt reported feeling "good" and expressed that she was glad the goal of self-regulating anxiety had been identified. Pt reported that she had increased awareness of her anxiety and noticed increased fidgetiness and negative thoughts when anxiety increased. SW and Pt reviewed coping strategies to regulate emotions, including reframing cognitive distortions and using distraction. Pt continued to express that she would immediately elope if returned to her father's care due to thinking that he would harm her and that he was a "pedophile." Pt expressed missing her mother and became tearful. Pt reported feeling some anxiety due to the court hearing tomorrow, and expressed that she was hopeful to have more information, even if it was related to an unwanted outcome. SW provided validation and engaged pt in coping ahead for the following day.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW

2/25/2021

Electronically signed by Weitman, Alix, LCSW at 2/25/2021 11:36 PM

McGuire, Shannon Rose, MD at 2/25/2021 1702

Attestation signed by Wenzinger, Michael L., MD at 2/26/2021 8:40 AM

I have seen and examined the patient on 2/25/2021. I agree with the findings and plan of care as documented in the resident's/fellow's note.

Continued concerns for unsafe psychiatric concerns for discharge home to father, unable to legally

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

return to mother. Need for substance abuse RTC. Did complete consultation with insurance provider -- agreed to continue to seek RTC options in Montana area.

Court date tomorrow. Letter of concern drafted and provided to GAL.

Psychiatry Progress Note

Interval History:

Patient has had some BPs on the lower end of normal, possibly d/t propranolol and/or kapvay. Patient endorses occasional dizziness upon standing otherwise is asymptomatic. Finds propranolol to be helpful for HAs and kapvay helpful for anxiety, doesn't want to change either. For breakthrough headaches, is open to PRN naproxen.

Patient tells us today of her mother being intermittently ill for multiple days at a time where she will lay in bed and not be able to interact with the world. She says he mom has a "virus" and she can't handle normal stresses or colds like the rest of us can. When her mom is ill the patient will take care of herself- patient says its not a problem because the mom will only be ill for a few days.

Patient is eager to hear results of court tomorrow. She thinks she'll feel less anxious because there will be less unknown but is nervous she will have to go live with her dad. Remains motivated to do CD tx.

Medications:

- cloNIDine ER, 0.1 mg, oral, BID
- levonorgestreL-ethinyl estrad, 1 tablet, oral, Daily
- propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthoL (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
Or				
• diphenhydrAMINE (BENADRYL)	12.5 mg	intramuscular	Q6H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

- injection 12.5 mg
- hydrOXYzine 12.5 oral Q6H PRN
(ATARAX) tablet mg
- 12.5 mg
- melatonin tablet 3 3 mg oral Nightly PRN 3 mg at
mg 02/23/2
1 2005
- naproxen 375 oral BID PRN
(NAPROSYN) mg
- tablet 375 mg
- OLANZapine 5 mg oral Q12H PRN
(ZyPREXA
ZYDIS)
disintegrating
tablet 5 mg
- Or
- OLANZapine 5 mg intramuscular Q12H PRN
(ZyPREXA)
intramuscular 5
mg
- polyethylene 17 g oral Q12H PRN
glycol (MIRALAX)
packet 17 g
- rizatriptan MLT 5 mg oral Q2H PRN
(MAXALT-MLT)
disintegrating
tablet 5 mg

Medication Compliance: compliant with medications

Physical Exam:

Vitals:

	02/25/21 0837
BP:	104/62
Pulse:	80
Resp:	
Temp:	
SpO2:	

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral, kind and cooperative with interview

Speech: regular rate/rhythm/volume/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, no paranoia or delusions elicited, no obsessions or compulsions, +future

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

planning

Mood: "I'm doing good"

Affect: euthymic, cheerful, stable, mood congruent

Insight: fair to poor- denies problems with family but acknowledges anxiety

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs or imaging in last 24 hrs

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's exam and behavior on the unit remain stable and unchanged. She feels well on the medications without significant complaints. Overall, she continues to improve slightly though still significant codependency with mom and poor insight in to the inappropriateness of her mother's dependence on her.

Management remains complex. Notably patient has upcoming court hearing tomorrow. Now seeking RTC placement at alternative location for substance abuse (Whyoming vs Montana). Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home.

Plan:

Psychiatric Medical Management:

-Continue Kapvay 0.1mg BID; patient reporting some mild light headedness and BP on the lower end of normal but patient finds medication helpful for anxiety

-No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.

-Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

-Continue 1:1 therapy sessions with LCSW

-Engage in the therapeutic milieu of the PBHU.

-Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

-Patient having persistent headaches despite Propranolol, no serious sx, will trial Naproxen PRN for HAs

Social Management:

-Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).

-LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.

-Continuing communication with GAL with Letter of Concern sent today

Disposition:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

-Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe disposition

Electronically signed by McGuire, Shannon Rose, MD at 2/25/2021 5:15 PM

Electronically signed by Wenzinger, Michael L., MD at 2/26/2021 8:40 AM

McGuire, Shannon Rose, MD at 2/26/2021 1328

Attestation signed by Wenzinger, Michael L., MD at 2/26/2021 5:37 PM

I have seen and examined the patient on 02/26/21. I agree with the findings and plan of care as documented in the resident's/fellow's note, and with the following modifications: .

Patient continues to show significant disengagement towards safety planning in disposition home with father. Concerns remain elevated beyond child being oppositional to discharge home due to concern for ideas/delusions of persecution (being sex trafficked) and distance of travel which increases risk of harm from patient carrying through on elopement/self-harm threats. Never the less patient **does show some improvement** in that language towards safety concerns with dad has shifted from intended Si/self-harm to plan to elope to safe environment.

Currently seeking to establish clear disposition plan. Attempted to reach father on 3 separate occasions along with LCSW, but all went to VM. Re-attempt to discharge patient home with father may be reasonable but need to discuss safety concerns. Did leave father with name and callback #

Mother did request visitation in person but did tell her that SLCH legal determined that based on legal documentation provided by father, she is not permitted to visit. She did report plan to bring in her own documentation. It was made clear this would also need to be cleared by legal.

Psychiatry Progress Note

Interval History:

Patient reports feeling anxious this morning re: her mother's hearing for being in contempt of court. She is anxious she wont be able to see her mother in the future. She requested a PRN atarax 30 min prior to interview which she noted was helpful. Patient reports that her mom told her that she was probably going to have to go to jail for protecting her. Patient reports mom was being charged with being in contempt of court because a hacker got in to her Facebook and was posting details about the judge. Patient says the hackers didn't post anything mean about her mother and she could not explain who would do this or why they would do this. She says that her mom told her that files were also missing from the computer, likely stolen by the hackers.

Wait lists for substance abuse treatment remain long. This writer spoke with both mom and dad last night by phone. Dad continues to consent to the plan and treatment as described below.

Medications:

cloNIDine ER, 0.1 mg, oral, BID
levonorgestreL-ethinyl estrad, 1 tablet, oral, Daily
propranolol, 10 mg, oral, BID

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthoL (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
• diphenhydrAMINE (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular	Q6H PRN	
• hydrOXYzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 02/23/21 2005
• naproxen (NAPROSYN) tablet 375 mg	375 mg	oral	BID PRN	
• OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg	5 mg	oral	Q12H PRN	
• OLANZapine (ZyPREXA) intramuscular 5 mg	5 mg	intramuscular	Q12H PRN	
• polyethylene glycol (MIRALAX) packet 17 g	17 g	oral	Q12H PRN	
• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg	5 mg	oral	Q2H PRN	

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 3 of 4) (continued)**

Medication Compliance: yes

Physical Exam:**Vitals:**

	02/26/21 0600
BP:	(I) 92/45
Pulse:	70
Resp:	20
Temp:	36.5 °C (97.7 °F)
SpO2:	99%

Physical Exam: NAD

Mental Status Examination:**General Appearance and Behavior:** young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral, kind and cooperative with interview**Speech:** low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency**Flow of Thought:** logical, sequential, goal directed**Content of Thought:** denied si/hi/avh, no paranoia or delusions elicited, no obsessions or compulsions, +future planning**Mood:** "I'm anxious"**Affect:** anxious, stable, mood congruent**Insight:** fair to poor- denies problems with family but acknowledges anxiety**Judgement:** fair to poor- wants to go back to mom's despite neglect**Sensorium:** A+Ox4**Lab/Radiology/Diagnostic Review:**

No new pertinent labs

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's exam and behavior on the unit remain stable. She feels well on the medications without significant complaints. Overall, she continues to improve slightly though still significant codependency with mom and poor insight in to the inappropriateness of her mother's dependence on her. Patient is not psychiatrically safe for discharge to her father's, as this gives her significant anxiety and she has threatened to run away.

Management remains complex. Patient's mother has a court hearing today for contempt of court, results of this will help guide dispo. We continue to seek inpatient tx for substance abuse (Whyoming vs Montana), but there is a significant wait list for this. Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home.

Plan:**Psychiatric Medical Management:**

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

- Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP lower end of normal but stable
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- Patient having persistent headaches despite Propranolol, no serious sx, will trial Naproxen PRN for HAs

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.
- Court hearing for mom today, Continuing communication with GAL

Disposition:

- Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

Shannon McGuire, MD
Psychiatry Resident, PGY-2
314-482-1462

Electronically signed by McGuire, Shannon Rose, MD at 2/26/2021 1:43 PM

Electronically signed by Wenzinger, Michael L., MD at 2/26/2021 5:37 PM

Weitman, Alix, LCSW at 2/26/2021 1602

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: PTSD, GAD

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 3 of 4) (continued)

Safety Planning

Response: SW met with pt. Pt reported feeling anxious about the court hearing that she was aware occurred earlier in the day. SW validated pt's emotional state. SW provided a brief update that no changes had occurred related to custody of pt, and that the next hearing was scheduled for 3/31/21. Pt became tearful as she expressed that she missed her mother and that her mother "would never stop fighting for [her]." Pt continued to express her frustration with the court system and with her father, stating "why would [she] be fighting so hard to [return to her mother's care] if it wasn't safe?" Pt continued to describe her mother's parenting, noting that her needs had always been met except for one month two years ago when pt did not have access to hot water. SW gathered more information regarding this experience and thanked pt for sharing it with her. SW validated the exhausting and difficult nature of pt's involvement with the court system. SW and pt discussed the search for placement, and pt agreed that it would be difficult for her to main on the PBHU for an extended time. Pt expressed continued urges to elope should she return to her father's care. Pt did not identify SI at the time of the session.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
 2/26/2021

Electronically signed by Weitman, Alix, LCSW at 2/26/2021 5:07 PM

Bruner, Jennifer, ATR at 2/26/2021 1616

Art Therapy Note for BH

Session Type: Group

	02/26/21 1315
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1445
Total Time (min)	90
Group/Topics	(Art Therapy)
Attendance	Attended
Participation	Active participation

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

Interactions	Interacted appropriately
Affect	Calm;Appropriate
Mood	Happy
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm
Teaching Method	Return Demo;Verbal;Group discussion
Barriers to Learning/Participation	None
Response to Group	Able to give feedback to another;Able to experience relief/decrease in symptoms;Able to listen to others

Directive/Goals: Other: Other: Introduced art therapy. Group was assessed for safety of materials. Encouraged discussion about emotional facades and inside outside feelings as group members painted a mask. Goals: feeling identification and verbalization, increase distress tolerance, problem solving skills, and coping skills. Members were respectful and participated in group discussion. Group members were respectful of others and the materials

Notes: Dalilah arrived for art therapy looking visibly calm. She listened as art therapist Jennifer explained the directive and gave instructions. Throughout the session Dalilah was focused on her painting. She was focused on blending her colors. She engaged in small talk with peers and art therapy intern when spoken too. When prompted Dalilah talked about her artwork at the end of session saying she painted "Bright fun colors, happy on the outside". Dalilah continued to work past session until asked to stop by the art therapist. Dalilah commented on the longer session time. Dalilah stated she enjoyed painting for the past hour since today was a stressful day. "Thank you I needed this, there is a lot going on right now".

Note written by

Sherice Wilson, BA
 Art Therapy Intern.

