

# DISCHARGE ORDERS & AFTER CARE PLAN

Telecare Thurston E & T and TDP

Date of Discharge 04/05/19  
 Time of Discharge 4:00 PM

## Special Population Alert\*

- DDA Involved    Needs 24/7 Care    Needs Supervision to take Medications    Geriatric (age 60+)  
 Other Criteria Present Which May Qualify Client as Part of a Special Needs Population (specify):

Signature of Leadership required on this form per Department of Health\*

### TYPE OF DISCHARGE

- Treatment completed  
 Additional Services Advised – Referral(s) Made  
 Discharging Against Medical Advice  
 Discharging to Corrections / Jail  
 Referring / transferring to another facility  
 Client did not return from TDP pass. Discharged due to being out of facility more than 24 hours

Allergies  NKDA

Diagnosis    Principal Bipolar I, MRE manic w/ psychotic features  
                   Other: \_\_\_\_\_  
 Prognosis:  Good    Fair    Guarded    Poor   Diet: regular    Activity: As tolerated

DISCHARGE MEDICATION ORDERS    DAYS TO PRESCRIBER APPOINTMENT \_\_\_\_\_    PRESCRIPTIONS CALLED INTO PHARMACY Target on Westside

Medication / Dosage	Route	Frequency	Indication for use	Quantity	Pharmacy:	
					Location:	Pharmacy Contact #: _____
Wellbutrin XL 300mg	Oral	Morning	Mood	7	<input type="checkbox"/> Childproof Bottle <input checked="" type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):
Rexulti 1mg	Oral	Morning	Thoughts	29	<input type="checkbox"/> Childproof Bottle <input checked="" type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):
Buspar 10mg	Oral	Morning 1400 Bedtime	Anxiety	10	<input type="checkbox"/> Childproof Bottle <input checked="" type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):
Gabapentin 600mg	Oral	Bedtime	Mood	3	<input type="checkbox"/> Childproof Bottle <input type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):
Lithium 450mg	Oral	<u>Bedtime</u> Mood	Mood	2	<input type="checkbox"/> Childproof Bottle <input type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):
					<input type="checkbox"/> Childproof Bottle <input type="checkbox"/> Bubble Pack <input type="checkbox"/> Hard Copy Rx	Qty:    Refill(s):

**MISC. INFORMATION / NOTES**  
 Original Copy to Chart  
 Fax to Follow Up Provider  
 Copy to Client  
 5.7.18

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Discharge client with:  Own Medications brought from home  Client Specific Medications  
 Written Prescriptions

T.O. by Dr. / ARNP \_\_\_\_\_ By RN \_\_\_\_\_ Read Back \_\_\_\_\_ Date / Time \_\_\_\_\_  
MD / ARNP Signature *David Loun* MDP Date / Time 4/5/19 1445  
Noted: Licensed Nurse Signature *Maurice* Date / Time 4/5/19 1522

## EDUCATION / TEACHING

- Medication Instructions: Verbal & information sheets given to client / family member
- Prescriptions given  Copy of prescription for chart
- Client / family member given information regarding: Wellness/Recovery, follow-up with practitioner & what to do in a crisis emergency

### Special Populations\*

- Medication Demonstration Performed *YE* (Staff Initials)
- Client Completed Return Demonstration *YE* (Staff Initials)
- Caregiver Educated on Proper Oversight & Medication Administration *YE* (Staff Initials)

## RETURNED TO CLIENT

- Client Specific Medications  Own Medications brought from home  Belongings & Valuables

- I acknowledge that the bubble packed medications I am taking home are not in a childproof container
- I have discussed this After Care Plan with staff and have received a copy of it.

Client Signature or Designated Recipient *Patricia* Date / Time 4/5/19  
Nursing Staff Signature & Title \_\_\_\_\_ Date / Time \_\_\_\_\_

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Services Section

**POSITION:** Address: 9812 Steamboat Island Rd NW, Olympia, WA 98502

Phone: 360-8783244 | 360-209-3697

Discharge To:     Home    Board & Care/AFH    Shelter    Other:  
 Transportation:    Own/Private Vehicle    Taxi/Public Transportation    Ambulance    Other:

**RISK – Client**

- Evaluated & determined not to be imminent danger to self or others
- Issue of access to firearms considered & addressed
- Is stabilized for a lower level of care
- Does have chronic risk factors, but is not currently meeting detentionment criteria

