

Worcester County Jail, MA
 Worcester Main Jail
 5 Paul X. Tivnan Drive
 West Boylston, MA 01583

NP PROGRESS NOTE

CCS
 CORRECT CARE
 SOLUTIONS

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
MICHAEL J RAMEY	0701640	347100	9/21/1979	8/23/2016

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
08-17-2016	Chronic	Neuro	Flaccid hemiplegia affecting left nondominant side	hospital
08-09-2016	Chronic	GI	Barretts esophagus without dysplasia	
12-20-2014	Chronic	Neuro	Epilepsy Not Otherwise Specified	
05-21-2014	Acute	Supplementary	Personal History of Mental Disorder Not Otherwise Specified	
05-21-2014	Chronic	Circulatory	Hypertension Not Otherwise Specified	
05-21-2014	Chronic	Infectious Disease	Chronic Hepatitis C Without Coma	

Patient Allergies:

Observed Date	Type	Allergy
10-05-2015	Allergy Items	Nabumetone
10-05-2015	Allergy Items	Nitroglycerin
10-05-2015	Allergy Items	Reglan
10-05-2015	Allergy Items	Toradol
10-05-2015	Allergy Items	Zofran

Patient Vitals:

Observed Date	Blood Pressure	Pulse	Resp. Rate	Temp	Pulse Ox	Weight	BMI
08-23-2016 12:21 PM EST	128/82	61	15	98.20	98	-	-

NOTES / HISTORY: Free Text SOAPE

Added 08/23/2016 07:37 PM EST by KVanZandt Nurse Practitioner

Subjective:

Pt seen in DOL after placement on medical watch for fall. Pt was seen by NP Thuo yesterday regarding care of L sided weakness. Last week, pt was sent to St. Vincent's Hospital for r/o CVA d/t L sided weakness. Pt had full work up including CT angiogram and it was determined that pt likely has migraine HA. Pt states that gabapentin is the only medication that works for him. Pt states that he has over 40 allergies (5 reported on intake, 5 reported on medical records) and this is the only medication that he can take. Pt was placed on Topamax on his return and per EMAR has intermittently taken the medication as well as refused it. Pt states that he has refused all doses because he has an allergy to this medication (not previously reported, pt does not report what the reaction is). NP Thuo indicated to patient that gabapentin is not approved for use here for migraine HA and he will not be continued on this medication. Historically during previous incarcerations, pt was also denied this medication for the same reason as well as not medically indicated. Per NP Thuo, pt walked out of room as he was not in agreement with POC. Nursing reported to me that patient commented

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was also denied this medication for the same reason as well as not medically indicated. For the third, pt walked out of room as he was not in agreement with POC. Nursing reported to me that patient commented when leaving treatment area yesterday that if he did not get this medication, he would likely fall. Today, pt presents after unwitnessed fall in cell. Pt is vague about details and states that he woke up on the floor like "my head was about to explode." Pt states that he is having L sided weakness and numbness and cannot ambulate (per officers, pt stated he could not ambulate to treatment room because he was too weak, however, was seen ambulating in his cell prior to this evaluation). Pt states that he continues to have HA. No visual changes, no red flag symptoms (i.e. incontinence of urine/stool, evidence of cauda equina). No other findings on ROS.

Objective:

On physical exam, pt is A&Ox3. Affect highly agitated. Pt has superficial abrasion to nose and small area of ecchymosis over L side of head. LSCTA bilat. Abd benign, S/NT/ND, +BSx4Q. Muscle strength 5/5 LUE, RUE, RLE. Pt strength to LLE is 4+/5, however, pt does not appear to be using full effort, pt seen actively moving this extremity w/o difficulty prior to arrival into cell. Face is symmetrical, no cranial nerve deficits seen. Neuro grossly intact, PEARRLA, EOM intact bilat, eyes anicteric. Skin warm, normal color, dry, mucous membranes moist. No rashes or lesions seen. CV RRR, no MRG. No other findings on physical. No acute distress.

Assessment:

Migraine

s/p fall

Plan:

Pt will remain on medical watch at this time. Given full work up approx. 1 wk ago and apparent medication seeking behavior, no diagnostic intervention needed at this time. As pt states he has an allergy to Topamax, will attempt propranolol. Will order titrate up: 10 mg TID for 1 wk then 20 mg TID. Can further adjust dose PRN. Hold orders placed for systolic <100, HR <50.

Education:

Pt advised to notify nursing for any worsening/new symptoms including abd pain, N/V/D, SOB, CP, HA, dizziness, focal neuro deficits, fevers/rashes/chill, palpitations, BRBPR/mefena, URI complaints. Pt will not state if he is in agreement with POC, d/t agitation visit was terminated.