Supervised by
 Jennifer Bruner, MA, ATR-BC, LPC
 Julie Gant, MA, ATR-BC, LPC

Reviewed by

Electronically signed by Bruner, Jennifer, ATR at 2/26/2021 5:15 PM

Weitman, Alix, LCSW at 2/26/2021 1633

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW received a voicemail from Kyle at Trinity Teen Solutions indicated that they were in-network with pt's insurance and that the family would be responsible for an \$8500 deductible if they pursued their programming.

*SW contacted Venus Jackson, guardian ad litem, ph: 314-325-4250. Ms. Jackson reported that the court hearing had focused on the judge's requirement that pt's mother remove inappropriate posts related to the case from social media, and that no changes had been made to the current custody arrangement. Ms. Jacket reported that she had provided the letter of concern to the judge and to the Juvenile Division.

*SW spoke with CPP SW Larissa Zguta, who reported that she had received a call from the juvenile court regarding the letter of concern. SW discussed the case and the reason for the letter of concern. Ms. Zguta noted that the court required further information regarding abuse/neglect to take action.

*SW received voicemail from Tracy Schmitz with St. Louis Family Court stating that she had received the letter of concern and that she would need further information regarding the nature of the safety concerns to take further action.

*SW and MD Wenzinger made two attempts to contact pt's father. Pt's father was unavailable at the time of the call. SW awaiting a response.

*SW and MD Wenzinger contacted pt's mother by phone. Pt's mother inquired about visitation and reported that she was able to visit pt in person. SW reported that she would need to see updated documentation related to visitation, which would need to be reviewed by the SLCH legal team prior to making changes. SW also noted that changes may be delayed given that it was Friday afternoon. Pt's mother indicated understanding and reported that she would e-mail this documentation to SW.

*SW received another call from the GAL stating that the juvenile division was willing to open a case if MD Wenzinger was willing to write an affidavit. SW communicated this information to MD Wenzinger.

*SW met with pt for an individual session.

*SW contacted pt's mother to report that she had not received the updated court order. Pt's mother reported that she would attempt to send this prior to the end of the day.

*SW received an e-mail from Marc Loudon, Nurse Care Manager with Montana Health Coop, ph: 801-587-2631, reporting that there were no further updates in terms of placement options and that he had not received approval to pursue single-case agreements with other RTCs.

*SW contacted Megan Donnelley, MO CD investigator, ph: 314-264-7739. Ms. Donnelley reported that she had visited pt's mother's house and had not seen any substance use paraphernalia. Ms. Donnelley continued that she cannot control supervised visits and therefore had not made that recommendation to the court. Ms. Donnelley confirmed that pt was cleared to discharge to her father's care. SW noted that pt had discussed a period of time in which she did not have hot water in her mother's care for 1 month two years ago. Ms. Donnelley reported that she would take this into consideration.

*SW received a call from Keith Fuller, who identified himself as pt's mother's lawyer. Mr. Fuller reported that there was no court order barring pt's mother from visiting. SW shared that she did not have consent from any patients to speak with him, so she was unable to confirm or deny knowledge of the matter about which he was calling. SW

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

provided her e-mail should Mr. Fuller wish to share documentation with her. SW noted that any legal information would need to be reviewed by the SLCH legal team. Mr. Fuller indicated understanding.

*SW received a letter from Mr. Fuller. SW forwarded this to Risk Management. SW spoke with on-call Risk Management Dan Brown to inform him that she had sent the letter. Mr. Brown stated that he would review it and be in contact if this changed visitation.

*SW contacted Venus Jackson, guardian ad litem, ph: 314-325-4250. SW shared that she had been contacted by pt's mother's attorney and wanted to clarify when pt's mother's visitation time was. Ms. Jackson confirmed that pt's visits with her mother would need to be supervised (which SLCH does not provide) and that pt's mother did not have visitation time scheduled due to the court injunction.

Alix Weitman, LCSW
 2/26/2021

Electronically signed by Weitman, Alix, LCSW at 2/26/2021 5:27 PM

Charlot, Christopher, MD at 2/27/2021 1421

Psychiatry Progress Note

Interval History:

Patient reports that today is a good day because "nothing bad happened." Mood stable, no SI at this time. Reiterates she has no desire to stay with Dad. No acute issues to discuss.

Medications:

cloNIDine ER, 0.1 mg, oral, BID
 levonorgestreL-ethinyl estrad, 1 tablet, oral, Daily
 propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthoL (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydrAMINE (BENADRYL)	12.5 mg	oral	Q6H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

- tab/cap 12.5 mg
Or
- diphenhydrAMINE 12.5 intramuscular Q6H PRN
(BENADRYL) mg
injection 12.5 mg
- hydrOXYzine 12.5 oral Q6H PRN 12.5
(ATARAX) tablet mg mg at
12.5 mg 02/26/2
1 1041
- melatonin tablet 3 3 mg oral Nightly PRN 3 mg at
mg 02/26/2
1 2140
- naproxen 375 oral BID PRN
(NAPROSYN) mg
tablet 375 mg
- OLANZapine 5 mg oral Q12H PRN
(ZyPREXA
ZYDIS)
disintegrating
tablet 5 mg
Or
- OLANZapine 5 mg intramuscular Q12H PRN
(ZyPREXA)
intramuscular 5
mg
- polyethylene 17 g oral Q12H PRN
glycol (MIRALAX)
packet 17 g
- rizatriptan MLT 5 mg oral Q2H PRN
(MAXALT-MLT)
disintegrating
tablet 5 mg

Medication Compliance: yes

Physical Exam:

Vitals:

	02/27/21 0854
BP:	110/76
Pulse:	78
Resp:	
Temp:	
SpO2:	

Physical Exam: NAD

Mental Status Examination:

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral, kind and cooperative with interview

Speech: low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, no paranoia or delusions elicited, no obsessions or compulsions, +future planning

Mood: "good"

Affect: euthymic, stable, mood congruent

Insight: fair to poor- denies problems with family but acknowledges anxiety

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's exam and behavior on the unit remain stable. She feels well on the medications without significant complaints. Overall, she continues to improve slightly though still significant codependency with mom and poor insight in to the inappropriateness of her mother's dependence on her. Patient is not psychiatrically safe for discharge to her father's, as this gives her significant anxiety and she has threatened to run away.

Management remains complex. Patient's mother had a court hearing yesterday for contempt of court, results of this will help guide dispo. We continue to seek inpatient tx for substance abuse (Whyoming vs Montana), but there is a significant wait list for this. Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home.

Plan:

Psychiatric Medical Management:

- Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP lower end of normal but stable
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- Patient having persistent headaches despite Propranolol, no serious sx, will trial Naproxen PRN for HAs

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

-Court hearing for mom 2/26/21, Continuing communication with GAL

Disposition:

-Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

Electronically signed by Charlot, Christopher, MD at 2/27/2021 2:27 PM

Wittrock, Eric Nicholas, DO at 2/28/2021 1236

Psychiatry Progress Note

Interval History:

Dalilah reports on interview today that her stay is starting to feel long but that the possibility of getting to talk to her mom gives her hope. Again reiterates she does not want to go to the her father's. She continues to participate in programming and seems to get along well with peers. She is adherent to clonidine and propranolol. Denies side effects.

Medications:

clonidine ER, 0.1 mg, oral, BID
 levonorgestrel-ethinyl estrad, 1 tablet, oral, Daily
 propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthol (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydramine (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
• diphenhydramine (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular	Q6H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

• hydrOXYzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 02/27/21 2100
• naproxen (NAPROSYN) tablet 375 mg	375 mg	oral	BID PRN	
• OLANzapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg	5 mg	oral	Q12H PRN	
Or				
• OLANzapine (ZyPREXA) intramuscular 5 mg	5 mg	intramuscular	Q12H PRN	
• polyethylene glycol (MIRALAX) packet 17 g	17 g	oral	Q12H PRN	
• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg	5 mg	oral	Q2H PRN	

Medication Compliance: yes

Physical Exam:

Vitals:

	02/28/21 0701
BP:	105/51
Pulse:	73
Resp:	18
Temp:	36.2 °C (97.2 °F)
SpO2:	98%

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral, kind and cooperative with interview

Speech: low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, no paranoia or delusions elicited, no obsessions or compulsions, +future

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

planning

Mood: "Good"

Affect: euthymic, stable, mood congruent

Insight: fair to poor- denies problems with family but acknowledges anxiety

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's exam and behavior on the unit remain stable. She feels well on the medications without significant complaints. Overall, she continues to improve slightly though still significant codependency with mom and poor insight in to the inappropriateness of her mother's dependence on her. Patient is not psychiatrically safe for discharge to her father's, as this gives her significant anxiety and she has threatened to run away.

Management remains complex. Patient's mother had a court hearing recently for contempt of court, results of this will help guide dispo. We continue to seek inpatient tx for substance abuse (Whyoming vs Montana), but there is a significant wait list for this. Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home.

Plan:

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Non-Psychiatric Medical Management:

- Patient having persistent headaches despite Propranolol, no serious sx, will trial Naproxen PRN for HAs

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.
- Court hearing for mom 2/26/21, Continuing communication with GAL

Disposition:

- Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Electronically signed by Wittrock, Eric Nicholas, DO at 2/28/2021 12:40 PM

Weitman, Alix, LCSW at 3/1/2021 1221

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW contacted pt's mother by phone as she had received an email from pt's mother requesting to be able to visit with pt. SW shared that she had received the letter from pt's mother's lawyer. SW noted that she would need further documentation, likely from the court, to provide to the SLCH legal team if visitation had changed. SW noted that based on previously provided documentation, pt's mother's visits needed to be supervised, which the hospital does not provide, and that pt's mother did not have visitation time scheduled currently. Pt's expressed frustration with the court, and noted that these judgements may have been made while she was in jail. Pt's mother indicated understanding.

*SW contacted Venus Jackson, guardian ad litem, ph: 314-325-4250. Ms. Jackson was unavailable at the time of the call. SW and Ms. Jackson made multiple attempts to reach one another throughout the day, and were unsuccessful. Outreach to continue.

*SW and MD Wenzinger contacted pt's father and provided him with an update. SW and MD Wenzinger noted that pt was no longer expressing suicidal ideation should she be returned to her father's care, although she was reporting that she would elope. SW and MD discussed pt's father's ability to make an attempt to pick pt up for discharge. SW noted that she was working to clarify the next steps should pt refuse to leave with her father. The group noted that this may include involvement with the Juvenile Office. Pt's father expressed willingness to pick pt up for discharge with a strong safety plan for transportation home, although he reported that he would not be able to arrive at SLCH due to his work schedule until 3/5/21.

*SW contacted Risk Management regarding next steps should a minor refuse to leave with their guardian. SW awaiting a response.

*SW received a call from Carmen Akridge--Deputy Juvenile Officer, ph: 314-615-2906, regarding pt's case. SW shared that she did not have consent from any patients to speak with her, so she was unable to confirm or deny knowledge of the matter about which she was calling. Ms. Akridge reported that she had the letter of concern from the GAL, and that she and Judge Zellweger were seeking more information about SLCH staff recommendations and the reason for these recommendations. SW thanked her for the message.

*SW and MD Wenzinger contacted pt's father to discuss consent to speak with Ms. Akridge and the judge. Pt's father provided verbal consent for SLCH to exchange information regarding pt's clinical presentation and discharge recommendations.

*SW returned the call to Ms. Akridge. SW discussed pt's continued hospitalization due to pt's report that she would not be able to keep herself safe if discharged into her father's care. SW continued that concerned related to pt's father had been cleared by MO CD. SW continued that substance use treatment had been recommended, and that there was at least a two week wait for a placement to be available, although pt was ready for placement at this time.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Ms. Akridge reported that to take further action, the court would need a letter from a physician recommending residential treatment and the reason for this recommendation. Ms. Akridge continued that if treatment was court mandated, this would result in pt's father losing custody, and that pt would not be able to leave the state. SW thanked her for this information.

