

NORTH TEXAS STATE HOSPITAL
P. O. BOX 2231 VERNON, TX. 76385-2231
CLIENT CHART FACE SHEET (Admission)

88
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ADMISSION
INFORMATION:



PATIENT NAME: JENNINGS, TARA DENISE
CLIENT ID: 320389
EPISODE: 2
DATE OF ADMIT: 5/8/2018
ADMIT TIME: 02:30 PM
ADMIT CLINICIAN: FADOW, PETER G MD
ADMIT UNIT: START1
ADMIT PROGRAM: ADULT ACUTE
SOURCE OF ADMIT: Court/Law Enforcement
CO. of ADMISSION: TARRANT
CO. of RESIDENCE: TARRANT
LOCAL CASE #: 65684872
CARE NUMBER: 30612365
SSN: XXX-XX-7825

DEMOGRAPHIC
INFORMATION:

AGE:	45	SEX:	Female
DATE OF BIRTH:	10/16/1972	RACE:	BLACK OR AFRICAN AMERICAN
HAIR COLOR:	Black	ETHNIC ORIGIN:	NOT OF HISPANIC OR LATINO ORIGIN
EYE COLOR:	Brown	HEIGHT:	62.00
WEIGHT:	154.00	OCCUPATION:	NONE
MARITAL STS:	UNKNOWN/N.A.	EMPLOYMENT:	NOT EMPLOYED
EDUCATION:	SOME COLLEGE/TECHNICAL SCHOOL	PRIMARY LANGUAGE:	English
RELIGION:	No Entry	PREFERRED WRITTEN:	English
CITIZENSHIP:	Yes	PREFERRED ORAL:	English
PLACE OF BIRTH:		MAIDEN NAME:	
HOME PHONE:	000-000-0000	LIVING ARRNGMNT:	WITH CHILDREN
CLIENT E-MAIL:	Not Entered	HOMELESS INDCTR.:	
CRNT RES CODE:	PRIVATE RESIDENCE	MEDICAID NUMBER:	710319248
MEDICARE NUMBER:			

ADRS
INFO

STREET:	200 HOLLOW TREE LANE APT#1313	STATE:	TX
CITY:	HOUSTON	COUNTY:	HARRIS
ZIP:	77090		

COMMITMENT
INFORMATION

COMMIT STATUS:	Court-Ordered Temp MH (90day)	CO. of COMMIT::	TARRANT
EFFECTIVE DATE:	5/3/2018	CAUSE NUMBER:	2018-MH01498-2
EXPIRATION DATE:	8/1/2018	LGL ADJ INCOMP:	No
COURT ORD MEDS:	Yes	LGL PEND CHRG(S):	No
DISTRICT COURT:		CRNT LGL CHRG(S):	
OFFENSE TYPE:		OFFENSE CODES:	
ARREST DATE:		TIME OUT DATE:	

CONTACT &
GUARDIANSHIP INFORMATION

TYPE OF CONTACT:	Emergency Contact	RELATIONSHIP:	Brother
CONTACT NAME:	BOBBY GILLS	EFFECTIVE DATE:	5/8/2018
ADDRESS:		ADDRESS 2:	
CITY:		STATE:	
ZIP:		HOME PHONE:	817-913-5718
WORK PHONE:		OTHER PHONE:	
EMAIL:		CNSNT TO CONTACT:	
WITHDRAW DATE:			
GUARDIANSHIP:		CAUSE #:	
ISSUING COURT:		EXPIRATION DATE:	

prolactin

CLIENT CHART FACE SHEET (Admission)

CONTACT &
GUARDIANSHIP INFORMATION

TYPE OF CONTACT: Emergency Contact

CONTACT NAME: PATRICK GILLS

ADDRESS:

CITY:

ZIP:

WORK PHONE:

EMAIL:

WITHDRAW DATE:

GUARDIANSHIP:

ISSUING COURT:

