



WAIVER OF TREATMENT/EVALUATION
(Form must be completed in its entirety)

PATIENT Hanchett, Shannon Date 12-5-22 Time 2139

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: Vitals after officers request

Reason for the refusal: Pt. refused to let me take vitals.

2. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

Worsening of condition.

- 3. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.
- 4. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.
- 5. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.
- 6. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Refused
Patient Signature _____ Date _____

[Signature] 12-5-22
Qualified Healthcare Professional Date

Witness Date

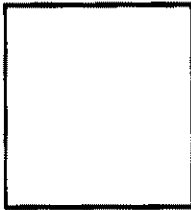
If the patient refuses to sign such a statement, he/she cannot be forced to do so legally. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "SIGNATURE REFUSED".

HANCHETT, SHANNON

#2022003307

Location: CCSO JAIL - OUTS - -

DOB: 3/2/1984 (38y)



Female

Anniversary Date: 11/26/2022
Race: C
Lactation Flag: False
Smoking Status
Height/Wt: 0'0" lbs

TB Date & Result:
Language: Unknown
Alt Num
Suicide Status: N/A
Pregnancy: No

Allergies

Allergy	Onset Date	Severity	Onset Type
NO KNOWN HISTORY		N/A	N/A

Immunizations

No Immunizations indicated

Medications

Medication	DC Date	Start Date	Stop Date	Last Admin
risperiDONE 2mg Tablet (RISPERDAL)		12/6/2022	3/5/2023	12/7/2022
LEWIS, JAWAUN M. TAKE 1 TABLET(S) ORALLY TWICE DAILY				

Problem List

No Problems indicated

Lab Result Summary

No Lab Results indicated

Vitals Summary

Vitals Type Desc	Vital Information	Recorded By	Date Taken
BODY TEMPERATURE	97.3 °F	KARIUKI, NATASHA	12/7/2022 10:47:05 AM
BODY TEMPERATURE	98.8 °F	HAY, DANILLE	11/27/2022 2:34:03 AM
PULSE RATE	99 BPM	KARIUKI, NATASHA	12/7/2022 10:47:05 AM
PULSE RATE	120 BPM	HAY, DANILLE	11/27/2022 2:34:03 AM
BLOOD PRESSURE	88/52 mmHg	KARIUKI, NATASHA	12/7/2022 10:47:05 AM
BLOOD PRESSURE	143/89 mmHg	HAY, DANILLE	11/27/2022 2:34:03 AM
RESPIRATORY RATE	18 RPM	KARIUKI, NATASHA	12/7/2022 10:47:05 AM
RESPIRATORY RATE	20 RPM	HAY, DANILLE	11/27/2022 2:34:03 AM
FASTING BLOOD GLUCOSE	154 mg/dl	KARIUKI, NATASHA	12/7/2022 10:47:05 AM
PULSE OXIMETRY READING	97 %	KARIUKI, NATASHA	12/7/2022 10:47:05 AM

EHR Clinical Report

Facility: OKCL- CLEVELAND COUNTY SHERIFFS DEPT
Created By: BURGERT, TONI
Created On: 12/08/2022 8:22:05 AM

PLAN:

PER BECKY PATA GIVE GATORADE BID X 5 DAYS. SHE WILL ALSO NEED TO BE MONITORED DRINKING WATER. I PLACE THE PATIENT ON VITAL SIGN CHECKS BID.

PER JAIL STAFF PATIENT IS SCHEDULED TO HAVE AN INTERVIEW WITH AN OUTSIDE MENTAL HEALTH FACILITY.

SHE WILL CONTINUE TO BE SEEN BY OUR MENTAL HEALTH PROVIDERS UNTIL SHE HAS BEEN RELEASED.

SHE WILL BE CONTINUE TO BE SCHEDULED FOR INTAKE ASSESSMENT.

EDUCATION:

EDUCATION:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAnd Time
KARIUKI, NATASHA, LPN	12/07/2022 10:47:05

TK INCIDENTAL SOAPE NOTE:

Nursing Note

Patient Name: HANCHETT, SHANNON

Patient Number: 2022003307

Location: CCSO JAIL -OUTS

DOB: 3/2/1984

Facility: CLEVELAND COUNTY SHERIFFS DEPT

Electronically Signed By KARIUKI, NATASHA **on** 12/07/2022 10:47:05

Turn-Key

HEALTH
MENTAL HEALTH OBSERVATION/
SUICIDE WATCH ROUNDS

NAME: Hanchett, Shannon ID#/DOB: _____ FACILITY: CCMS LOCATION: B/30

Wilson, Christina
Observer Name (Last, First) Initials

Johnson, Jewel
Observer Name (Last, First) Initials

Dote, Tara TD
Observer Name (Last, First) Initials

Hay, Danni DH
Observer Name (Last, First) Initials

OBSERVATION CODES			
1. AWAKE	4. QUIET	7. PACING	10. ANGRY
2. SLEEPING	5. CRYING	8. TALKATIVE	11. HAPPY
3. ANXIOUS	6. COMPLIANT	9. DELIBERATE SELF-HARM	12. OPPOSITIONAL

*Entries for "time" shall be as directed and irregular as to not develop a pattern:

DATE	*TIME	STAFF	CODE(s)	COMMENTS
<u>11/2</u>	<u>1530</u>	<u>(CW)</u>		<u>Don DH - "Statements" @</u>
<u>11.30.22</u>	<u>2216</u>	<u>TD</u>	<u>1,7</u>	<u>Pacing around cell, said hello at window</u>
<u>12/1</u>	<u>1040</u>	<u>NKE</u>	<u>1,8</u>	<u>Laying on floor talking to herself. —</u>
				<u>NKainKainie, UP</u>
<u>12/1</u>	<u>1905</u>	<u>DH</u>	<u>1, 8, 7</u>	<u>Pt. pacing in cell talking to herself —</u>
				<u>DH UP</u>
<u>12.2.22</u>	<u>1800</u>	<u>TD</u>	<u>1,5,8</u>	<u>Yelling at window, AxO.</u>
<u>12.3</u>	<u>1930</u>	<u>TD</u>	<u>1,4</u>	
<u>12.4</u>	<u>2005</u>	<u>TD</u>	<u>1,4</u>	<u>laying on floor talking to self</u>
<u>12/5/22</u>	<u>0807</u>	<u>gg</u>	<u>1,4,6</u>	<u>Laying Awake moving, responding to verbal stimuli — gg</u>
<u>12.5.22</u>	<u>2046</u>	<u>TD</u>	<u>1,4</u>	<u>laying on floor eating an apple</u>
<u>12/6/22</u>	<u>0705</u>	<u>gg</u>	<u>1,8,3</u>	<u>laying on back moving around talking to herself not responding to verbal stimuli when asked if she is okay — gg</u>
<u>12.6.22</u>	<u>1908</u>	<u>DH</u>	<u>1,4</u>	<u>laying on cell floor, responds to verbal stimuli — DH</u>
<u>12/7/22</u>		<u>gg</u>	<u>1.8</u>	<u>A. laying on floor, awake, talking to herself rolling around. moved to medical.</u>