*Pt's father contacted SW 6 minutes into this 9 minute call with Ms. Akridge. SW returned his call immediately upon ending her call with Ms. Akridge. Pt's father revoked his consent for SW to share further information with Ms. Akridge or the judge after speaking with his lawyer. SW discussed the information she had already shared with Ms. Akridge. SW agreed to no longer share information with Ms. Akridge or the judge until she received consent from pt's father.

*SW met with pt for an individual session.

*SW and MD Wenzinger contacted pt's father to further discuss discharge. MD Wenzinger reported that pt was psychiatrically as stable as she would become on the PBHU. The group discussed discharge, and indicated that there were still awaiting information regarding next steps should pt refuse to leave. SW and MD recommended for pt's father to arrive prior to 3/5/21 as this was a Friday and limited problem solving would be able to occur over the weekend. Pt's father reported that it would be difficult for him to leave work and travel on such short notice. SW and MD validated this and continued to advocate for pt to arrive earlier than Friday. Pt's father discussed his plan to increase pt's supervision and keep pt safe after she returned home. Pt's father requested for SW to speak with Marc Loudon, Nurse Care Manager, regarding other options for discharge. SW agreed.

*SW received an e-mail from Marc Loudon, Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. Mr. Loudon reported that her had heard from pt's stepmother that pt was ready for discharge. SW reported that pt was psychiatrically as stable as she would become on the PBHU. SW and Mr. Loudon acknowledged the risks present in pt's father transporting pt home, and that if pt displayed unsafe behaviors at time of discharge, the clinical picture would change. Mr. Loudon reported that he had not received approval for a single case agreement, although he believed SW had exhausted all in-network options. Mr. Loudon reported that he was still investigated transportation assistance and had no further updates.

Alix Weitman, LCSW
3/1/2021

Electronically signed by Weitman, Alix, LCSW at 3/1/2021 6:10 PM

McGuire, Shannon Rose, MD at 3/1/2021 1257

Attestation signed by Wenzinger, Michael L., MD at 3/1/2021 5:39 PM

I have seen and examined the patient on 03/01/21. I agree with the findings and plan of care with the following modifications: .

Dalilah overall has shown an encouraging level of psychiatric stability throughout hospitalization. Patient voiced concerns of abuse towards father have been difficult to parse due to concern for persecutory delusions, possible genuine concern, or possibly parent-child dysfunction/triangulation to avoid discharge/displacement from preferred home setting.

Social concerns complex. However, Missouri DFS and Montana Children's Services have all cleared the father/found abuse reports unsubstantiated. As such there is currently no social service concern that father's home is an unsafe discharge disposition.

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 3 of 4) (continued)**

Persecutory delusion was more prominent initially during admission but patient has consistently displayed more safe future planning and no longer providing concerns consistent for a persecutory delusion towards her father. Specifically she is no longer reporting planning suicide/self-harm but rather describes intent to leave father's house and "stay with a friend" or other descriptions of safely seeking shelter elsewhere. In addition her use of language accusing father of being a pedophile or grooming (notably, she could not define what 'grooming' ment) have significantly attenuated and are no longer routine reports of concern towards father. Rather, she reports feeling uncomfortable due to his history of ETOH use, anger issues, interpersonal dislike of his wife, and general dislike of being displaced from preferred home in Missouri to stay in Montana. The past observational period has been of benefit in allowing concern for delusion to be continuously assessed and is now at point where team agrees patient is psychiatrically stable.

Moving forward with GAL + Father in disposition planning. Recommendation for substance abuse RTC remains, but seeking most appropriate/least restrictive environment is chief goal while patient awaits this placement.

Psychiatry Progress Note**Interval History:**

Patient continues to desire to be placed back With her mother and continues to make claims that her Father's home is not a good place for her to live. Says that if she were to have to go there she would run away and stay at a friend's. She reports that her mother is so concerned about her having to go live with her father that she went to a local news reporter to share her story. She reports that her mom's Facebook account continues to be hacked. Patient's mother has been calling a lot and has been telling her daughter not to leave the state. Mom also reported that the court gave her rights to come and visit the patient, but per SW this is not true.

Has occasional dizziness upon standing which she does not find troublesome. She has some slight fatigue during the day but this is not bothersome for her. She has not required any PRN naproxen as she has not had headaches.

Medications:

clonidine ER, 0.1 mg, oral, BID
levonorgestrel-ethinyl estrad, 1 tablet, oral, Daily
propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthol (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable	200 mg of	oral	Q4H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 3 of 4) (continued)

tablet 500 mg	elemen tal calcium				
• diphenhydrAMINE (BENADRYL) tab/cap 12.5 mg Or	12.5 mg	oral	Q6H PRN		
• diphenhydrAMINE (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular	Q6H PRN		
• hydrOXYzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041	
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 02/28/21 2048	
• naproxen (NAPROSYN) tablet 375 mg	375 mg	oral	BID PRN		
• OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg Or	5 mg	oral	Q12H PRN		
• OLANZapine (ZyPREXA) intramuscular 5 mg	5 mg	intramuscular	Q12H PRN		
• polyethylene glycol (MIRALAX) packet 17 g	17 g	oral	Q12H PRN		
• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg	5 mg	oral	Q2H PRN		

Medication Compliance: yes

Physical Exam:

Vitals:

	03/01/21 0826
BP:	121/76
Pulse:	79
Resp:	
Temp:	
SpO2:	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral, kind and cooperative with interview, passionately defends her mother and is unable to explain the bizarreness of the stories she tells us - for example, every computer or device that the mom has gets hacked and its never actually her mom posting anything

Speech: low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, no paranoia or delusions elicited, no obsessions or compulsions, +future planning

Mood: "fine"

Affect: euthymic, full range, mood congruent

Insight: fair to poor- denies that

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

PTSD (post-traumatic stress disorder)

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Patient's exam and behavior on the unit remain stable. She feels well on the medications without significant complaints. Patient believes bizarre and illogical things that her mother tells her which seems to be more in the realm of parent-child dysfunction than a delusional disorder. Patient is not psychiatrically safe for discharge to her father's, as this gives her significant anxiety and she has threatened to run away.

Management remains complex. We continue to seek inpatient tx for substance abuse (Whyoming vs Montana), but there is a significant wait list for this. Patient remains open/cooperative towards plan for substance abuse treatment. She remains notably uncooperative with safety planning to only open/legal disposition: father's home. She will likely discharge home to her father's custody.

Plan:

Psychiatric Medical Management:

-Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP lower end of normal but stable

-No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.

-Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

-Continue 1:1 therapy sessions with LCSW

-Engage in the therapeutic milieu of the PBHU.

-Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 3 of 4) (continued)

Non-Psychiatric Medical Management:

-Headaches stable on current management

Social Management:

-Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).

-LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.

-patient may ultimately need To be discharged to her father's custody

Disposition:

-Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

Shannon McGuire, MD
Psychiatry Resident, PGY-2
314-482-1462

Electronically signed by McGuire, Shannon Rose, MD at 3/1/2021 1:15 PM

Electronically signed by Wenzinger, Michael L., MD at 3/1/2021 5:39 PM

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 4 of 4)

Progress Notes

Bruner, Jennifer, ATR at 3/1/2021 1641

Art Therapy Note for BH

Session Type: Group

03/01/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	(Art Therapy)
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Calm
Mood	Hopeful (Content)
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Appropriate, relaxed;Calm;Cooperative;Guarded;Anxiety (quiet)
Teaching Method	Verbal;Return Demo;Group discussion
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to manage/cope with feelings;Able to experience relief/decrease in symptoms;Able to listen to others;Able to engage in interactions

Directive/Goals: Other: Introduced art therapy. Group was assessed for safety of materials. Discussed negative and positive feelings. Group was directed to draw a spiral of positives. Focus was placed on integrating positive self-statements verbally, written, and with watercolors. Goals: increase feeling identification, identification of feelings, increase problem solving skills, increase positive self-concept. Group members were respectful of others and the materials.

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 4 of 4) (continued)**

Notes: Dalilah actively participated in the art therapy directive. She was focused and engaged in the blending process of her image. She expressed she didn't want to do a spiral but instead chose to paint bands of colors moving from positive colors to negative colors. Dalilah placed a dark image filled with small spiral curls on top the rainbow band of colors. She described it as "chaos" and unknown. Her movements appeared anxious and she was more guarded about her processing than previous art therapy sessions. Dalilah transitioned with ease to the next group.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
Board Certified Art Therapist
Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 3/1/2021 4:46 PM

Weitman, Alix, LCSW at 3/1/2021 1724

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes
Others Present: No

Admission Diagnosis: PTSD, GAD

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT
Motivational Interviewing
Psycho-education
Safety Planning

Response: SW met with pt. Pt reported that her mood was "good," and that she was annoyed with one staff member and one other pt. Pt continued that she was managing these emotions through gentle avoidance and reminding herself that her interactions with these individuals would be time-limited. Pt continued to describe her progress identifying worry thoughts and evaluating the evidence for and against these thoughts to manage anxiety. Pt noted that she often was not bothered when she was aware that someone disliked her, and that uncertainty regarding others' opinions of her led to high anxiety. SW and pt continued to discuss the discharge plan. Pt expressed her frustration that her father remained her sole legal guardian and reported that she was not accepting his calls. SW attempted to engage pt in identifying the pros and cons of reengaging with her father. Pt expressed that she did not think it would be productive to talk to her father by phone because he so frequently invalidated her. Pt was observed to be tearful. SW provided validation as appropriate. Pt identified that the only way she would feel her father was listening to her would be if he reconsidered seeking full custody of her. SW validated that pt was struggling with this placement. SW also noted other forms of validation. Pt was not able to consider other ways that her father could validate that he understood her.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

emotional response to living with him. SW and pt discussed pt's goals for the day and strategies to address anxiety. Pt returned to the milieu.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
3/1/2021

Electronically signed by Weitman, Alix, LCSW at 3/1/2021 5:41 PM

Weitman, Alix, LCSW at 3/2/2021 1118

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW received call back from Venus Jackson, guardian ad litem, ph: 314-325-4250. SW provided an update regarding pt's progress and noted that pt was psychiatrically stable for discharge while she was awaiting placement in an RTC. SW shared that MD Wenzinger was not moving forward with an affidavit at this time. MD Wenzinger joined the call and the group continued to discuss the discharge plan. The group acknowledged a continued need for family therapy targeting improved communication skills between pt and her father.

*SW contacted pt's father to continue discussing the discharge plan. Pt's father reported that his brother (pt's uncle), David Judy, who lives in AZ, had offered to accept pt into his care. Pt's father reported that he would be comfortable with pt being discharged into his brother's care, and that he wanted his brother to speak with pt to see how open she was to this. Pt's father also provided verbal consent for SW to speak with his brother regarding this plan. SW reported that she would also need to clarify with the GAL whether pt was able to be placed in the physical custody of another family member.

*SW contacted Ms. Jackson a second time. Ms. Jackson clarified that the court could not place pt in the custody of another family member, and that pt's father was able to make an informal arrangement with a family member if he desired.

*SW consulted with SW Landre Kingdon regarding how to best support pt if she was determined to be stable for discharge and needed to be discharged into her father's care. Ms. Kingdon recommended partnering with SLCH security staff. Ms. Kingdon observed that pt was a minor and ultimately no able to decide the discharge plan.

*SW received voicemail from Tracy Schmitz with St. Louis Family Court stating that she had received the letter of concern and that she would need further information regarding the nature of the safety concerns to take further action.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

*SW and MD contacted pt's father to continue discussing the discharge plan. Pt's father expressed that he was not sure if pt going to her uncle's house would interfere with RTC placement. SW agreed to contact Marc Loudon-Nurse Care Manager with Montana Health Coop, ph: 801-587-2631, to discuss this. SW provided an update that an informal arrangement would not need to be approved by the court. Pt's father continued that pt's uncle was willing for pt to come into his care and that pt had a good relationship with her uncle.

*SW contacted Mr. Loudon to discuss the discharge plan. Mr. Loudon reported that he was looking into single-case agreements for pt, and that pt would be transferred from an out of network facility to an in-network facility was a bed became available. Mr. Loudon inquired as to whether pt had a GAL. SW confirmed that pt did. SW discussed the option of pt being discharged into her uncle's care. Mr. Loudon reported that he was not sure how the insurance travel benefit could be applied, and that this option would likely be more cost effective if pt was willing to go than obtaining secure medical transport. Mr. Loudon agreed to look into this more and provide SW with an update.