RELATIONSHIP: Brother

EFFECTIVE DATE: 5/9/2018

ADDRESS 2:

STATE:

HOME PHONE: 817-291-0732

OTHER PHONE:

CNSNT TO CONTACT:

CAUSE #:

EXPIRATION DATE:

DISCHARGE/FURLOUGH REFERRAL

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Print Date: 05/18/2018

Client Name: JENNINGS, TARA DENISE

Assigned ID: 320389

Data Entry By: ESQUIVEL ISAAC SW

Data Entry Date/Time: 5/18/2018 03:46 PM

Patient was given Information for Emergencies Related to Inpatient stay: Yes

Patient was given Contact Information for Studies Pending at Discharge: Yes

Community Crisis Prevention Instructions:

Supervision of medication recommended

For medical emergencies, call 911

If symptoms worsen, call crisis line

Additional Information - Community Crisis Prevention Instructions:

If you are experiencing a crisis and need help, or if you or someone you know begins to have thoughts of harming them self or others, call 911 or your local crisis hotline. You can also go to www.nami.org to learn more about mental illness and available support. Should you need more information regarding this hospital stay contact the North Texas State Hospital- Medical Records Department 940-692-1220. Upon discharge she could benefit from further education regarding her diagnosis and medications so as to gain further insight into her mental illness. She will be recommended to go to call 2-1-1 for information regarding referrals in the community for services that she may need. She will be given NAMI information and resources for Tarrant and Harris County.

NAMI Helpline 1-800-950-6264

SAMHSA National Helpline 1-800-662-4357

OSAR 1-800-508-0834

National Domestic Violence Hotline 1-800-799-7233

Veterans Crisis Line 1-800-273-8255 #1

The Trevor Project 1-866-488-7386

Smoking Quitline 1-877-937-7848

Additional Information - General Referral Instructions:

The patient/LAR was given the Continuity of Care Packet which contains information regarding community resources.

WARNING SIGNS OF SUICIDE

Anyone feeling despondent and considering suicide should contact a mental health professional or call a crisis hotline for help. Here are several suicide warning signs, according to the National Suicide Prevention Lifeline, which is funded by the U.S. Department of Health and Human Services.

- *Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- *Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- *Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.
- *Feeling hopeless
- *Feeling rage or uncontrolled anger or seeking revenge
- *Acting recklessly or engaging in risky activities -- seemingly without thinking
- *Feeling trapped -- like there's no way out
- *Increasing alcohol or drug use
- *Withdrawing from friends, family and society
- *Feeling anxious, agitated, or unable to sleep or sleeping all the time
- *Experiencing dramatic mood changes
- *Seeing no reason for living or having no sense of purpose in life

NUMBERS TO CALL FOR HELP

DISCHARGE/FURLOUGH REFERRAL

Page 3 of 3

Print Date: 05/18/2018

Client Name: JENNINGS, TARA DENISE

Assigned ID: 320389

Data Entry By: ESQUIVEL ISAAC SW

Data Entry Date/Time: 5/18/2018 03:46 PM

*Suicide and Crisis Center of North Texas: 214-828-1000

*Adapt Community Solutions (Crisis Hotline): 866-260-8000

*National Suicide Prevention Lifeline: 800-273-TALK (8255)

*National Domestic Violence Hotline: 1-800-799-7233

*NAMI: 1-800-950-6264

*Disability Rights: 1-800-880-2884

*Department of Family and Protective Services: 1-800-252-5400

Tobacco Use: No

Does the patient have a diagnosed substance use disorder?: No


NATIONAL SUICIDE HOT LINE: 1-800-273-TALK (1-800-273-8255)

Disability Rights Texas -- 2222 West Braker Lane -- Austin, TX 78758 -- 1-800-315-3876

AFTERCARE APPOINTMENTS

<u>Type of Appointment</u>	<u>Appointment Date/Time</u>	<u>Provider Name</u>	<u>Address/Phone</u>	<u>Contact Name/ Phone</u>
Behavioral Health - MHA	5/21/2018 12:00 PM	MHMR of Tarrant County Component Code: 200 (Component), 2001 (Destination)	1200 Circle Drive Fort Worth, TX 76119 817-569-4750 Fax: 817-569-4375 MHA 24 Hour Crisis Phone: 817-335-3022	Use main phone #
Additional Info: Tara reported she plans on returning to Houston and will not like to receive aftercare treatment through Tarrant county. She was notified she must attend aftercare appointment in Houston within seven days of discharge. MHMR of Harris County was informed of her impending arrival.				