**REFERRALS/RESPONSIBLE PARTIES:**

LEAST RESTRICTIVE ORDER or **CONDITIONAL RELEASE IN PLACE**    YES    NO

Caregiver (for Special Populations Only)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Affiliation (if Applicable): \_\_\_\_\_

Discussed and Agreed Upon Discharge Plan for Client on \_\_\_\_\_ (date)  
 \_\_\_\_\_ (time)

Facility Notified of Client's Return Date/Time/Transportation Mode/Medication Regime on  
 \_\_\_\_\_ (date) \_\_\_\_\_ (time). Name of Person Informed: \_\_\_\_\_

<b>Practice/Agency:</b> <u>SeaMar Tumwater</u> <b>Prescriber:</b> <u>Donna ARNP</u> <b>Phone:</b> <u>360-704-7590</u>  <b>Fax:</b> <u>360-704-7591</u>	<b>Appointment Date/Time:</b> <u>22 May 2019 at 1:30PM</u> <b>Address:</b> <u>6334 Littlerock Rd SW</u> <u>Tumwater, WA 98512</u>  <b>Transportation to appointment (Type/By Whom):</b> <u>Self- POV</u>
<b>Mental Health Agency:</b> <u>SeaMar Tumwater</u> <b>Case Manager:</b> <u>Onita Dalbybe</u> <b>Phone:</b> <u>360-704-7590</u>  <b>Fax:</b> <u>360-704-7591</u>	<b>Appointment Date/Time:</b> <u>8 Apr 2019 at 1:00pm</u> <b>Address:</b> <u>6334 Littlerock Rd SW</u> <u>Tumwater, WA 98512</u>  <b>Transportation to appointment (Type/By Whom):</b> <u>Self-POV</u>
<b>Other (Specify):</b> <u>SeaMar Tumwater</u> <b>Contact Person:</b> <u>Shawna Rumsey, LMHC</u> <b>Phone:</b> <u>360-704-7590</u>  <b>Fax:</b> <u>360-704-7591</u>	<b>Appointment Date/Time:</b> <u>15 Apr 2019 at 3:00PM</u> <b>Address:</b> <u>6334 Littlerock Rd SW</u> <u>Tumwater, WA 98512</u>  <b>Transportation to appointment (Type/By Whom):</b> <u>Self-POV</u>
<b>Other (Specify):</b> _____ <b>Contact Person:</b> _____ <b>Phone:</b> _____  <b>Fax:</b> _____	<b>Appointment Date/Time:</b> _____ <b>Address:</b> _____  <b>Transportation to appointment (Type/By Whom):</b> _____

Original Copy to Chart  
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**NAME: TURNER, PATRICK    MR#: 35030**  
**ADMIT: 03/28/2019        DOB: 10/19/1985**

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## INFORMATION / NOTES

discharging to home with father, follow up mental health care and medication management at SeaMar  
in Tumwater, WA.

**Moises Lozacruz, MSW, MHP, Clinician**

Mental Health Professional



Signature

April 5, 2019

Date

### Special Populations Only\*:

Choose an item.

Leadership

Signature

Date

*Mental Health Benefits Booklet (info about benefits, rights and responsibilities) can be found on line at: <http://www.dshs.wa.gov/dbhr/mhmedicaidbenefit.shtml>*

### Numbers to Call When in Crisis

#### 24- Hour Crisis Line

1-866-427-4747

#### Volunteers of America 24- CARE Crisis Line

1-800-584-3578 or 425-258-4357

#### Washington Recovery Help Line

For Substance Abuse, Problem Gambling, Mental Health

1-866-789-1511

#### National Suicide Prevention Life Line

Call 911 or 1-800-273-8255

#### Washington WARM Line Crisis Clinic

Peer to Peer Support for emotional and mental challenges. Talk line, not for an active crisis level.

5pm to 9pm 7 days a week

1-877-500-9276

#### Washington Information Network- Call 211

Resources include but are not limited to: clothing, support groups, counseling and family support, legal, emergency, and transitional housing, domestic violence support, assistance in applying for an EBT card, DSHS assistance, PUD bill assistance, employment search services, free tax prep, substance abuse resources, and local medical/dental providers accepting Medicaid.

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