*SW, MD Wenzinger, MD McGuire, and medical student in training met with pt for a session.

*SW contacted pt's father to provide him with an update. SW encouraged pt's father to discuss his insurance benefits related to travel with Mr. Loudon. SW discussed the discharge plan should pt be discharged to her uncle's care. SW noted that pt had identified having a good relationship with her uncle and seemed somewhat open to this idea. SW noted that someone would need to physically pick pt up for discharge when she was discharged into her uncle's or father's care, unless she were to use secure medical transport. Pt's father indicated understanding. Pt's father expressed feeling exhausted by discharge planning and reported that he would need to talk with his brother more to decide if this was an option he was comfortable with. SW and pt's father discussed the process of discharge, and noted that fewer obstacles may be present if pt was willing to go into her uncle's care. SW and pt's father acknowledged that pt was a minor and unable to make placement decisions. SW also reported that it was very unlikely that pt would be transferred to detention if she refused to leave with her father. Pt's father reported that he may decide to come to SLCH to pick pt up for discharge and felt comfortable managing the safety risks. Pt's father reported that he would speak more with pt's uncle regarding discharge and update SW the following day.

Alix Weitman, LCSW
3/2/2021

Electronically signed by Weitman, Alix, LCSW at 3/2/2021 5:35 PM

Wenzinger, Michael L., MD at 3/2/2021 1714

Psychiatry Progress Note

Interval History:

Met with patient in the PM,

Dalilah reported frustration towards the team for "not believing [her]" regarding her abuse concerns towards her dad. She stated it was not only physical but emotional abuse, and that she is struggling with why she needs to return to him. Did spend time processing the abuse concerns, how they were reported to (and cleared by) DFS/Children's Services. She expressed understanding but continued frustration.

She did go on to state she feels resistant towards returning home with dad, though primarily due to desire not to

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

leave her mother. Did explore alternative disposition option with father's brother, she did express more openness towards this in that she feels he "actually cares about [her]." She wanted to discuss it with her mother further.

Called and spoke with patient's mother. Mother reported frustration towards why she couldn't meet with patient. Provided did discuss that this was determined through SLCH Legal Team and related to the court. She expressed concern that she "never got these documents" and that they "might be forged" -- told patient this provider will notify legal of that concern. She did express concern that father has "forged documents in the past." Did discuss phone conversation that nursing staff had to end between mother and Dalilah, though parent did not report she felt the conversation was ended early. She did acknowledge that she told Dalilah "not to get on that plane" and "where [mother's] house is." She reported she did not want to imply to Dalilah that she should run/elope and was agreeable towards specifically telling her not to do this and to not discuss court, discharge, or provide any unsafe instruction to Dalilah.

Spoke also with father to discuss discharge planning. Father was open to possible placement with patient's paternal uncle.

Medications:

- clonidine ER, 0.1 mg, oral, BID
- levonorgestrel-ethinyl estrad, 1 tablet, oral, Daily
- propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthol (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydramine (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
Or				
• diphenhydramine (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular	Q6H PRN	
• hydroxyzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 03/01/21

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 4 of 4) (continued)

1 2140

- naproxen 375 mg oral BID PRN
 (NAPROSYN) tablet 375 mg
- OLANzapine 5 mg oral Q12H PRN
 (ZyPREXA ZYDIS) disintegrating tablet 5 mg
 Or
- OLANzapine 5 mg intramuscular Q12H PRN
 (ZyPREXA) intramuscular 5 mg
- polyethylene 17 g oral Q12H PRN
 glycol (MIRALAX) packet 17 g
- rizatriptan MLT 5 mg oral Q2H PRN
 (MAXALT-MLT) disintegrating tablet 5 mg

Medication Compliance: yes

Physical Exam:

Vitals:

	03/02/21 0600
BP:	112/64
Pulse:	91
Resp:	20
Temp:	36 °C (96.8 °F)
SpO2:	

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral. Initially somewhat guarded/angry towards team but became more open. Tearful throughout.

Speech: low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, could not elicit any overtly persecutory/bizarre behaviors, +future planning

Mood: "Upset..."

Affect: euthymic, full range, mood congruent

Insight: fair to poor- denies that

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Diagnostically no major change from prior attestation -- specifically that there is no longer strong evidence supporting concern of a clear persecutory delusion. Rather, symptoms appear related to the a chronic parent-child relationship difficulty along with concerns for substance abuse and possible PTSD (full/clear criteria for PTSD not met however -- unspec trauma disorder most appropriate).

Patient overall remains psychiatrically stable and in need of placement in substance abuse RTC for continued work. Disposition remains complex due to intersection of legal concerns and patient's own report of intended poor coordination with father's wishes/transport. Seeking options for transition from hospital that patient may be more agreeable towards, but rising concern that prolonged hospital stay may be motivating/encouraging patient to avoid returning home with father. Her concerns of abuse/concern are noted and a concern by the team, but also note full clearance from children's services and no clear grounds to advocate against court ruling.

Concern parent (mother) may be encouraging unsafe adaptive strategies for patient -- specifically noting that she informed patient not to accept certain modes of transport (without clear reasoning) and oriented patient to where her (the mother's) house is. Parent does state she does in no way intend to encourage elopement or patient disposition against the court. **Provider clear warning that repeat offenses of this will lead to discontinuation of their communication.** Parent agreeable to abiding by avoiding any/all discussion of disposition/court rulings going forward, as well as clarifying tonight to patient that she does not want patient to elope/avoid placement or engage in unsafe self-care.

Plan:

Psychiatric Medical Management:

- Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP lower end of normal but stable
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- Headaches stable on current management

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.
- Working with CM for insurance + father to determine optimal disposition.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

-Communication with Mother: See assessment, parent permitted to continue supervised calls contingent on clarifying basic and appropriate safety expectations as well as avoiding any further discussion/direction against court & hospital directives. Further trespass on this concern will require withholding of further communication for patient's own safety as unsafe direction from parent will not be tolerated.

Disposition:

-Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

Electronically signed by Wenzinger, Michael L., MD at 3/2/2021 5:59 PM

Weitman, Alix, LCSW at 3/2/2021 1737

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: Yes-MD Wenzinger, MD McGuire, medical student shadowing

Admission Diagnosis: PTSD, GAD

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW, MD Wenzinger, MD McGuire, and medical student shadowing met with pt for an individual session. Pt reported feeling "ok," and elaborated that she missed her mother. Pt continued that she had spoken with her mother earlier in the day, and that her mother had told her that insurance was no longer covering pt's stay because the treatment team had determined pt was stable. Pt was observed to become tearful as she expressed her thought that the team did not believe her disclosures related to her father and was sending her home to him. SW provided validation of pt's emotional state and sought more information as to why pt felt the team did not believe her. Pt reported that this was because the team was allowing her to return to her father's care. SW provided further information, noting that SLCH was unable to determine placement. SW continued that SLCH was responsible for addressing pt's mental health needs, and pt agreed that she had made progress. SW shared that MO CD was responsible for determining safe discharge home, and that pt's father had been cleared by them. Pt expressed frustration that no MO CD worker had met with her while she remained hospitalized. SW validated this, and noted that she could discuss this with the assigned worker although she had no control over the response. The group noted that the recommendation was still for RTC, and that they were working to make a plan to keep pt safe while she awaited placement outside of the hospital. SW shared that the treatment would work to ensure that pt had more supports should she return to her father's care. SW indicated that another potential option was for pt to stay with her uncle. Pt

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

indicated openness to this option and noted that she had a positive relationship with her uncle, although she reported that she needed to discuss it with her mother first. Pt reported that she valued her mother's opinion and would not be willing to go anywhere that her mother did not approve of. SW noted that pt's father ultimately needed to consent to any placement option. Pt indicated understanding. The group validated the difficulty of pt's situation and pt's emotional response. SW thanked pt for listening to this information.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
3/2/2021

Electronically signed by Weitman, Alix, LCSW at 3/2/2021 5:50 PM

Weitman, Alix, LCSW at 3/3/2021 1039

Social Work Case Management Progress Note

*SW participated in PBHU rounds and obtained an update from the treatment team.

*SW left a voicemail for Trinity Teen Solutions, ph: 307-202-8400, to confirm pt's place on the wait list. SW received a voicemail from Kyle--intake coordinator, stating that he needed more information from pt's father to complete the admissions process. Kyle indicated that no beds were open currently and an opening was expected in the near future.

*SW contacted pt's father to provide him with an update. Pt's father agreed to contact Trinity Teen Solutions to provide further information. Pt's father reported that he was supportive of the plan for pt to be discharged to his brother. Pt's father reported that he was in contact with pt's insurance company regarding the travel benefit to bring pt to AZ. Pt's father provided verbal consent for SW to communicate with the Juvenile Office to communicate that the hospital would not be providing further information at this time.

*SW received a call from Carmen Akridge--Deputy Juvenile Officer, ph: 314-615-2906, regarding pt's case. SW returned her call and indicated that SLCH was not moving forward with additional letters/affidavits at this time. SW reported that she was unable to provide a further update at this time. Ms. Akridge indicated understanding.

*SW contacted Huntsman Youth Residential, ph: 801-587-2370, to confirm pt's place on the wait list. No one was available at the time of the call. SW awaiting a return call.

*SW contacted Venus Jackson, guardian ad litem, ph: 314-325-4250. SW provided an update regarding the discharge plan.

*SW met with pt for an individual session.

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 4 of 4) (continued)**

*SW and MD Wenzinger contacted pt's uncle, David Judy, ph: 602-334-8391. Mr. Judy expressed that he cares for pt and would do anything to help her. Mr. Judy reported that he works from home and would be able to ensure that pt had supervision after discharge. The group discussed pt's and pt's father's relationship conflict briefly, and Mr. Judy agreed that it would be helpful to limit discussion on this conflict and focus on providing a safe environment. Mr. Judy agreed to be available the following day for a phone call with pt. Mr. Judy reported that he would be en route to St. Louis as soon as he was able to do so and that he was waiting on the insurance benefit for his plane ticket.

*SW contacted Marc Loudon, Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. SW provided an update regarding the discharge plan and pt's willingness to discharge to AZ. Mr. Loudon expressed that he was waiting on the insurance MHC to approve the use of the travel benefit.

Alix Weitman, LCSW
3/3/2021

Electronically signed by Weitman, Alix, LCSW at 3/3/2021 11:21 PM

Weitman, Alix, LCSW at 3/3/2021 1521

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes
Others Present: No

Admission Diagnosis: Unspecified Trauma & Related Disorder, GAD

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt in a consult room. Pt reported feeling better than she had earlier in the day, when she reported feeling high anxiety related to court and discharge. SW and pt continued to discuss the discharge plan and pt demonstrated increasing acceptance that she is not able to stay on the PBHU, leaving her with the two options of staying with her uncle or father. MD Wenzinger joined the session at this time. Pt expressed continuing to feel unsafe with her father, and expressed willingness to discharge with her uncle. Pt reported anxiety about leaving MO and noted that she did not want to leave her mother. Pt continued that she felt her uncle cared for her and that they had a positive relationship. Pt stated that she understood her uncle would support her father due to family ties, and indicated that she would avoid this subject when speaking with him. Pt indicated willingness to speak with her uncle by phone regarding this plan. Pt exhibited limited understanding and use of radical acceptance, stating that she understood that "these were the cards [she had] been dealt" and that she needed to continue advocating for herself.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
 3/4/2021

Electronically signed by Weitman, Alix, LCSW at 3/4/2021 9:22 AM

Bruner, Jennifer, ATR at 3/3/2021 1650

Art Therapy Note for BH

Session Type: Group

03/03/21 1315	
Group Documentation	
Facilitator (credentials)	Jennifer Bruner, MA, ATR-BC
Group Start Time	1315
Group End Time	1400
Total Time (min)	45
Group/Topics	(Art Therapy)
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate
Mood	Happy;Anxious/Worried
Exhibited Behaviors/Symptoms	Compliant with treatment/expectations;Appropriate, relaxed;Anxiety;Cooperative;Friendly;Calm
Teaching Method	Verbal;Group discussion

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
 (continued)

Progress Notes (group 4 of 4) (continued)

Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Able to experience relief/decrease in symptoms

Directive/Goals: Other: Introduced art therapy. Art therapist assessed group for appropriateness of materials. Directed group to draw on separate sheets the following feeling, happy, sad/depressed, anger, worry, and how they are feeling now using lines shapes and colors. Group members were asked to complete a Response sheet regarding their how they are feeling now image. Goals: increase identification and verbalization of feelings, increase distress tolerance, increase problem solving and coping skills. Group members were respectful of others and the materials and shared about their images as they worked.