Automatic reply: Filing Complaint for Care Related-Case# 70871372

 This message was identified as spam. We'll delete it after 10 days. [It's not spam](#)

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**DFPS Office Of Consumer Relations <OCR
@dfps.state.tx.us>**

Sun 5/27/2018, 11:01 AM

You; ☹

↩ ⏪ → ✓

Thank you for contacting the Department of Family and Protective Services (DFPS) Office of Consumer Relations with your concerns. Our office responds to policy related complaints regarding an open or closed case with Child Protective Investigations, Child Protective Services, Child Care Licensing and Residential Child Care Licensing Abuse/Neglect Investigations, Adult Protective Services In-Home Services, and the DFPS Abuse Hotline (Statewide Intake).

We handle most inquiries or complaints that meet the criteria of our office within 30 business days although, depending on complexity and other factors, the time frame may occasionally be longer. At the conclusion we will send a letter advising you of our findings. There are strict laws regarding the confidentiality of DFPS records. This may limit the amount of information we are able to share with you in our letter of findings and any other communications regarding your inquiry or complaint.

If your question or complaint is not within the responsibilities of this office, we will attempt to route your concern to the appropriate program, division, or agency for review and handling.

This may be the final response that you receive from our office. If you would like information on whether your inquiry/complaint meets the criteria for our office to review or if you have any questions, you may contact the OCR at 1-800-720-7777, Monday through Friday 8:00 am to 4:30 pm.

If you need to make a report of abuse and/or neglect of a child; abuse, neglect, and/or exploitation of the elderly or an adult with a disability; or report a violation of standards in a child care facility or residential child care facility, you may contact the Department of Family and Protective Services Abuse Hotline at 1-800-252-5400 or www.txabusehotline.org.

****Please note that the OCR closes for State Holidays; and as such, there may be a delay in review of your concerns on those days.**

Department of Family and Protective Services
Office of Consumer Relations
1-800-720-7777

Filing Complaint for Care Related-Case# 70871372

TARA Sing

Sun 5/27/2018, 11:01 AM

To:oca@dfps.state.tx.us <oca@dfps.state.tx.us>;TARA Sing <tarasing@msn.com>;

To Whom It May Concern:

I, Tara Sing-Jennings, am doing a follow-up on complaint that was called in, and case number is 70871372. The complaint consist of not given me my medication for my high prolactive level causing me to have abnormal prolactin labs and becoming anemia during my stay at North Texas State Hospital. On admission, May 08, 2018, I explained to admission nurse that I need my Cabergoline 0.5 mg tablet for my high prolactin level. They had enough time to get that medication order, but did not for my entire stay at the North Texas State Hospital, Vernon, TX. They did not request for my medical records from UT Physician , nor called them. I stay at this hospital for 13 days and yet to get my medication that is required each week. Please feel free to contact me at 662-433-3502.