Notes: Dalilah came to group late. She actively participated in the art therapy directive. She was energetic and shared about her enjoyment with the tempera paint sticks. Dalilah appeared relaxed and focused as she responded to the different feelings in images. She did not have time to complete all the directive or respond to the writing prompt. She was friendly and respectful to other group members and transitioned with ease to the next group.

Jennifer Bruner, MA, ATR-BC, LPC, NCC
 Board Certified Art Therapist
 Ph. 314-393-0232

Electronically signed by Bruner, Jennifer, ATR at 3/3/2021 4:53 PM

Wenzinger, Michael L., MD at 3/3/2021 1711

Psychiatry Progress Note

Interval History:

Met with patient in the PM,

Dalilah reported significant anxiety earlier in the day, though this has improved in processing overall disposition plan. Did review plan for her to go stay with uncle in Phoenix AZ -- she expressed anxiety towards leaving MO but optimism in that she feels her uncle cares for her, she enjoys Phoenix, and she feels ready to move on from the hospital. She denied any SI/HI or unsafe thought content. She continues to reflect that if she were to go home with dad, she would protest and attempt to live with friends. She did not report concern towards being "trafficked" but rather anxiety in staying with father due to his history towards her as well as feeling invalidated with regards to her concerns and DFS's investigation.

Spoke with uncle and father today -- both were agreeable towards a plan for patient to leave with the uncle.

Staff note patient has been calm and appropriate.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

Medications:

clonidine ER, 0.1 mg, oral, BID
levonorgestrel-ethinyl estrad, 1 tablet, oral, Daily
propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthol (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydramine (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
Or				
• diphenhydramine (BENADRYL) injection 12.5 mg	12.5 mg	intramuscular	Q6H PRN	
• hydroxyzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 03/02/21 2043
• naproxen (NAPROSYN) tablet 375 mg	375 mg	oral	BID PRN	
• OLANzapine (ZYPREXA ZYDIS) disintegrating tablet 5 mg	5 mg	oral	Q12H PRN	
Or				
• OLANzapine (ZYPREXA) intramuscular 5 mg	5 mg	intramuscular	Q12H PRN	
• polyethylene glycol (MIRALAX)	17 g	oral	Q12H PRN	

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 4 of 4) (continued)**

packet 17 g
 • rizatriptan MLT 5 mg oral Q2H PRN
 (MAXALT-MLT)
 disintegrating
 tablet 5 mg

Medication Compliance: yes

Physical Exam:**Vitals:**

	03/03/21 0700
BP:	113/54
Pulse:	72
Resp:	18
Temp:	36.5 °C (97.7 °F)
SpO2:	99%

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral. Quite cooperative and engaging with this provider throughout the interview.
Speech: low volume, regular rate/rhythm/tone/amount, +spontaneous, normal latency
Flow of Thought: logical, sequential, goal directed
Content of Thought: denied si/hi/avh, could not elicit any overtly persecutory/bizarre behaviors, +future planning
Mood: "Uh, nervous you know?"
Affect: euthymic, full range, mood congruent
Insight: fair to poor- denies that
Judgement: fair to poor- wants to go back to mom's despite neglect
Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Diagnostically no major change from prior attestation -- specifically that there is no longer strong evidence supporting concern of a clear persecutory delusion. Rather, symptoms appear related to the a chronic parent-child relationship difficulty along with concerns for substance abuse and possible PTSD (full/clear criteria for PTSD not met however -- unspec trauma disorder most appropriate).

Patient showing openness to alternative disposition plan to stay with uncle. Mental status exam continues to find no clear/strong evidence for delusion/psychotic reasoning for safety concerns and rather more tempered assessment of

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

how she would conduct herself with father (ie elope to stay with a friend). Coordinating with uncle to attempt to move patient out of hospital.

Continue plan with communication with mother where any further incitement by parent not to engage in a reasonable safety plan, and/or encouragement of unsafe behaviors, will lead to complete discontinuation of phone access. Attempting to avoid this as it will cause major therapeutic rupture between patient and staff, which will increase safety concerns for discharge.

Plan:

Psychiatric Medical Management:

- Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP lower end of normal but stable
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- Headaches stable on current management

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (possibly driven by delusional disorder vs/with severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent.
- Considering disposition with uncle in AZ
- Communication with Mother: See assessment, parent permitted to continue supervised calls contingent on clarifying basic and appropriate safety expectations as well as avoiding any further discussion/direction against court & hospital directives. Further trespass on this concern will require withholding of further communication for patient's own safety as unsafe direction from parent will not be tolerated.

Disposition:

- Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including suicidal ideation and no safe discharge plan

Electronically signed by Wenzinger, Michael L., MD at 3/3/2021 5:17 PM

Weitman, Alix, LCSW at 3/4/2021 0948

Social Work Case Management Progress Note

*SW participated in PBHU rounds and provided an update to the treatment team.

*SW contacted Marc Loudon, Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. SW had received a voicemail from Mr. Loudon indicating that the insurance company would fully cover plane tickets for pt's

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

uncle to come for discharge, and for pt and her uncle to return to AZ. SW confirmed that pt appeared willing to travel to AZ. Mr. Loudon reported that he would send in-network OP resources to SW to begin reviewing and provide to the family. Mr. Loudon also stated that he would speak with pt's father to begin travel arrangements.

*SW facilitated phone call between pt and her uncle, David Judy. Mr. Judy expressed his care for pt and willingness to provide a safe place for pt to stay. Pt and Mr. Judy discussed strategies to limit conflict while pt would be staying with him, including avoiding discussion of pt's father and court proceedings. Mr. Judy also reassured pt that pt's father was not planning to come pick pt up from his home, and that pt would stay there until a placement became available. SW indicated that this was likely to occur at the end of the month. The group indicated understanding. Pt expressed to her uncle that she would willingly leave SLCH with him. Pt's uncle agreed. Following the call, pt reported feeling "reassured" and more comfortable discharging into her uncle's care. Pt reported that she and her uncle have their own relationship separate from the conflict between pt and her father. Pt expressed the aspects of AZ that she enjoyed. SW noted that she would meet with pt later in the day.

*SW met with pt for an individual session.

*SW spoke with pt's father to provide an update. Pt's father expressed his consent with the discharge plan for pt to be discharged into her uncle's care. Pt's father continued that he was excited about Trinity Teen Solutions for pt. Pt's father requested that SW not share information regarding the location or timing of this placement with pt. SW reported that she had already shared that the placement was located in Wyoming several hours from pt's father's location, and that the opening would be close to the end of the month. SW noted that the treatment team was typically transparent with patients regarding placement, and that pt had been aware that placement was being sought in the Western US for some time. SW noted that pt was understanding that placement in MO was not an option. Pt's father indicated understanding. SW reported that she would update the GAL regarding the discharge plan. Pt's father indicated that he was unsure whether the GAL was still assigned to pt's case. Pt's father thanked SW for the update.

*SW spoke with Mr. Judy, pt's uncle for the purpose of discharge planning. Mr. Judy confirmed that he was planning to fly to MO the following day and pick pt up for discharge. Mr. Judy reported that he would update SW after purchasing his flight to confirm the discharge time.

*SW contacted Venus Jackson, guardian ad litem, ph: 314-325-4250. Ms. Jackson confirmed that she had submitted a motion to recuse herself from pt's case, and that the judge had recused herself from the case. Ms. Jackson noted that she was still pt's GAL as there was no judge available to respond to her motion. SW provided an update regarding the discharge plan. Ms. Jackson indicated understanding.

*SW contacted Marc Loudon, Nurse Care Manager with Montana Health Coop, ph: 801-587-2631. SW noted that pt still needed a therapist and psychiatrist in AZ to monitor her medications and provide short-term therapy. Ms. Loudon reported that he would work on finding in-network resources for pt.

*SW received a call from Mr. Judy, pt's uncle. Mr. Judy reported that his flight landed at 10:30a, and that he would arrive at SLCH between 11:30a and 12:00p. Mr. Judy reported that he would go directly from SLCH to the airport. Mr. Judy expressed some concern that pt's mother would attempt to interfere with discharge. SW noted that public safety would be present to ensure that discharge occurred safely. SW and Mr. Judy discussed pt's safety in his care. SW noted that pt was being discharged on some medications and recommenced for Mr. Judy to secure and administer those to pt as prescribed. SW recommended for Mr. Judy to secure all over the counter medications. Mr. Judy agreed.

*SW spoke with Sergeant Brooks--public safety supervisor. SW requested public safety assistance for the discharge the following day. SW shared the concern that pt's mother may attempt to interfere with discharge. Public safety officers to arrive at 11:45a. Public safety supervisor's phone number for follow up: 314-220-4827.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

Alix Weitman, LCSW
3/4/2021

Electronically signed by Weitman, Alix, LCSW at 3/4/2021 4:35 PM

Moran, Megan, MT-BC at 3/4/2021 1400

Music Therapy Progress Note

Session Type: Group

SUBJECTIVE: Patient arriving to music therapy group and appearing calm.

OBJECTIVE/GROUP NOTE:

03/04/21 1400	
Group Documentation	
Facilitator (credentials)	Megan Moran, MMT, MT-BC
Group Start Time	1400
Group End Time	1445
Total Time (min)	45
Group/Topics	Music therapy
Attendance	Attended
Participation	Active participation
Interactions	Interacted appropriately
Affect	Appropriate;Bright;Calm
Mood	Happy
Exhibited Behaviors/Symptoms	Appropriate, relaxed;Calm;Friendly;Motivated for treatment;Socializes
Teaching Method	Group discussion;Return Demo;Verbal
Barriers to Learning/Participation	None
Response to Group	Identified feelings;Able to listen to others;Able to engage in interactions;Able to reflect/comment on own behavior

Interventions Used: Clinical Music Improvisation, Lyric Analysis/Song Discussion, Breathing Techniques, Therapeutic Instrument Play, Receptive Music Listening and Rhythmic Structure for Relaxation and Breathing

Instruments / Materials Used: Handheld Percussion, Lyric Sheets, iPad, Guitar and Bluetooth Speaker

Role of Music: Encourage interpersonal effectiveness, Act as a stimulus for emotional responses, Act as a stimulus for physiological responses and Act as a basis for emotional expression

Procedure:

MT introduced self and explained role of music therapy in the hospital setting.

Progressive Muscle Relaxation/Group Breathing: MT-BC guided patients through a series of deep breathing, stretching, and relaxation with live guitar music. Patients were encouraged to focus on their 5 senses at the end of the exercise. Different chords were assigned to tension/inhale and relaxation/exhale

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Progress Notes (group 4 of 4) (continued)**

Hand Held Percussion Improvisation/Warm-Up: MT-BC introduced various handheld percussion instruments and gave group members time to become comfortable playing with instruments.

Interpersonal Connectedness Instrument Play: MT-BC allowing group to choose an instrument to play this date. MT-BC then explaining process of activity to group that while recorded music was playing, group members can play their instruments but must "pass" their instrument to the person on their right when MT-BC said "pass." Group members were then asked which instrument was their favorite to play and time for processing was provided.

Instrument Play/Lyric Analysis: MT-BC played 2 songs and provided patient with lyrics and pen. MT-BC instructed patient that during song presentation patient could circle/underline meaningful lyrics, doodle, or just listen to song. After each song verbal discussion related to meaningful lyrics was opened and patient was given opportunity to share thoughts/feelings/reactions to songs. Songs played this date were: "Stand By Me" by Ben E. King and "King of Anything" by Sara Bareilles

Goals: Increase coping skills, increase emotional regulation, increase distress tolerance, increase interpersonal effectiveness, and increase mindfulness.

Education: Patient was educated on the purpose of music therapy in the hospital setting and treatment areas/goals addressed during therapy sessions. Education completed via verbal instruction, teach back and group discussion. Patient verbalized understanding and demonstrated understanding.

ASSESSMENT:

Patient's Response to Music: Positive and Active verbal AEB patient engaging in verbal processing, patient actively participating in musical processes, patient socializing with group members, patient showing positive affect throughout session and patient sharing insight on personal behaviors as they relate to music. Dalilah actively engaged in music therapy during entire group this date. She indicated preferring the egg shakers over the other instruments but made several positive comments about other instruments this date. Dalilah also indicated feeling "relaxed" after instrument play and pointed out several lyrics in the song "King of Anything" which she enjoyed.

PLAN OF CARE: Group music therapy 3x/week; PRN for individual therapeutic needs.

Continue music therapy treatment for length of stay. If last note, consider discharge summary.

Megan Moran, MMT, MT-BC
Board Certified Music Therapist
314.297.9556

Electronically signed by Moran, Megan, MT-BC at 3/4/2021 3:44 PM

Weitman, Alix, LCSW at 3/4/2021 1637

Pediatric Behavioral Health Individual Therapy

Patient Present: Yes

Others Present: No

Admission Diagnosis: Unspecified Trauma & Related Disorder, GAD

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

Goals Addressed: Safety, coping strategies, emotions identification, gaining insight into behaviors, assessing interpersonal relationships

Intervention:

CBT

Motivational Interviewing

Psycho-education

Safety Planning

Response: SW met with pt in a consult room. Pt stated that her mother had informed her that the judge had recused herself from pt's case, and that a new judge would be assigned. Pt reported that this may result in her mother regaining custody and stated that she did not want to leave MO. SW validated pt's emotional experience. SW reported that pt was unable to remain at SLCH while awaiting the next court decision, and that pt's two options remained to discharge to her uncle's or father's care. Pt reported that she preferred to discharge to her uncle's care, and stated that she trusted him to return her to her mother's care if the custody agreement was changed. SW engaged pt in safety planning. Pt was actively engaged in this task and expressed that she doubted she would experience SI if not in her father's care. Pt denied intent to follow through with thoughts of SI should they occur. Pt was able to identify numerous skills that she could use to cope, and indicated that she would ask her uncle for help if needed. Pt identified her reasons for living as her mother and her dog. SW thanked pt for her engagement in safety planning. Pt returned to the milieu.

Recommendation:

Pt should receive 24 hour monitoring for safety and containment. Pt should engage in milieu treatment to increase prosocial behavior and provide structure. Pt should receive psychopharmacological evaluation, diagnostic assessment and clarity, and medical consultations as needed. Pt should engage in individual and group therapy to build coping and social skills, address safety concerns, and increase emotional awareness as well as address other concerns as needed. Pt should receive family therapy as needed to address psychosocial and family/parent issues and concerns.

Alix Weitman, LCSW
3/4/2021

Electronically signed by Weitman, Alix, LCSW at 3/4/2021 4:51 PM

McGuire, Shannon Rose, MD at 3/4/2021 1643

Attestation signed by Wenzinger, Michael L., MD at 3/4/2021 6:11 PM

I have seen and examined the patient on 03/04/21. I agree with the findings and plan of care along with the following adjustments.

Overall Dalilah appears to be doing well and is motivated/cooperative in discharging safely with her uncle. Did note that insurance declined approving of Clonidine ER for treatment of PTSD/Anxiety. In reviewing options, determined best plan would be both down-titration and adjustment to Clonidine IR primarily to aid with sleep. Further titration back to more routine dosing can be considered outpatient but at this time risk of increasing to regular dosing IR formulation (along with propranolol) just before planned discharge not appropriate as this could lead to spikes of low blood pressure.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

Will thus adjust clonidine ER 0.1mg BID to clonidine IR 0.1mg qHS; sent to pharmacy to ensure this would be covered by plan.

Psychiatry Progress Note

Interval History:

Patient had a call with her Uncle this morning where they discussed how his home would be a safe place for her to live until she can get in to residential treatment and court proceedings move forward. Patient began to discuss issues she has with her father but uncle reported that he did not want to be a part of that drama but that he would not let the patient's father to do anything to jeopardize her safety. Patient is feeling better about this dispo plan and looks forward to living in a home with 3 other children. At the end of the call the patient and her uncle stated that they loved each other. Patient feels that mom has already given consent for her to go to her uncle's.

Patient denies any side effects from meds, would like to stay on Kapvay long term for anxiety. Has not been experiencing passive or active SI, she is somewhat stressed and sad because she misses home but overall doing better.

Update: mom called this afternoon reporting that her court case has been thrown out and that there is going to be a new judge who will look at the material again and she may get custody again. (per our understanding, this is not true).

Medications:

- clonidine, 0.1 mg, oral, Nightly
- levonorgestrel-ethinyl estrad, 1 tablet, oral, Daily
- propranolol, 10 mg, oral, BID

PRN Medications

Medication	Dose	Route	Frequency	Last Admin
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	oral	Q6H PRN	
• benzocaine-menthol (CEPACOL) lozenge 1 lozenge	1 lozenge	oral	Q2H PRN	
• calcium carbonate (TUMS) chewable tablet 500 mg	200 mg of elemental calcium	oral	Q4H PRN	
• diphenhydramine (BENADRYL) tab/cap 12.5 mg	12.5 mg	oral	Q6H PRN	
Or				
• diphenhydramine	12.5	intramuscular	Q6H PRN	

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Progress Notes (group 4 of 4) (continued)

(BENADRYL) injection 12.5 mg	mg			
• hydrOXYzine (ATARAX) tablet 12.5 mg	12.5 mg	oral	Q6H PRN	12.5 mg at 02/26/21 1041
• melatonin tablet 3 mg	3 mg	oral	Nightly PRN	3 mg at 03/03/21 2026
• naproxen (NAPROSYN) tablet 375 mg	375 mg	oral	BID PRN	
• OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 5 mg	5 mg	oral	Q12H PRN	
Or				
• OLANZapine (ZyPREXA) intramuscular 5 mg	5 mg	intramuscular	Q12H PRN	
• polyethylene glycol (MIRALAX) packet 17 g	17 g	oral	Q12H PRN	
• rizatriptan MLT (MAXALT-MLT) disintegrating tablet 5 mg	5 mg	oral	Q2H PRN	

Medication Compliance: yes

Physical Exam:

Vitals:

	03/04/21 0627
BP:	113/51
Pulse:	75
Resp:	18
Temp:	37.1 °C (98.8 °F)
SpO2:	98%

Physical Exam: NAD

Mental Status Examination:

General Appearance and Behavior: young lady who appears and acts older than stated age, appropriate grooming, fair eye contact, psychomotor neutral. Patient was calm and cooperative with interview, seemed excited when discussing her upcoming living situation.

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

Speech: regular volume/rate/rhythm/tone/amount, +spontaneous, normal latency

Flow of Thought: logical, sequential, goal directed

Content of Thought: denied si/hi/avh, could not elicit any overtly persecutory/bizarre behaviors, +future planning

Mood: "stressed and sad"

Affect: euthymic, full range, mood congruent

Insight: fair to poor- denies that

Judgement: fair to poor- wants to go back to mom's despite neglect

Sensorium: A+Ox4

Lab/Radiology/Diagnostic Review:

No new pertinent labs

Primary Diagnosis:

Unspecified Trauma & Related Disorder

Assessment:

Dalilah Judy is a 14 y.o. female with a primary psychiatric diagnosis of PTSD (post-traumatic stress disorder) who was admitted to the Psychiatric Behavioral Health Unit due to concerns for suicidal ideation.

Diagnostically no major change from prior attestation -- specifically that there is no longer strong evidence supporting concern of a clear persecutory delusion. Rather, symptoms appear related to the a chronic parent-child relationship difficulty along with concerns for substance abuse and possible PTSD (full/clear criteria for PTSD not met however -- unspec trauma disorder most appropriate).

Patient continues to have some situational anxiety though feels that Kapvay has been beneficial and current anxiety is not clinically impairing. Patient is open to going to uncles until residential CD tx spot is available, feels this will be a safe living place, patient's father agrees with this plan. Anticipate uncle will be in St. Louis by tomorrow or this weekend with patient able to discharge with him given she is able to appropriately participate in safety planning. There are some concerns that patient's mother may try to dissuade the patient from participating in discharge, but we have already set boundaries with patient's mother to discourage her from making statements to the patient that could lead to further harm. Will continue to monitor for this.

Plan:

Psychiatric Medical Management:

- Continue Kapvay 0.1mg BID for anxiety, dizziness rare and BP improved
- No further/additional changes in medication regimen; current medication list reviewed and verified by this provider.
- Risks, Benefits, Side-Effects, and Alternatives have been reviewed with patient's guardian.

Therapy & Behavioral Management:

- Continue 1:1 therapy sessions with LCSW
- Engage in the therapeutic milieu of the PBHU.
- Continue group skills learning focusing on the escalation cycle, distress tolerance, social problem solving, emotion regulation, and sleep hygiene

Non-Psychiatric Medical Management:

- Headaches stable on current management

Social Management:

- Very complex social concerns; court order that patient cannot return home with mother but patient feels fully unsafe to return home with father (likely due to maternal manipulation and severe parent-child dysfunction).
- LCSW sending packets to all available RTCs and CD tx centers per insurance; father provided consent. Weeks long

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Progress Notes (group 4 of 4) (continued)

wait list for this.

-Current dispo plan at this time is for patient to live with her paternal uncle in Arizona until she can begin residential chemical dependency treatment, anticipate discharge tomorrow or this weekend

-Communication with Mother: parent permitted to continue supervised calls contingent on clarifying basic and appropriate safety expectations as well as avoiding any further discussion/direction against court & hospital directives. Further trespass on this concern will require withholding of further communication for patient's own safety as unsafe direction from parent will not be tolerated.

Disposition:

-Continued admission to the PBHU for management of PTSD (post-traumatic stress disorder), with chief safety concerns at this time including no safe discharge plan

Shannon McGuire, MD
Psychiatry Resident, PGY-2
314-482-1462

Electronically signed by McGuire, Shannon Rose, MD at 3/4/2021 5:08 PM
Electronically signed by Wenzinger, Michael L., MD at 3/4/2021 6:11 PM

Consults

Consults

Elmore, Rachel L., MSW at 2/10/2021 2020

Consult Orders

1. Consult to Pediatric Psychiatry [474448673] ordered by Nguyen, Kim-Long Richard, MD at 02/10/21 1920

Mental Health Services Intake Assessment

Date: 02/10/21
Start time: 2020 PM
End time: 2105 PM

Client Name: Dalilah Judy
Date of Birth: 7/13/2006
Phone #: 314-561-0011 (home)
Race: Caucasian
Client Address: 8547 Pilot
Saint Louis MO 63123 (where they have their visits, not necessarily where the patient lives when here with her mother per father)

111 Michael Grove Avenue
Bozeman, MT 63123 (address when with father in Montana)

Presenting Problem: The patient presented to the ED with the police after making suicidal statements in family court today during her parents hearing for custody. Per the patient, "My parents are in court for the past two years. In August I had to move in with my dad in Montana. I have been really depressed and suicidal there. He's been

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)

sexually assaulting me. When I came back here for winter break I refused to go back with him. I refused today at court cause I told them about what was going on."