Thanks,

Tara Sing-Jennings



MedProfile- List of Active Orders

Facility: NTSH WICHITA FALLS CAMPUS, WICHITA FALLS, TX

Printed By: Rivard, Samuel

Print Time:

05/10/2018 20:46

Patient: JENNINGS, TARA - F 45Y		VisitID: 000320389-2-656	Unit: START1-21/STR1
Medication Order	Status	Start Date	Stop Date
CARBAMIDE PEROXIDE 6.5% EAR DROPS, 2 DROP, OTIC (EAR), BID (TWICE DAILY)	Active	05/09/18 12:30	05/13/18 12:29
LOSARTAN POTASSIUM, 25 MG, ORAL, DAILY-AM (DAILY IN THE MORNING)	Active	05/09/18 08:00	
MULTIVITS-CALCIUM-IRON MINERALS TABLET, 1 TAB, ORAL, DAILY-AM (DAILY IN THE MORNING)	Active	05/09/18 08:00	
VITAMIN B-1, 100 MG, ORAL, DAILY-AM (DAILY IN THE MORNING)	Active	05/09/18 08:00	
METFORMIN HCL ER, 500 MG, ORAL, DAILY-7:30AM (7:30 AM)	Active	05/09/18 07:30 (S)	
OLANZAPINE, 10 MG, INTRAMUSCU, PRN (AS NEEDED)	Active	05/08/18 15:38 (S)	
ACETAMINOPHEN, 650 MG, ORAL, Q6H-PRN (Every 6 hours as needed)	Active	05/08/18 14:30	
MAG-AL HYDROX-SIMETH LIQUID, 30 ML, ORAL, Q2H-PRN (EVERY 2 HOURS AS NEEDED)	Active	05/08/18 14:30	
BISMUTH SUBSALICYLATE SUSP, 30 ML, ORAL, PRN (AS NEEDED)	Active	05/08/18 14:30	
MILK OF MAGNESIA SUSPENSION, 30 ML, ORAL, DAILY-PRN (Daily AS NEEDED)	Active	05/08/18 14:30	
TEMAZEPAM, 30 MG, ORAL, DAILY-HS-PRN (DAILY AT BEDTIME AS NEEDED)	Active	05/08/18 14:30	08/06/18 14:29
SPIRONOLACTONE, 25 MG, ORAL, DAILY-AM (DAILY IN THE MORNING)	Active	05/11/18 08:00	
OLANZAPINE ODT, 30 MG, ORAL, DAILY-HS (DAILY AT BEDTIME)	Active	05/10/18 14:40 (S)	



MAR for next 24 Hrs.- (Scheduled)

Facility: NTSH WICHITA FALLS CAMPUS, WICHITA FALLS, TX

Printed By: Hoff, Shirley

Print Time:

05/11/2018 15:49

Patient: JENNINGS, TARA - F 45Y

VisitID: 000320389-2-656

Unit: START1-21/STR1

Dose Sts. (Order Sts.)	Drug Name	Dose	Route	Freq.	Time
Un-administered:Early	LOSARTAN 25 MG TABLET	25 MG	ORAL	DAILY-AM (DAILY IN THE MORNING)	05/12/18 08:00
Un-administered:Early	MULTIVITS-CALCIUM-IRON MINERALS TABLET	1 TAB	ORAL	DAILY-AM (DAILY IN THE MORNING)	05/12/18 08:00
Un-administered:Early	THIAMINE (VIT B-1) 100 MG TABLET	100 MG	ORAL	DAILY-AM (DAILY IN THE MORNING)	05/12/18 08:00
Un-administered:Early	METFORMIN XR 500 MG TAB SA	500 MG	ORAL	DAILY- 7:30AM (7:30 AM)	05/12/18 07:30 (S)
Un-administered:Early	CARBAMIDE PEROXIDE 6.5% EAR DROPS	2 DROP	OTIC (EAR)	BID (TWICE DAILY)	05/11/18 21:00
Un-administered:Early	CARBAMIDE PEROXIDE 6.5% EAR DROPS	2 DROP	OTIC (EAR)	BID (TWICE DAILY)	05/12/18 08:00
Un-administered:Early	SPIRONOLACTONE 25 MG TABLET	25 MG	ORAL	DAILY-AM (DAILY IN THE MORNING)	05/12/18 08:00
Un-administered:Early	OLANZAPINE ODT 15 MG TABLET	30 MG	ORAL	DAILY-HS (DAILY AT BEDTIME)	05/11/18 21:00 (S)