Per the patient's father, "I sent her out to visit her mother over Christmas break, and she refused to send her back. She is drilling into her mind that she doesn't want to come back. She's never said she doesn't want to be with me. I've been meeting with the judge here three different times to get her back. Her mother said that she doesn't want to be with me and is making allegations that I'm sexually abusing my child. I think it's because she's coercing her and brainwashing her. I think Dalilah just wants to be with her friends. Her mom went to jail for contempt of court due to Dalilah not coming back with me. They wanted to put her into juvenile corrections, but that wasn't necessary. She's been making claims of suicide, and we don't want it to go unrecognized if it's true. She says she's only suicidal with me which doesn't make sense. I would think you'd be suicidal all the time not just with one person. I don't think she's really suicidal. It's just her tactic to avoid coming home with me. I am afraid though if she is discharged with me that she would run away."

Previous mental health treatment: (Inpatient/outpatient, when, where, and how many admissions in past year):
The patient has had a counselor in the past (2 years ago), but none since then. The patient denied any additional inpatient or outpatient treatment in her lifetime. The patient's father reported that he has reached out to outpatient providers in Montana to establish care for the patient at the beginning of January, but the patient did not return to Montana to attend these sessions.

Next appointment with psychiatrist: Please see above
Next appointment with therapist/counselor: Please see above

Referral source: Saint Louis County Court
Contact number: (314) 615-4400

LETHALITY ASSESSMENT

Current suicide ideation: The patient denied any current suicidal thoughts, but is very anxious
Prior Attempts: Yes When: early December 2020 How: OD on alcohol and Ibuprofen
Means/access: Denies

Suicidal Ideation in the past two weeks? Denies

Protective Factors (Recent): Identifies reasons for living
Other Protective Factors (Describe): The patient is only suicidal with her father.
Activating Events (Recent): The patient was in court today

Self Mutilation: Yes, describe: The patient reported that she has cut the back of her hand a few times. She is unsure of the last time she harmed herself.

Violent behavior: Denied

Homicidal Ideation: Denied

MOOD SYMPTOMS

Depressed, Anxious, Impaired Memory and Impulsivity

Frequency/Time Frame: The patient reported that she's fine with her mother but is not okay when with her father.

Sleep: WNL

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)

How many hours in 24 hour period? The patient reported 6-10 hours of sleep a night. The patient reported some issues with falling asleep and taking OTC Melatonin.

Appetite (Timeframe): The patient reported a better appetite while home in St Louis, but feels like her stepmother is judging her in Montana so she eats less there.

The patient reported that she lost 10-15 lbs while living in Montana due to not eating, and gained the weight back while home with her mother over Christmas break.

PSYCHOTIC SYMPTOMS

Delusions: Denies

Paranoia: Denies

Hallucinations: Denies

Insight (into psychotic symptoms): N/A

ANXIETY SYMPTOMS

Anxiety/worry, Inability to control worry and Shaky and Restless

TRAUMA

Have you or anyone close to you ever witnessed or experienced the following traumatic events?:
human made disaster

Describe: (include timeline and if seeking treatment currently): The patient reported a tumultuous relationship with her father. She reported that she remembers her father being violent towards her mother. She has also witnessed him abusing her stepsister. She reported that her father takes her around her grandfather, who is a Level III sex offender. She denied any abuse by her grandfather.

ABUSE:

Physical: The patient reported that her father has dragged her down the stairs and spanked her as a child,
Emotional: The patient's stepmother is judgmental towards the patient, **Neglect:** Denied, **Sexual:** The patient reported sexual groping by her father and **Exploitation:** Denied
Symptoms: Avoidance, Intrusive thoughts, Distress and Inability to recall trauma

Smoking Status:

Denies

MENTAL STATUS EXAM

Appearance/hygiene: Appropriate

Orientation: Alert and oriented x4

Affect: Normal and Calm

Speech: Clear

Insight: fair

Thought process: Coherent

Judgement: fair

Behavior: Cooperative and Friendly

**02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)****Consults (continued)****Intellectual Functioning: WNL**Performs ADL's: Yes
IndependentReads: Yes and Grade Level: 9th
Writes: Yes and Grade Level: 9th**MEDICAL HISTORY**

Medical Conditions: Yes, describe: Migraines

Medication Compliant: No

Assistive Medical Devices: none

PCP/last visit: Dr. Jacquelyn Schnidman/prior to moving over the summer

Allergies (medications, food, contact items, and describe reaction): NKDA**Medications (include dosage and frequency):**Inderal 10 mg BID
Maxalt 5 mg PRN
Oral BC

The patient reported that she has not been taking her medications for migraines while in Montana, but is taking oral birth control at this time.

Pharmacy:

WALGREENS DRUG STORE #03906 - SAINT LOUIS, MO - 7339 GRAVOIS AVE AT GRAVOIS & HAMPTON
7339 GRAVOIS AVE SAINT LOUIS MO 63116-1040
Phone: 314-752-0722 Fax: 314-752-0226
Open 24 hours
CVS/pharmacy #8621 - Bozeman, MT - 115 North 19th Ave
115 North 19th Ave Bozeman MT 59715
Phone: 406-587-9252 Fax: 406-586-6803

PSYCHOSOCIAL: (Describe: life situation, highest level of educations, religion affiliation, family history of mental illness/substance abuse, i.e.)

The patient was born, and was being raised in Saint Louis. Her parents were never married, and ended their relationship when she was 6 years old. The patient has always spent summers with her dad and disliked being with him due to his actions and how her stepmother is judgmental. When she turned 12 the court cases started for custody. In August 2020, her father was awarded custody and the patient moved to Montana to live with him. She does not feel safe with her father, and has made sexual abuse allegations against him. In Montana she's with her father and stepmother. In Saint Louis she is with her mother. She feels safe with her mother. The patient is currently single. She is in the 9th grade at Affton HS via hybrid, and was at Gallatin HS in Montana via the hybrid method. The

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)

patient reported that her grades are mainly B's. The patient was involved in choir and has done cheer in the past, but stopped due to moving to Montana. She wants to be a child therapist when she grows up. The patient is a Christian. The patient reported that her father has a history of alcoholism. The patient's father reported that the patient's mother is suspected of abusing crack cocaine and bipolar disorder or personality disorder.

Alcohol Use: No
Illegal Drug Use: No
Abuse of prescription drug(s): No

Legal issues: The patient is involved in family court for custody hearings with her mother and father. The court cases have been ongoing for the past two years. The patient's parents had joint legal custody, and her father was just awarded full physical and legal custody of the patient. The patient's GAL is Venus Jackson.

Serve in Military: No
Veteran Benefits: No

DFS/DHSS involvement: Yes, describe: The patient reported involvement with the sexual abuse allegations in Montana, and the case has been closed (Christopher Bly, 406-223-6190). The patient and her mother filed a case with MO DFS two days ago per the patient.

Guardian: Yes Name: James Judy and Angela Freuner Number: 406-580-8494 (father) 314-405-4979 (mother)
Relationship: parent(s) Guardianship papers available? biological parents
State appointed guardian: No
Mental Health POA/DPOA: No

Financial stressors: Denies

PROVISIONAL DIAGNOSIS:

F41.9 Anxiety disorder, unspecified, F39 Unspecified mood (affective) disorder, and F33.9 Major depressive disorder, recurrent, unspecified

CASE SUMMARY/ADDITIONAL COMMENTS:

The patient denied that she is currently suicidal to intake, but expressed anxiety and sadness about returning to Montana with her father, and preference to stay in Missouri with her mother. This case is very complex due to need to involve DFS in two different states, the patient's sexual abuse allegations against her father, and current legal proceedings for custody arrangements. As a result, the patient will be admitted to the medical floor at SLCH as a social admit in order for all proper authorities and investigations to be completed in a controlled and safe environment for the patient. Intake has completed the Columbia-Suicide Severity Rating Scale Lifetime on patient. The patient is at a moderate to high risk of suicide if she is to return to her father's care per her report, and low risk with her mother per her report. Intake to coordinate with ER SW to make sure that all appropriate reports have been completed with MO and MT DFS.

ADDITIONAL ASSESSMENTS:**Mental Health Intake Assessment Addendum Chemical Dependency**

Alcohol
Alcohol
Type(s): Denies

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)**Amphetamine**

Amphetamine
Type: Denies

Cannabis

Cannabis
Type: Denies(The patient denied, but UDS positive)

Cocaine

Cocaine
Type: Denies

Hallucinogens

Hallucinogens
Type: Denies

Inhalants

Inhalants
Type: Denies

Opiate/Opiate Like

Opiate/Opiate Like
Type: Denies

PCP

PCP
Type: Denies

Sedatives/Hypnotics

Sedatives, Hypnotics
Type: Denies

Over The Counter

Over The Counter
Type: Denies

, Columbia Suicide Severity Lifetime/Recent Rating Scale**Suicidal Ideation****Suicidal Ideation**

1. Wish to be Dead (Lifetime): Yes
1. Wish to be Dead (Past Month): Yes
2. Non-Specific Active Suicidal Thoughts (Lifetime): Yes
2. Non-Specific Active Suicidal Thoughts (Past Month): Yes
3. Active Suicidal Ideation with any Methods (Not Plan) Without Intent to Act (Lifetime): Yes
3. Active Suicidal Ideation with any Methods (Not Plan) Without Intent to Act (Past Month): Yes
4. Active Suicidal Ideation with Some Intent to Act, Without Specific Plan (Lifetime): Yes
4. Active Suicidal Ideation with Some Intent to Act, Without Specific Plan (Past Month): Yes
5. Active Suicidal Ideation with Specific Plan and Intent (Lifetime): Yes
5. Active Suicidal Ideation with Specific Plan and Intent (Past Month): Yes

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)**Intensity of Ideation**

Intensity of Ideation

Most Severe Ideation Rating (Lifetime): 4

Most Severe Ideation Description (Lifetime): The patient is only suicidal when with her father per her report. She was with him from August 2020 until December 2020.

Frequency (Lifetime): Daily or almost daily

Duration (Lifetime): 4-8 hours/most of day

Controllability (Lifetime): Unable to control thoughts

Deterrents (Lifetime): Uncertain that deterrents stopped you

Reasons for Ideation (Lifetime): Equally to get attention, revenge or a reaction from others and to end/stop the pain

Intensity of Ideation

Most Severe Ideation Rating (Past Month): 2

Most Severe Ideation Description (Past Month): The patient has not been with her father in the past month, so not suicidal

Frequency (Past Month): Less than once a week

Duration (Past Month): Fleeting, few seconds or minutes

Controllability (Past Month): Easily able to control thoughts

Deterrents (Past Month): Deterrents definitely stopped you from attempting suicide

Reasons for Ideation (Past Month): Equally to get attention, revenge or a reaction from others and to end/stop the pain

Suicidal Behavior

Suicidal Behavior

Actual Attempt (Lifetime): Yes

Actual Attempt Description (Lifetime): The patient reported an OD on alcohol and Ibuprofen

Total Number of Actual Attempts (Lifetime): 1

Actual Attempt (Past 3 Months): Yes

Actual Attempt Description (Past 3 Months): The patient reported an OD on alcohol and Ibuprofen in early December 2020

Total Number of Actual Attempts (Past 3 Months): 1

Has subject engaged in non-suicidal self-injurious behavior? (Lifetime): Yes

Has subject engaged in non-suicidal self-injurious behavior? (Past 3 Months): Yes

Interrupted Attempts (Lifetime): No

Interrupted Attempts (Past 3 Months): No

Aborted or Self-Interrupted Attempt (Lifetime): No

Aborted or Self-Interrupted Attempt (Past 3 Months): No

Preparatory Acts or Behavior (Lifetime): No

Preparatory Acts or Behavior (Past 3 Months): No

Actual/Potential Lethality

Actual/Potential Lethality

Most Recent Attempt Date: (early December 2020)

Most Recent Attempt Actual Lethality Code: Minor physical damage

Most Lethal Attempt Date: (early December 2020)

Most Lethal Attempt Actual Lethality Code: Minor physical damage

Initial/First Attempt Date: (early December 2020)

Initial/First Attempt Actual Lethality Code: Minor physical damage

and Columbia Suicide Severity Rating Scale (Short)

Columbia Suicide Severity Rating Scale

1. Wish to be Dead: No

2. Suicidal Thoughts: Yes

3. Suicidal Thoughts with Method Without Specific Plan or Intent to Act: No

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021
(continued)

Consults (continued)

- 4. Suicidal Intent Without Specific Plan: No
 - 5. Suicide Intent with Specific Plan: No
 - 6. Suicide Behavior Question: Yes
- How long ago did you do any of these?: Within the last three months

Rachel L. Elmore, MA

Electronically signed by Elmore, Rachel L., MSW at 2/10/2021 10:05 PM

Labs

Lab

Urinalysis reflex to microscopic (Final result)

Specimen Information

ID	Type	Source	Collected By
1519101416	Urine	—	NURSESLCH 02/10/21 2002

Urinalysis reflex to microscopic (Abnormal)

Resulted: 02/10/21 2014, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951 Order status: Completed
 Filed by: Interface, Lab Results In 02/10/21 2014 Collected by: NURSESLCH 02/10/21 2002
 Resulting lab: CERNER SLCH
 Narrative:

"Urine pH is affected by diet, medications, systemic acid-base disturbances, and renal tubular function. pH may affect urinary stone formation. For example, urine pH below 6.0 may help reduce the tendency for calcium phosphate stones and pH greater than 6.0 may reduce the tendency for uric acid stone formation." Source: Mayo Medical Laboratories. Last revised 1-11-2018

Components

Component	Value	Reference Range	Flag	Lab
Color, ur	Yellow	Yellow	—	SLCH
Clarity, ur	Clear	Clear	—	SLCH
Specific gravity, ur	1.029	1.010 - 1.025	H [^]	SLCH
pH, urine	6.0	—	—	SLCH
Protein, ur ql	Trace	Negative	—	SLCH
Glucose, ur ql	Negative	Negative	—	SLCH
Ketones, ur	Negative	Negative	—	SLCH
Bilirubin, ur	Negative	Negative	—	SLCH
Blood, ur	Trace	Negative	A [!]	SLCH
Urobilinogen, ur	<2.0	<2.0 mg/dL	—	SLCH
Nitrite, ur	Negative	Negative	—	SLCH

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

Leukocyte esterase, ur	Negative	Negative	—	SLCH
UA reflex comment	Reflex to microscopic UA will be performed.	—	—	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

Drug screen, urine (Final result)

Specimen Information

ID	Type	Source	Collected By
1519101407	Urine	—	NURSESLCH 02/10/21 2002

Drug screen, urine (Abnormal)

Resulted: 02/11/21 0800, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951
 Order status: Completed
 Filed by: Interface, Lab Results In 02/11/21 0800
 Collected by: NURSESLCH 02/10/21 2002
 Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
Drug screen, ur	Positive	—	A !	SLCH

Comment:
 The following compounds were detected:

Methamphetamine
 Tetrahydrocannabinol (THC)

Repeated and verified.
 Medical Director review to follow.
 Interpretive Data

This test detects the presence of approximately 50 substances using LC-tandem mass spectrometry. For a list of specific compounds and detection limits refer to the Lab Test Guide Book. While this technique is highly specific, false-positive and false-negative findings may occur in very rare circumstances. Contact the Medical Director on call (314-790-0312) for consultation if needed. This test was developed and its performance characteristics determined by St. Louis Children's Hospital Clinical Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. Current interpretive data was last revised 03/08/2017.

Director Review	Verified	—	—	SLCH
Comment: Upon Medical Director review, no additional compounds were detected.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

55 - SLCH CERNER SLCH Unknown One Children's Place 03/12/20 1414 - Present
Department of
Laboratories
St. Louis MO 63110

Order-Level Scans

hCG, urine, qualitative (Final result)

Specimen Information

ID	Type	Source	Collected By
1519101429	Urine	—	NURSESLCH 02/10/21 2002

hCG, urine, qualitative

Resulted: 02/10/21 2023, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951

Order status: Completed

Filed by: Interface, Lab Results In 02/10/21 2023

Collected by: NURSESLCH 02/10/21 2002

Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
HCG, ur	Negative	Negative	—	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

Urinalysis, microscopic only (Final result)

Specimen Information

ID	Type	Source	Collected By
1519107602	Urine	—	NURSESLCH 02/10/21 2002

Urinalysis, microscopic only (Abnormal)

Resulted: 02/10/21 2024, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 2002

Order status: Completed

Filed by: Interface, Lab Results In 02/10/21 2024

Collected by: NURSESLCH 02/10/21 2002

Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
WBC, ur	0-5	0 - 5 /HPF	—	SLCH
RBC, ur	0-2	0 - 2 /HPF	—	SLCH
Epithelial cells, squamous, ur	1-5	0 - 5 /HPF	—	SLCH
Mucous, ur	Present	—	A !	SLCH

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

CBC with auto differential (Final result)

Specimen Information

ID	Type	Source	Collected By
1519100979	Blood	---	NURSESLCH 02/10/21 2107

CBC with auto differential (Abnormal)

Resulted: 02/10/21 2130, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951

Order status: Completed

Filed by: Interface, Lab Results In 02/10/21 2130

Collected by: NURSESLCH 02/10/21 2107

Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
WBC	11.0	3.8 - 9.9 K/cumm	H [^]	SLCH
Hgb	14.4	11.9 - 15.5 g/dL	---	SLCH
Hct	41.3	35.6 - 45.5 %	---	SLCH
Plt	411	150 - 400 K/cumm	H [^]	SLCH
MPV	10.2	9.1 - 12.3 fL	---	SLCH
RBC	4.96	3.90 - 5.20 M/cumm	---	SLCH
MCV	83.3	81.3 - 96.4 fL	---	SLCH
MCH	29.0	27.1 - 33.3 pg	---	SLCH
MCHC	34.9	32.3 - 35.7 g/dL	---	SLCH
RDW CV	15.6	11.1 - 14.9 %	H [^]	SLCH
RDW SD	47.1	35.7 - 48.1 fL	---	SLCH
NRBC abs	0.00	0.00 - 0.01 K/cumm	---	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

Comprehensive metabolic panel (Final result)

Specimen Information

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

ID	Type	Source	Collected By
1519100994	Blood	—	NURSESLCH 02/10/21 2107

Comprehensive metabolic panel (Abnormal)

Resulted: 02/10/21 2216, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951

Order status: Completed

Filed by: Interface, Lab Results In 02/10/21 2217

Collected by: NURSESLCH 02/10/21 2107

Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
Sodium	135	135 - 145 mmol/L	—	SLCH
Potassium, pl	3.5	3.3 - 4.9 mmol/L	—	SLCH
Chloride	105	100 - 114 mmol/L	—	SLCH
CO2	20	20 - 30 mmol/L	—	SLCH
Anion gap	10	2 - 15 mmol/L	—	SLCH
BUN	8	9 - 18 mg/dL	L	SLCH
Creatinine	0.74	0.40 - 1.00 mg/dL	—	SLCH
Glucose	90	70 - 199 mg/dL	—	SLCH

Comment:

Interpretive Data

Fasting glucose \geq 126 mg/dl is diagnostic for diabetes.

Fasting is defined as no caloric intake for at least 8 hours.

Fasting glucose between 100 mg/dl to 125 mg/dl is diagnostic of prediabetes.

In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random glucose \geq 200 mg/dl is diagnostic for diabetes.

In the absence of unequivocal hyperglycemia, results should be confirmed by repeat testing.

The classification and Diagnosis of Diabetes

Diabetes Care 2019; 42:S13-S28.

Current interpretive data was last revised 11/15/2017.

Calcium	9.6	8.5 - 10.3 mg/dL	—	SLCH
Bilirubin, total	0.2	0.1 - 1.2 mg/dL	—	SLCH
Protein, pl	7.9	6.5 - 8.5 g/dL	—	SLCH
Albumin	4.4	3.2 - 5.0 g/dL	—	SLCH
Alk phos	62	130 - 550 Units/L	L	SLCH
ALT	13	10 - 40 Units/L	—	SLCH
AST	19	10 - 50 Units/L	—	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

TSH reflex to free T4 (Final result)

Specimen Information

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

ID	Type	Source	Collected By
1519100999	Blood	—	NURSESLCH 02/10/21 2107

TSH reflex to free T4 Resulted: 02/10/21 2224, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 1951 Order status: Completed
 Filed by: Interface, Lab Results In 02/10/21 2224 Collected by: NURSESLCH 02/10/21 2107
 Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
TSH	1.38	0.30 - 4.20 mIU/mL	—	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

Differential, auto (Final result)

Specimen Information

ID	Type	Source	Collected By
1519121431	Blood	—	NURSESLCH 02/10/21 2107

Differential, auto Resulted: 02/10/21 2130, Result status: Final result

Ordering provider: Nguyen, Kim-Long Richard, MD 02/10/21 2107 Order status: Completed
 Filed by: Interface, Lab Results In 02/10/21 2130 Collected by: NURSESLCH 02/10/21 2107
 Resulting lab: CERNER SLCH

Components

Component	Value	Reference Range	Flag	Lab
Neutrophil abs	6.5	1.5 - 9.4 K/cumm	—	SLCH
Imm gran abs	0.2	0.0 - 0.2 K/cumm	—	SLCH
Lymphocyte abs	3.3	1.0 - 7.2 K/cumm	—	SLCH
Monocyte abs	0.8	0.1 - 1.7 K/cumm	—	SLCH
Eosinophil abs	0.1	0.1 - 1.6 K/cumm	—	SLCH
Basophil abs	0.1	0.0 - 0.3 K/cumm	—	SLCH
Neutrophil pct	59.4	%	—	SLCH

Comment:
 Interpretive Data
 Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
 Current Interpretive Data was last revised on 04/10/2018.

Imm gran pct	1.6	%	—	SLCH
Comment: Interpretive Data				

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
Current Interpretive Data was last revised on 04/10/2018.

Lymphocyte pct 30.2 % — SLCH

Comment:
Interpretive Data
Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
Current Interpretive Data was last revised on 04/10/2018.

Monocyte pct 7.0 % — SLCH

Comment:
Interpretive Data
Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
Current Interpretive Data was last revised on 04/10/2018.

Eosinophil pct 0.9 % — SLCH

Comment:
Interpretive Data
Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
Current Interpretive Data was last revised on 04/10/2018.

Basophil pct 0.9 % — SLCH

Comment:
Interpretive Data
Percent cell count reference ranges are not reported, since discordance with absolute values may lead to misinterpretation of CBC data.
Current Interpretive Data was last revised on 04/10/2018.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans

Microbiology

COVID-19 Coronavirus RNA Nasopharyngeal (Final result)

Specimen Information

ID	Type	Source	Collected By
1519114346	Nasopharyngeal	—	NURSESLCH 02/10/21 2107

COVID-19 Coronavirus RNA Nasopharyngeal

Resulted: 02/11/21 0019, Result status: Final result

Ordering provider: Fischer, Kayleigh Ann, MD 02/10/21 2038 Order status: Completed
Filed by: Interface, Lab Results In 02/11/21 0019 Collected by: NURSESLCH 02/10/21 2107
Resulting lab: CERNER SLCH
Narrative:

What is the reason for testing?-> Screening prior to admission to behavioral health unit

02/10/2021 - ED to Hosp-Admission (Discharged) in St Louis Children's Hospital 7300: records until 3/4/2021 (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 RNA Comment: Interpretive data: Synonyms for this test include: "PCR" and "NAAT". This test is performed using the Cepheid Xpert Xpress assay. This is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from the SARS-CoV-2. This assay has been reviewed by the FDA for Emergency Use Authorization (EUA). The performance characteristics have been verified by the performing laboratory. Results must be considered in the clinical context and a negative result does not rule out infection. Interpretive data last revised February 4, 2021. Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	Negative	Negative	—	SLCH
Employed in healthcare? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH
Pregnancy status? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH
Group care resident? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH
Hospitalized? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH
Is patient in ICU? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH
Symptomatic as defined by CDC? Comment: Testing performed by: Barnes-Jewish Hospital, 1 Barnes-Jewish Hosp Plaza, St. Louis, MO., 63110	No	—	—	SLCH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - SLCH	CERNER SLCH	Unknown	One Children's Place Department of Laboratories St. Louis MO 63110	03/12/20 1414 - Present

Order-Level Scans