Medications By Patient - All Active Med Orders

MP#: 320389 JENNINGS, TARA DENISE

Allergies/Hypersensitivities:
PENICILLIN

O = Order Date
ST = Stop Date
H = Held Medication
NV = Needs Validation

Routine	
+ HYDROCHLOROTHIAZIDE (ORETIC) TAB, 25 MG ORAL 5/8/2018(O) Daily in AM for Hyperten	
+ LOSARTAN (COZAAR) TAB, 25 MG ORAL 5/8/2018(O) Daily in AM for Hyperten	
+ METFORMIN(GLUCOPHAGE XR)EXTENDED RELEASE TAB, 500 MG ORAL 5/8/2018(O) Daily in AM for Diabetes, TAKE WITH	
BREAKFAST	
+ MULTIVITAMIN/MINERALS TAB, 1 TAB ORAL 5/8/2018(O) Daily in AM for Nutritional-supp	
+ OLANZAPINE (ZYPREXA) ZYDIS WAFER, 20 MG ORAL 5/8/2018(O) Daily at Bedtime for Psychosis	
+ POTASSIUM CHLORIDE SR TABLET TAB, 10 MEQ ORAL 5/8/2018(O) Daily in AM for Other - HYPOKALEMIA	
+ THIAMINE (VITAMIN B-1) TAB, 100 MG ORAL 5/8/2018(O) Daily in AM for Other - SUPPLEMENTATION	
+ TUBERCULIN PPD SOLN, TUBERCULOSIS SKIN TEST (TST) within 24 hours of admission and read within 72 hours thereafter., 0.1 ML	
INTRADERMAL 5/8/2018(O) ONCE for Other - TB TEST, IF PATIENT HAS A POSITIVE TST, A DOCUMENTED PAST POSITIVE TST,	
OR REFUSES TST, NOTIFY PHYSICIAN FOR FURTHER ORDERS. through 5/12/2018 (ST)	
PRN	
+ ACETAMINOPHEN (TYLENOL) TAB, 650 MG ORAL 5/8/2018(O) Every 6 hours as needed for Pain - HEADACHE/PAIN, Do not exceed	
max. dose of 3250 mg.in a 24 hr. period	
+ ALUMINUMHYDROXIDE/MAGNEHYDRIX/SIMITHCON(MYLANTA)LQD SUSP, 30 ML ORAL 5/8/2018(O) Every 2 hours as needed for GI -	
DYSPEPSIA	
+ BISMUTH SUBSALICYLATE (PEPTO-BISMOL) LQD LIQ, 30 ML ORAL 5/8/2018(O) As Needed for Other - DIARRHEA, REPEAT PRN	
DIARRHEA AFTER EACH LOOSE STOOL, UP TO 4 TIMES DAILY.	
DISCONTINUE IF ALLERGIC TO ASPIRIN.	
DISCONTINUE IF ALLERGIC TO ASPIRIN	
+ MAGNESIUM HYDROXIDE (MOM) SUSP, 30 ML ORAL 5/8/2018(O) Once a day (every 24 hrs) as needed for Constip	
+ OLANZAPINE (ZYPREXA) INTRAMUSCULAR SOLUTION, on COURT-ORDERED medications - this is I.M. BACKUP FOR ANY	
REFUSED OR WASTED ORAL DOSE OF OLANZAPINE, 10 MG INTRAMUSCULAR 5/8/2018(O) As Needed for Psychosis	
+ TEMAZEPAM (RESTORIL) CAP, 30 MG ORAL 5/8/2018(O) Once a day bedtime as needed for Insom through 8/6/2018 (ST)	
Other	
+ OLANZAPINE (ZYPREXA) ZYDIS WAFER, ON COURT-ORDERED MEDICATIONS, HAS I.M. BACKUP, 10 MG ORAL 5/9/2018(O)	
ASAP (As Soon as Possible) for Psychosis through 5/10/2018 (ST)	